Terms of Reference: Implementing Partner for Improving Adherence to Maternal Multiple Micronutrient Supplementation (MMS) in Bauchi state, Nigeria

In-brief

Nutrition International is seeking a qualified partner to support the implementation of antenatal MMS to replace IFA through antenatal care (ANC) in the existing public health system in Bauchi state. This is part of an implementation research project funded by the Bill and Melinda Gates Foundation (BMGF). The project, *Optimizing adherence for maternal Multiple Micronutrient Supplementation (MMS) in Nigeria*, responds to the needs of the Government of Nigeria, and seeks to better understand how to improve adherence to MMS during pregnancy and elevate and advance maternal nutrition.

Nutrition International

Nutrition International (NI), formerly the Micronutrient Initiative, is a global leader in nutrition. For 30 years, NI has worked with a wide range of donors, governments, UN agencies, civil society, research institutions and other partners across the world to promote, accelerate and facilitate the scale-up of high-impact nutrition interventions within health, food, and education systems.

NI works as an ally to the government to implement nutrition interventions and solutions to malnutrition – including micronutrient deficiencies – through different programs. NI also conducts high quality implementation research, incorporating the skill sets of a diverse and dynamic group of technical experts in public health, nutrition, and research.

In 2007, NI was established in Nigeria and has become a trusted partner of the government and a leader in addressing the burden of malnutrition in the country. Aside from nutrition interventions benefiting a broader population (vitamin A supplementation for children under five, zinc and oral rehydration salts (ORS) for treating diarrhea, and expanding knowledge and awareness about nutrition among vulnerable adolescent girls and women), one of NI's key aims in Nigeria is to improve the nutrition, health, and survival of pregnant women and newborns[1]. Since 2016, NI has been supporting maternal health and nutrition programming in five northern states (Sokoto, Yobe, Katsina, Jigawa, Kebbi and more recently Cross Rivers to: improve access to and utilization of ANC and postnatal care; increase coverage of nutrition interventions, including IFA supplementation; and strengthen quality of care with an emphasis on gender equality and family engagement.

Project Rationale

ANC has been recognized as a strategic platform for delivery of services, health promotion, and disease prevention.[2] In July 2020, WHO's recommendation about administering multiple micronutrient supplementation (MMS) - a daily dose of 15 vitamins and minerals including iron and folic acid- during pregnancy was updated in response to new evidence that showed that MMS was more effective than iron-folic acid (IFA) supplementation in improving birth outcomes, had equivalent benefits for preventing maternal anemia, and was safe for mother and baby.

The updated WHO guidelines encourage low- and middle-income countries that are considering transitioning from long-standing IFA supplementation to MMS in the government's antenatal care (ANC) service package to do so in the context of rigorous

[1] Nutrition International Nigeria Programs. Available at: https://www.nutritionintl.org/wp-content/uploads/2019/11/Nigeria-Country-Brief.pdf

[2] World Health Organization. (2016). WHO recommendations on antenatal care for a positive pregnancy experience. World Health Organization.

research. Specifically, the WHO guidelines recommend implementation research where MMS programs are being considered to optimize the impact of switching from IFA to MMS such as an evaluation of acceptability, feasibility, sustainability, equity, and cost-effectiveness. At an operational or programmatic level within each country, the recommendation means introducing MMS in conjunction with implementation research to ensure effective implementation, the lessons from which are used to inform future scaling of MMS within existing ANC services[3] . Moreover, for ANC and MMS to be effective, pregnant women must consume the right dose at the right time – often referred to as "adherence". Even when pregnant women receive adequate quantities of maternal micronutrient supplements in adequate qualities, the supplements are not always consumed as recommended. This can be referred to as the "adherence gap" - the gap between receipt and consumption of micronutrient supplements delivered through the ANC platform.

The Nigerian Federal Ministry of Health (FMoH) has expressed interest in transitioning from IFA supplementation to MMS[4] and has requested more implementation evidence in the Nigerian context to understand the realities of switching from IFA supplements to MMS and to explore how to increase pregnant women's adherence to MMS. Nutrition International is working alongside the government of Nigeria to undertake implementation research.

Project Overview

This 3-year implementation research project funded by the Bill and Melinda Gates Foundation aims to design and test human-center designed strategies that will optimize adherence ("adherence solutions") to and uptake of MMS among pregnant women in Nigeria. It also provides an opportunity to increase attention to maternal nutrition, strengthen the ANC platform, and improve gender-based outcomes such as women's decision-making ability. An overview of the project's phases and activities is presented in Annex A.

Geography

The MMS implementation research project will be conducted in selected local governmental areas (LGAs) (i.e. Dass, Ganjua, and Giade) in Bauchi state. LGA-wide transition of IFA to MMS is first required to support this implementation research.

