TERMS OF REFERENCE
FOR
ESTABLISHMENT OF KNOWLEDGE MANAGEMENT AND LEARNING (KML) PLATFORM
FOR NUTRITION DIVISION, FEDERAL MINISTRY OF HEALTH

1. Background

Nigeria is one of the five largest contributors to the global burden of under-five and infant mortality. It has the second-highest number of stunted children globally and in Africa with a national prevalence of 37 percent. This implies that a significant percentage of Nigerian children under the age of five years without nutrition intervention may not reach their full physical and cognitive potential.

Micronutrient deficiencies– mainly in 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 vitamin A deficient while 58 percent pregnant women and 68 percent of children are anemic.

Most of the largely irreversible damage from chronic malnutrition in Nigeria, as in other countries, happens during the "first 1000 days," which is the period from conception to the child's second birthday. From six months of age until two years of age is when most children fall behind. This significant deterioration in nutrition status can be reduced by focusing on a set of well proven interventions, notably appropriate infant and young child feeding (e.g., breastfeeding, complementary feeding), healthy sanitation behaviors (e.g., handwashing before preparing meals and feeding children), prevention and, when necessary, appropriate treatment of diarrhea, and ensuring adequate intake of essential vitamins and minerals through food fortification and supplementation. These are inexpensive and cost-effective interventions that can be scaled-up relatively rapidly, thus not only boosting children's chances of survival, but enabling them to fully develop their cognitive functions and prepare them to be active learners and contributors to economic growth. Therefore, improving child nutrition, especially is the first 1000 days, and improving adolescent health is critical for child optimal development.

1.2. Nutrition Data and Knowledge Management Context

Nutrition is a multi-sectoral issue requiring information from diverse sources such as diet, food security, feeding practices, micronutrient status, anthropometry, food fortification, agriculture, and health. Defining the scope of nutritional issues, understanding their causes, and improving the nutrition situation in the country require data and activities or actions from a wide variety of different types of stakeholders. Generation and utilization of quality nutrition data is ultimately needed to inform national and subnational decision-making about program activities or interventions, to examine the use and targeting of resources, and to determine the impact and cost-effectiveness of programs. Nutrition data can be used to bolster social accountability and enable governments to report against global nutrition targets and related global monitoring and accountability frameworks.

Data utilization for policy making and programming requires an effective Knowledge Management system that collects, stores, organizes, mines, processes, transforms and translates data into products that are accessible and usable by various stakeholder groups. The crux of KML lies in the systematic process of collecting and curating knowledge and connecting people to it so they can act effectively. KML can improve coordination, enhance learning and knowledge application, and improve capacity, thus heightening service quality, strengthening health systems, and, ultimately, improving health and development outcomes. This may be achieved through capture of explicit knowledge that is easy to document as well as the tacit knowledge that must be teased out and presented through non-conventional means. Knowledge management inputs (people, data and information, technology, financial resources and infrastructure) support five key process that make up the knowledge cycle (knowledge assessment,

generation, capture, synthesis, and sharing) that, in various permutations and combinations, creates Knowledge Management outputs, or tools for its captive audience.

2. Accelerating Nutrition Results in Nigeria (ANRiN) project
The ANRiN project with US$ 232 million financing from the International Development Association (IDA) and Global Financing Facility (GFF), was approved in June of 2018 to be implemented in twelve states with the development objective to increase utilization of quality, cost-effective nutrition services for pregnant and lactating women, adolescent girls and children under five years of age. One of the states will additionally host interventions to expand the utilization of quality adolescent health services.

ANRiN project is a testing ground for innovations and new ways of service delivery, in 12 high malnutrition burden states that represent all six geographical zones of Nigeria. It proposes to achieve its development objective through two components, namely: (i) Basic package of nutrition services at the community level through performance-based contracts (PBCs) with non-state actors (NSAs); and (ii) Strengthen stewardship and project management role of federal and state level project implementing agencies to plan, budget, implement, monitor, and learn from large-scale nutrition programs, especially communication for social and behavior change; Multi-sectoral coordination and accountability for nutrition results; Knowledge Management and Learning; Research and Nutrition Information Systems through disbursement-linked indicators (DLIs). Implementation arrangements are such that the state-level Project Implementation Units (PIUs) will be responsible for managing the PBCs with the NSAs, and the federal level Project Management Unit (PMU) will support national efforts in social and behavior change communication (SBCC) and research studies to advance the knowledge base on discrete aspects of nutrition.

