

**ACCELERATING NUTRITION RESULTS IN NIGERIA (ANRiN) PROJECT  
TERMS OF REFERENCE FOR NON-STATE ACTOR/CONSULTING FIRM TO  
CONDUCT KNOWLEDGE, ATTITUDE AND PRACTICES (KAP) SURVEY AMONG  
CAREGIVERS OF CHILDREN 0 – 23 MONTHS ON MATERNAL, INFANT AND  
YOUNG CHILD NUTRITION**

**A. BACKGROUND**

**Accelerating Nutrition Results in Nigeria Project (ANRiN)**

The Federal Government of Nigeria has entered into a financing and grant agreement with the International Development Association (IDA) and Global Financing Facility (GFF) to implement the Accelerating Nutrition Results in Nigeria (ANRiN) project to the tune of US\$ 232 million. The Project intends to utilize part of this financing to undertake a knowledge, attitude and practices survey among caregivers of children 0 – 23 months on maternal, infant and young child nutrition.

The overall project objective is to increase utilization of quality, cost-effective nutrition services for pregnant and lactating women, adolescent girls and children under five years of age in 12<sup>1</sup> high malnutrition burden states of Nigeria, representing all six geographical zones of the country.

The project is results based and leverages performance-based contracts with Non-State Actors (NSAs) for delivery of a basic package of nutrition services (and integrated package of nutrition services and adolescent health services in Kaduna state), performance-based financing of public sector health facilities for provision of nutrition sensitive antenatal care and disbursement-linked indicators (DLIs) for strengthening the stewardship role of federal and state ministries of health to plan, budget for, implement, monitor and learn from large-scale nutrition programs.

**Nutrition Situation in Nigeria:** Nigeria has very high rates of malnutrition that are unevenly spread across the country. Stunting, a measure of chronic malnutrition, and micronutrient deficiencies generate the highest burden. Stunting rates have not changed considerably since 2008, indicating a long-term nutritional problem in the country. One in three (37 percent) children under five years of age suffers from chronic malnutrition. This translates into 13.9 million Nigerian children at the risk of either dying or not developing to their full potential. Micronutrient deficiencies—mainly vitamin A, iodine, iron, folic acid and zinc -- are a serious problem and despite their high cost-effectiveness, coverage rates of micronutrient supplementation and fortification remain generally low. It is estimated that 60 percent of Nigerian children are at a risk of vitamin A deficiency, whereas 68 percent of children and 58 percent pregnant women are anemic. Seven percent of children suffer from acute malnutrition nationally, which is a fifth of the children suffering from chronic malnutrition. The “nutrition

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<sup>1</sup> Abia, Akwa Ibom, Gombe, Kaduna, Kano, Katsina, Kogi, Kwara, Nasarawa, Niger, Oyo and Plateau

map” of Nigeria is highly uneven. Ten of the North East and North West states have rates of child stunting that exceed 50 percent, whereas some other states have rates of child stunting as low as 17 percent.

**Impact of Malnutrition:** Maternal and child undernutrition is estimated to be responsible for about 45 percent of child mortality and 11 percent of the global disease burden<sup>2</sup>. Malnutrition in early childhood results in decreased cognitive ability, poor educational outcomes, lost earnings and losses to national economic productivity. The recent *Lancet* series on early childhood development estimates that, every year, Nigeria loses about 3 percent of its GDP as a result of not addressing the developmental needs of children in the first 1000 days window (Richter et al., 2016). This is about as much as the country’s annual government expenditure on health (3.9 percent). At the individual level, chronic malnutrition in children is estimated to reduce a person’s potential lifetime earnings by at least 10 percent (World Bank 2006). Other studies have shown that a 1 percent loss in height results in a 2 to 2.4 percent loss in productivity (Horton and Steckel, 2013; Caulfield et al. 2004; Strauss and Thomas 1998). The economic costs of undernutrition have the greatest effect on the most vulnerable in the developing world.

## **B. OBJECTIVE**

The objective of this assignment is to conduct annual Knowledge, Attitude and Practices (KAP) Surveys in 2021, 2022 and 2023 on Maternal, Infant and Young Child Nutrition among caregivers of children 0 – 23 months in order to measure the effect of Social and Behaviour Change Communication (SBCC) interventions undertaken by ANRiN Project.

Specific Objectives:

1. To assess knowledge, attitude and practices and establish a baseline on Maternal, Infant and Young Child Nutrition among caregivers of children 0 – 23 months in 12 participating States of ANRiN
2. To study behavioural change at household level related to maternal, infant and young child nutrition, notably:
  - a. maternal nutrition and health; early breastfeeding defined as initiation of breastfeeding within one hour of birth;
  - b. Exclusive breastfeeding defined as infants only receiving breastmilk without any water, liquids or foods until 6 months of age;
  - c. Timely introduction to complementary foods, defined as the gradual introduction of soft/semi-soft foods between 6-8 months
  - d. Minimum dietary diversity, defined as infants 6-23 months of age receiving foods from at least 4 of 7 food groups: (1) grains, roots and tubers, (2) legumes and nuts, (3) dairy products such as milk, yogurt and cheese, (4) flesh foods (meat,