Objective of this assignment

To support NI and government partners to implement antenatal MMS to replace IFA for preventative care through ANC in the existing public health system in the selected geographies in Bauchi State.

Scope of work for this assignment

This will include supporting the operationalization of all aspects of the transition from the use of IFA for preventative maternal health care services to MMS through the selected public ANC distribution sites in collaboration with NI and government partners. This will occur across all public ANC platforms in the three selected LGAs. Distribution sites include, but are not limited to, primary, secondary and tertiary health care facilities, community outreach and other relevant ANC platforms as per the agreed upon implementation plan.

The following tasks are to be completed:

1. **Design and finalize an implementation plan for the MMS-implementation within the selected LGAs** in collaboration with NI and government partners.
    - The implementation plan will include both a distribution plan and a monitoring plan.

[3] Interim Country-level decision-making guidance for introducing MMS for pregnant women. https://www.nyas.org/media/22939/111220-mms-guidance-v10.pdf

[4] Federal Ministry of Health. (2021). National Guidelines for the prevention and control of micronutrient deficiencies in Nigeria. Federal Ministry of Health, Department of Family Health, Nutrition Division.

2. **Operationalize the implementation plan for the MMS transition, and pretest and operationalize the designed adherence solutions within the selected LGAs.**
    - The pre-testing will involve a series of design sprints prior to widescale implementation.

3. **Manage and distribute MMS stocks.**
    - Manage the warehousing and distribution of MMS stocks using existing government systems, where possible, or providing direct transport if needed to ensure no stockouts.
    - Note that the implementing partner will not be responsible for procuring MMS stock.

4. **Set up additional monitoring for MMS-related health information.**
    - Create and print all relevant MMS-related health information forms and monitor their stock to avoid stockouts.
    - Ensure proper information flow: ensure data compiled is cleaned, databased, and analysed.

5. **Develop, deliver, and disseminate a gender-sensitive MMS training package for healthcare workers and complementary BCI materials in collaboration with NI and government partners:**
    - These trainings will sensitize and strengthen the capacity of selected health workers to provide MMS in accordance with the Standard Operation Procedures (SOPs). A follow up training will focus on building capacity to implement the designed adherence solutions.

6. **Provide supportive supervision** to offer on-the-job training and ensure proper project roll out, quality service provision in accordance with the SOPs, and sufficient stocks at LGA-level and distribution sites.

7. **Conduct routine monitoring and learning with Federal and State governments and health facilities in accordance with the agreed monitoring plan** to ensure quality service provision, sufficient stocks and supporting materials at all times, and adequate documentation and reporting.

8. **Hold sensitization and review meetings with decision makers.**

Activities, deliverables, and tentative timeline:

	Tentative timelines
MMS implementation plan	May 2023
MMS distribution and monitoring plans	May 2023- June 2023
MMS training on SOPs	June 2023- July 2023
MMS implementation	August 2023- March 2025
Pretesting of designed adherence solutions	September 2023- October 2023

MMS training on designed adherence solutions	October 2023- November 2023
Designed adherence solutions are implemented in intervention areas	November 2023- March 2025
Project wrap up	**June 2025**

Required profile

- Demonstrated experience in designing and implementing programs in the fields of nutrition, public health, gender, and international development in Nigeria, preferably Bauchi.
- Demonstrated experience implementing maternal nutrition interventions at community and institutional levels.
- Proven ability to manage complex projects on time and on budget.
- Collaborative and solution oriented.
- Good written and oral communication skills.
- Familiar with the health system in Bauchi.
- Skilled professionals with good understanding of public health nutrition, gender-sensitive approaches, and antenatal care.
- Experience in providing training to healthcare providers.
- Existing presence and infrastructure in Bauchi are desirable.
- Fluency in the local languages spoken in Bauchi.

Submitting the proposal

Please submit proposal via email to the following address with all attachments in docx or PDF to bidsnigeria@nutritionintl.org by the deadline of 10th May 2023.

Please use subject line "**Implementing partner for MMS Project in Bauchi, Nigeria**". For any clarification required, please email bidsnigeria@nutritionintl.org with the subject line "**Clarification needed – MMS Implementation in Bauchi, Nigeria**"

The application must include:

a) **Cover letter** with the respondent's name and address, summarizing relevant experience. The letter must be signed (1 page)

b) **Portfolio showcasing relevant experience and previous work:** include a summary of the mission, mandate of organization and description of the organization's relevant experience in delivering maternal health and nutrition programs or projects (include links to relevant reports if available).

c) **Qualifications of the key personnel of the team.** This shall include a description of 1) roles and responsibilities of each of the team members (up to 2 pages) and 2) resumes of each of the key team members (up to 3 pages per resume)

d) **Technical implementation plan detailing** how each task will be executed, the level of effort anticipated for each task and any other information deemed necessary (3 pages max)

e) **Workplan** aligned with the objectives and deliverables (see Annex B for suggested format). The workplan should include deadlines for each activity and deliverable.