2.1. Nutrition Division, Federal Ministry of Health
The Nutrition Division of the Department of Family Health (DFH), Federal Ministry of Health (FMOH), as a core federal implementing agency of ANRiN, is tasked with deploying and maintaining the Knowledge Management and Learning platform to be effectively leveraged by all nutrition and health stakeholders. The platform will be institutionalized within the department and foster evidence gathering, management and transfer of appropriately packaged knowledge in concert with key nutrition stakeholders in Nigeria. To capacitate and strengthen its stewardship for knowledge management, the Nutrition Division will be supported by a technical agency/consortium. The KML unit and its TA Consortium will be complemented in their function by the KML Technical Partner financed by the Power of Nutrition BETF managed by the World Bank Task Team to kick start KML interventions in 2021.

In view of this, the Nutrition Division seeks to engage a KML firm/consortium to serve as the technical agency for the development and deployment of a KML platform which will be domiciled in the Division.

3. Principles of KML in ANRiN
- Maximize use of routine and existing/planned survey data
- **Not** collect data that will not be used
- Ensure high quality data for decision making
- Build capacity of implementers to demand, generate, and use high quality data and policy makers to demand and use data to adapt policies
- Encourage cost-effective means of generating data
- Ensure inclusion of beneficiary inputs in identifying learning questions around nutrition, and testing approaches
- Ensure open data access

4.Objectives of the assignment

- To develop, deploy, maintain and manage a Knowledge Management and Learning (KML) platform that can be effectively leveraged by all nutrition and health stakeholders in Nigeria.
- To capture and share evidence of new knowledge and lessons emerging from the ANRiN project and from other nutrition initiatives in Nigeria and comparative contexts for increased awareness, knowledge transfer and uptake of services.
- To promote use of data to enhance project effectiveness and advance evidence-based policy development and programming for improved nutrition outcomes in Nigeria.

5. Scope of Work

i. Plan execute and report on implementation progress of the agreed KML work program for nutrition for the lifetime of ANRiN;
ii. Develop and deploy an efficient, robust and innovative KML platform to increase awareness, uptake of services, knowledge transfer amongst stakeholders, and operational efficiencies which will inform the use of data to update policy and practice.
iii. Collate and manage data, evidence and programmatic knowledge from international and national experience in an accessible repository for nutrition in Nigeria;
iv. Analyze and synthesize data and information from MIS, household surveys (SMART/DHS/NFCMS and others) and studies (impact evaluations, process evaluations and other implementation research) on health and nutrition to inform programmatic decisions of policy makers and programmers at federal and state levels;
v. Contribute to the development of knowledge products that capture technical lessons and evidence from ANRiN and related programs for various stakeholder groups including policymakers, programmers, financiers, academia, etc.
vi. Support the hosting of the annual results conference including contributing to the curation of emerging lessons and results from the project;
vii. Support sensitization, engagement and relationship management of a wide range of stakeholders in the business of quality knowledge generation (government, DPs, academia) to facilitate bi-lateral learning and sharing;
viii. Establish, facilitate, maintain and manage vibrant communities of practice for nutrition;
ix. Facilitate knowledge transfer by contributing to other platforms for KML through journal supplements, nutrition newsletters, blogs, pictorials etc.; and
x. Facilitate learning visits.

6. Contract Duration:

The contract will be valid till 31st December 2023 subject to satisfactory performance.

7. Qualification of Firm

- A consortium with a mix of international and national organizations or an international entity with local presence.
- Demonstrated experience of having undertaken at least three Knowledge Management assignments of similar scope, scale or complexity in the last five years.
- Experience in the Nigeria or the Africa Region will be considered an advantage.
- Demonstrated evidence of developing and implementing Knowledge Management strategies through the knowledge management cycle including creation, capture, storage, synthesis and sharing of knowledge and lessons.
- Demonstrated capability to develop and manage bespoke or SharePoint knowledge management platforms.
- Demonstrated track record designing and facilitating learning processes for best practice capitalization including multi-stakeholder workshops and conferences.
- Demonstrated turnover of at least US$500,000 annually in the last three years.

- Confirmed availability of appropriately skilled experts required for the assignment on the permanent roll of the firm namely Knowledge Management Specialist, Information Management Specialist and Communications Specialist.
- Access to a repertoire of subject matter experts in nutrition; adolescent health and family planning; advocacy; social and behavior change communication; implementation research (using a range of methods); and research translation may be required on an as needed basis.