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<sup>2</sup> Black et al. 2013

fish, poultry and liver/organ meats, (5) eggs, (6) vitamin-A rich fruits and vegetables, and (7) other fruits and vegetables;

- e. Minimum meal frequency among currently breastfeeding and non-breastfeeding children, defined as children who also received solid, semi-solid or soft foods 2 times or more daily for children 6-8 months and 3 times or more daily for children age 9-23 months. For non-breastfeeding children age 6-23 months, defined as receiving solid, semi-solid or soft foods, or milk feeds, at least 4 times in the twelve Project states;
3. To measure the effect of ANRiN SBCC interventions on IYCF Knowledge, Attitude and Practices among caregivers of children 0 – 23 months;
4. To identify knowledge gaps, cultural beliefs or behavioural patterns and practices that create barriers to optimal maternal, infant and young child nutrition and care practices; and
5. To assess deficits in MIYCN knowledge, attitudes and practices among the caregivers of children 0 – 23 months in different socio-economic groups in the participating States of ANRiN.

### **C. SURVEY AREA**

This survey will be conducted in the 12 States (Abia, Akwa Ibom, Oyo, Kwara, Kogi, Niger, Nasarawa, Plateau, Gombe, Kano, Kaduna, Katsina) implementing Accelerating Nutrition Results in Nigeria Project.

### **D. TARGET POPULATION**

The target population for this survey is caregivers of children 0 – 23 months in the 12 participating States of ANRiN.

### **E. SURVEY METHODOLOGY**

While the primary aim of this survey is to do a quantitative assessment of ‘effect’, it is expected that a qualitative method would additionally be adopted to provide deeper insight into the numbers. The consultant will be expected to propose a survey methodology (through the technical proposal) best suited to meet the assignment objectives. However, it is envisioned that the survey will deploy both quantitative and qualitative methods to measure the effect of ANRiN social and behaviour change communication activities on knowledge, attitude and practices of caregivers of children 0 – 23 months on Maternal, Infant and Young Child Nutrition.

### **F. SCOPE OF WORK**

The scope of this assignment will include the design and implementation the annual KAP surveys by the consultant in collaboration with the Project Management Unit, such that the final survey reports are available by September of each consecutive year. The following other key components are envisioned:

- Develop a suitable study design that systematically integrates quantitative and qualitative approaches;
- Development and pre-testing of comprehensive tools for data collection and present to PMU before field data collection;
- Development of survey plan; including review of population statistics, calculating the sample size, selecting sample households and respondents, developing an efficient survey schedule;
- Consultations with key stakeholders at national and State levels to inform them about the planned survey and the activities to be undertaken;
- Training of data collectors for the KAP survey
- Preparation of logistics of the survey (questionnaires, transport, communication etc.);
- Pre-testing of survey instruments and making necessary corrections in collaboration with the PMU;
- Organization of adequate supervision and coordination of the survey teams in the field during the time of conducting the survey
- Conduct of appropriate data entry, data analysis and collation and translation (where necessary) and analysis of transcripts
- Compilation of comprehensive KAP survey report;
- Setting up and share the quality control mechanisms that will be used to ensure the conduct of credible and quality survey and ensure validity of qualitative data;
- Submission of a draft survey report, questionnaires and data to the PMU in soft and hard copies for inputs and comments; and,
- Submission of the final report after addressing the comments.

## **G. QUALIFICATION OF FIRM AND KEY PROFESSIONAL STAFF**

The firm must

1. Be established by law and not debarred by IDA and other multilateral organizations;
2. Possess experience of having conducted at least five such KAP surveys of similar scope in the human development space in the last three years;
3. Possess experience with mixed methods studies, at least three of which should have been conducted in the human development space in countries in sub-saharan Africa, over the last five years;
4. Possess team with appropriately qualified, skilled and competent professionals to deliver on the proposed assignment, including finalizing survey protocols and tools, operational and financial planning for survey, recruitment and training of survey personnel, conduct of the survey, data collection, monitoring, supervision and quality assurance of survey activities, technical and financial report writing and dissemination.
5. Demonstrate turnover on similar successfully completed assignments in the value of at least US\$ 500,000 in the last three years; and

6. Demonstrate ability for financial management of similar surveys in the value of at least US\$ 500,000 in the last three years.