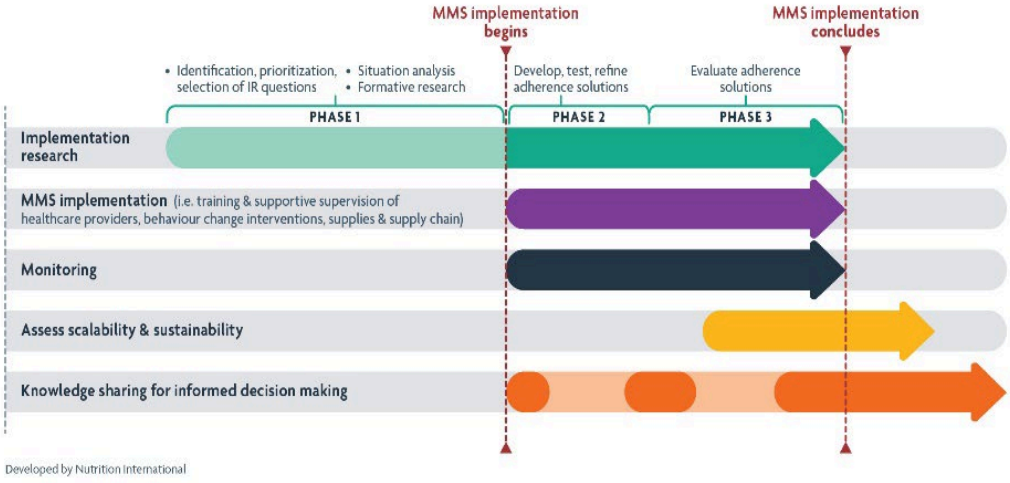
f) **Financial Proposal** (see Annex C for suggested format)

Evaluation and selection process

The following criteria will be adopted to sort list the proposals and identify suitable agencies for contract award. Out of the total scores, 70% of the weighting will be assigned to the technical proposal and 30% to the financial proposal.

Scoring of Proposals		
SL No.	Assessment Category: Technical Proposal	Relative scores
1	**Qualification of Firm (A)**	
1.a.	Proponents previous experience on undertaking similar assignments	30
1.b.	Availability of adequate and skilled (education and work experience) team members for carrying out the assignment, including reasonable timelines and ability to operate in Bauchi	30
1.c.	Demonstrated ability, through proposal, to fulfill the technical and operational components of the proposal	40
2	**Total Score - Technical Proposal**	**100**
3	**Overall weight – Technical:**	**70%**
4	**Assessment Category: Financial Proposal**	
4.a.	Demonstrated consideration of all potential expenses (i.e. no major omissions)	40
4.b.	Reasonable estimate for each of the activities	40
4.c.	Reasonable estimate for consultant's administrative & indirect costs	20
5	**Total Score – Financial Proposal**	**100**
6	**Overall weight – Financial:**	**30%**
7	**Total Weighted Score (Technical & Financial)-maximum possible:**	**100**

Annex A: Overview of the project's phases and activities



Annex B: Suggested template for project implementation plan and timetable (Download editable version)

Activities	Deliverables	May				June				July			
		W 1	W2	W3	W4	W 1	W2	W3	W4	W 1	W2	W 3	W4

Annex C: Suggested budget template (adapt as necessary) (Download editable version)

	Particulars	Person Days	Rate	Remarks					
					A	**SALARIES/PROFESSIONAL FEES**			
A1	Professionals								
A2	Field Staff/Consultants								
	Sub Total of A								
B	**TRAVEL, TRANSPORTATION (Vehicle Expenses/Local Conveyance**								

B1	Local Conveyance for field work								
B2	Local Conveyance for Professional Staff								
B3	Local Conveyance for Field Researchers								
	Sub Total of B								
C	**In-Country Travel (Travel expenses for Professional staff from base station to states/districts:**								
C1	Air Travel								
C2	Train Travel								
	Sub Total of C								
D	**DAILY ALLOWANCE/LODGING EXPENSES**								
D1	Professional staff								
D2	Field researcher								
	Sub Total of D								
E	**OFFICE EXPENSES**								
E1	Stationary								
E2	Communication & any other								
	Sub Total of E								
F	**MEETING EXPENSES**								
F1	Consultation workshop cost								
	Sub Total of F								
	TOTAL OF DIRECT COST (A to F)								
G	**Management Cost (10%) on Total Direct Cost**								
H	**Total (A to F)+G**								