8. Key Personnel and Qualifications

8.1. Knowledge Management and Learning Specialist
- A Master's degree and at least 10 years of demonstrated experience in Knowledge Management, Strategic Communications, Communications, Social Science or a related field. Certification in Knowledge Management would be an added advantage.
- Experience planning and organizing Knowledge Management and Sharing activities related to the implementation of health and/or nutrition programmes.
- Experience leading the development and dissemination of knowledge products and capacity building/information sharing activities with a broad range of stakeholders.
- Demonstrated experience coordinating maintenance of knowledge platforms with relevant health and/or nutrition content and activities.
- Experience leading data capturing and documentation of lessons and best practices for a wide range of stakeholders.
- Proven experience leading and facilitating learning activities and processes.
- Strong planning, management, facilitation, synthetical, interpersonal and communication skills.
- Demonstrated ability to collaborate across disciplines while utilizing strong communications and interpersonal skills, with evidence of ability to interact with a wide range of stakeholders.

8.2. Information Management Specialist/Data Analyst
- A university degree (HND/BSc) in Computer Science, Statistics, Data Science, Information Science, Engineering or any other related field.
- At least five years of experience in data base, data management techniques and data analysis.
- Proven experience conducting data mining, analyses and reporting writing skills.
- Good knowledge of Data Management software including database systems and MS Office packages.
- Excellent communication skills (written and verbal) including the ability to explain complex issues to non-expert colleagues.

8.3. Information Technology Expert
- A university degree (HND/BSc) in Computer Science, Information Technology, Graphic Design or any other related field.
- At least five years' experience with relevant professional experience in the field of IT.
- Demonstrated track record with web-design and development in low-resource settings.
- Demonstrated experience with design layouts and coding or programming skills using a wide range of computer software.
- Experience preparing, deploying and managing content on new media platforms.

8.4. Communications Expert
- A university degree (HND/BSc) in Mass Communications, Journalism or a related field.
- At least five years' experience in public health and/or nutrition communications.
- Track record preparing, packaging, promoting and disseminating communications materials and knowledge products for various stakeholder groups.
- Demonstrated analytical, research translation and report writing skills in English, including both use of qualitative and quantitative data.

9. Outputs

The firm/consortium is required to produce the following:

1. Inception report that details strategy, roadmap and workplan for a KML work program within 15 days of signing of the contract.
2. Knowledge Management Repository and Platform that is accessed by a broad range of stakeholders within 3 months of signing of the contract.
3. A suite of Knowledge Products including but not limited to policy briefs, white papers, reports, videos webinars, short documentaries, etc. related to various aspects of ANRIN and nutrition programming in Nigeria every six months.
4. Annual Concept Notes and Implementation Plan for the Annual Results Conferences for 2021, 2022 and 2023 (to present results of implementation research efforts in states, SMART results, and research study results, etc.).
5. Reports of curated best practices emanating from the results workshop and conference for 2021, 2022 and 2023.
6. At least one supplement on Nutrition in Nigeria and ANRiN supported efforts with an internationally reputable journal special journal supplement during the life of the programme.
7. At least one virtual or physical learning visits (between states or outside of Nigeria where applicable) annually.
8. Terms of Reference for the Community of Practice (COP) and Annual content calendar to guide knowledge transfer amongst different actors in the nutrition space in Nigeria through the Community of Practice.
10. At least one physical or virtually convening of the Community of Practice quarterly to disseminate new knowledge including through webinars, brown bag lunches, plenaries, etc.

10. Inputs to be presented by the client

Most recent Reports of national population-based household surveys e.g National Nutrition and Health Survey, National Demographic and Health Survey, National Food Consumption and Micronutrient Survey etc, coordination with Nutrition Division, FMOH, timely feedback

11. Payment Schedule with expected deliverable and timeline

S/No.	Deliverable	Deliverable due date	Payment proportion
1.	Inception Report	Two weeks from signing of contract	10%
2.	Mid-year report and submission of deliverables due for the first half of the year – Year 1, reviewed and acceptable to the Nutrition Division and World Bank	6 months from signing of contract	15%
3.	End of year report and deliverables due for the second half of the year – Year 1, reviewed and acceptable to the Nutrition Division and World Bank	12 months from signing of contract	15%
4.	Mid-year report and submission of deliverables due for the first half of the year – Year 2, reviewed and acceptable to the Nutrition Division and World Bank	18 months from signing of contract	15%

5.	End of year report and deliverables due for the second half of the year – Year 2, reviewed and acceptable to the Nutrition Division and World Bank	24 months from signing of contract	15%
6.	Mid-year report and submission of deliverables due for the first half of the year – Year 3, reviewed and acceptable to the Nutrition Division and World Bank	30 months from signing of contract	15%
7.	Closing report and deliverables due for the second half of the year – Year 3, reviewed and acceptable to the Nutrition Division and World Bank	36 months from signing of contract	15%

12. Reporting

The firm/consortium will report to the Director and Head of Nutrition, Family Health Department, Federal Ministry of Health.