### **Key Personnel Qualifications**

The firm will propose a team that may comprise:

#### **1. Survey Coordinator/Principal Investigator**

- University degree at doctoral level in relevant discipline (public health, nutrition or other relevant field)
- At least 10 years of professional experience
- Demonstrated expertise in nutrition, public health research or social science research and survey/evaluation design
- Demonstrable experience with designing mixed method studies in the field of public health or nutrition
- Demonstrated analytical and report writing skills in English, including both use of qualitative and quantitative data
- Excellent organizational skills and attention to detail
- Relevant experience designing, coordinating, and implementing field work
- Excellent written English communication skills
- Good computer skills (MS Office design software)

#### **2. Researcher and Analyst – Quantitative**

- An advanced degree in statistics, public health or social sciences with special focus on statistics, monitoring and evaluation, or survey implementation.
- At least eight years of experience in the area of survey design and implementation.
- Knowledge of Nigerian health sector will be preferred.
- Proven analytical skills and writing ability.
- Good management and coordination skills.
- Excellent facilitation skills.
- Excellent oral and written communication skills in English.
- Proficiency in quantitative analytical software such as Stata, SPSS, etc.
- Good computer skills (MS Office design software)

#### **3. Researcher and Analyst – Qualitative**

- An advanced degree in social sciences (sociology, anthropology, demography, public health).
- At least eight years of experience in the area of qualitative social science research, particularly in health.
- Knowledge of Nigerian health sector will be preferred.
- Proven analytical skills and writing ability.

- Good management and coordination skills.
- Excellent facilitation skills
- Excellent oral and written communication skills in English.
- Proficiency in qualitative analytical software such as NVivo, Atlas.Ti, etc.
- Good computer skills (MS Office design software)

#### **4. Data Manager**

- A university degree (HND/BSc) in relevant field (Computer Science, Statistics, Data Science, Information science, or any other related field)
- At least five years of experience in data base and data management techniques
- Excellent data management skills
- Excellent communication skills (written and verbal) including the ability to explain complex issues to non-expert colleagues
- Have good knowledge of Data Management software and willing to learn new skills, and acquire new knowledge
- Experience with big data and ODK platforms is considered as an advantage
- Excellent oral and written communication skills in English
- Good computer skills (MS Office design software)

#### **5. Research Associates and Field Staff, as required**

- A bachelor's degree or equivalent (BSc/HND) in a relevant discipline (nutrition, public health, statistics, sociology or related field) with at least 5 years field experience
- Excellent organizational skills and attention to detail
- Strong written and verbal communication skills (proficiency in English)
- Fluency in the local language (as applicable in States)
- Performance during training and pilot study.
- Ability to establish and maintain rapport with strangers.
- Good computer skills (MS Office design software)

### **H. SCHEDULE OF PAYMENT**

<b>Deliverables/ Outputs</b>	<b>Target Due Dates</b>	<b>Schedule of payment</b>
Detailed work plan and Survey Methodology for conducting the KAP survey acceptable to the PMU and World Bank	Two weeks from signing of contract	5%
Survey protocol, pre-tested data collection instruments, and consent forms, acceptable to the PMU and World Bank	Five weeks from signing of contract	5%
Finalization of survey team, completion of	Seventh week from	10%

training and conduct of preliminary survey stakeholders' consultation	signing of contract	
Draft Report on data collection and analysis of the KAP survey for 2021	Seventeenth week from signing of contract	10%
Final Report on KAP survey for 2021 and deck of slides for dissemination workshop acceptable to the PMU and the World Bank, along with all clean data set	Nineteenth week from signing of contract	10%
Finalization of survey team, completion of training and conduct of preliminary survey stakeholders' consultation for 2022	Seventh week from beginning of calendar year 2022	10%
Draft Report on data collection and analysis of the KAP survey for 2022	Seventeenth week from beginning of calendar year 2022	10%
Final Report on KAP survey for 2022 and deck of slides for dissemination workshop acceptable to the PMU and the World Bank, along with all clean data set	Nineteenth week from beginning of calendar year 2022	10%
Finalization of survey team, completion of training and conduct of preliminary survey stakeholders' consultation for 2023	Seventh week from beginning of calendar year 2023	10%
Draft Report on data collection and analysis of the KAP survey for 2023	Seventeenth week from beginning of calendar year 2023	10%
Final Report on KAP survey for 2023 and deck of slides for dissemination workshop acceptable to the PMU and the World Bank, along with all clean data set	Nineteenth week from beginning of calendar year 2023	10%
<b>Total</b>		<b>100%</b>

#### I. DELIVERABLES AT INCEPTION PHASE:

- Survey proposal that includes:
  - Objectives of the survey
  - Detailed methodology: Sampling, sample size, means of data collections, quality assurance, analytical methods, ethical considerations
  - Household questionnaire
  - KII Grids and FGD guides
  - Work plan

#### J. DELIVERABLES AFTER THE SURVEY IMPLEMENTATION

- Survey Report
  - Introduction, Extensive Literature Review related with the subject matter of the study
  - Objectives, Methods, Results, Discussions and Recommendations
  - Questionnaires
  - Reference List
  - Annexes

Annexes to be attached to the report:

- TOR of the assessment
- Data set (survey data in SPSS or other selected software; qualitative data in NVivo or other selected software)
- List of individuals consulted
- Different formats/questionnaires used for data collection
- Other tools and checklists used for data collection
- Literatures and documents reviewed/consulted (bibliography/references)
- Other relevant technical annexes (i.e. statistical analysis, tables, figures, etc.)
- Data
  - Electronic file of the data collected including statistical outputs

#### **K. DURATION OF CONTRACT**

The contract will be valid till December 31, 2023.