

**TERMS OF REFERENCE  
FOR  
AN AGENCY UNDERTAKING INDEPENDENT THIRD-PARTY VERIFICATION OF  
PERFORMANCE OF NON-STATE ACTORS, STATE PRIMARY HEALTH CARE DEVELOPMENT  
AGENCIES AND RESULTS OF DISBURSEMENT LINKED INDICATORS (DLIs) OF THE  
ACCELERATING NUTRITION RESULTS IN NIGERIA PROJECT (ANRiN)**

**I. Background**

The Accelerating Nutrition Results in Nigeria (ANRiN) project, with US\$ 232 million financing from the International Development Association (IDA) and Global Financing Facility (GFF), aims to increase utilization of quality, cost-effective nutrition services for pregnant and lactating women, adolescent girls and children under five years of age in select areas of the Nigeria's territory. ANRiN will be implemented in 12 high malnutrition burden states that represent all six geographical zones of the country. The project is fully results based and leverages performance-based contracts with non-state actors for service delivery, performance-based financing of public sector health facilities 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.

ANRiN proposes to achieve its development objective through its two components, namely

***Component 1: Basic package of nutrition services***

- a. provision of the following services by competitively recruited non-state actors (NSAs) with a focus on reaching adolescent girls and their children
  - i. behavior change communication to improve infant and young child feeding behaviors, namely early and exclusive breast feeding (0-6 months) and appropriate complementary feeding (6-23 months);
  - ii. micronutrient powders to children 6-23 months to improve the quality of food provided for complementary feeding;
  - iii. iron/folic acid supplementation for pregnant women with counseling to improve compliance;
  - iv. intermittent preventive treatment for malaria to pregnant women;
  - v. zinc and ORS for treatment of diarrhea in children 6-59 months;
  - vi. vitamin A supplementation twice a year for children 6-59 months; and
  - vii. deworming twice a year for children 12-59 months.
- b. two innovation pilots per project state deployed by NSAs to expand body of knowledge on nutrition specific interventions and new implementation modalities
- c. provision of services to married adolescents in the state of Kaduna to increase birth spacing by competitively recruited non-state actors.

***Component 2: Stewardship and Project Management***

- a. ***Social and Behavior Change Communication:*** As part of a national behavior change strategy developed for the project, the Project Management Unit (PMU) of the Federal Ministry of Health (FMOH) will be incentivized through a DLI to air a national mass media campaign developed with technical assistance from the World Bank in line with an agreed media deployment plan. The mass media campaign will focus on key behaviors around the services provided through the project, that will also be reinforced and deepened through interpersonal counselling at community level and in health facilities through activities in Component 1. Also, an interpersonal communication campaign spearheaded by traditional and religious leaders in the 12 project focus States will be deployed for behavior change around key nutrition and adolescent health services.

- b. Multi-sectoral coordination for accountability for nutrition results: The Ministry of Budget and National Planning (MBNP) will be incentivized through a DLI to create and oversee a process for multi-sectoral coordination and planning for accountability for nutrition results across key sectors of agriculture and rural development, health, National Social Safety Nets Coordination Office (NASSCO) and National Cash Transfer Office (NCTO) under the office of the Vice President of Nigeria for social protection, education, and women’s affairs and social development. Specifically, annual “State of Malnutrition in Nigeria” reports will be developed based on performance of the afore-mentioned sectors on annual action plans and their evaluation against targets in score-cards pre-agreed for each sector. The advocacy strategy for the project will ensure that these reports are used in multiple ways to increase accountability for nutrition results in Nigeria. Additionally, increases in financial commitments to nutrition-sensitive programs by these sector ministries will also be incentivized.
- c. Knowledge platform: A knowledge management and learning platform will be systematically developed to capacitate the Nutrition Division of the FMOH in its stewardship role of evidence gathering and knowledge management and transfer. The Nutrition Division of the FMOH and the National Primary Health Care Development Agency will be jointly incentivized through a DLI to capture and share the lessons emerging from the project, as well as from other nutrition initiatives in Nigeria and globally, in an annual results conference that will be held in Nigeria.
- d. Research: Discrete nutrition system strengthening studies overseen by the PMU, FMOH and technically assisted by the knowledge management platform will be financed by the project, with a focus on generating high quality evidence while building capacity in Nigerian academic institutions to do so. A series of studies have been agreed for financing in the initial years of the project.
- e. Nutrition information system: The project will support the strengthening of the nutrition information system in Nigeria by way of (i) strengthening the accuracy, timeliness and completeness of reporting nutrition indicators in the Health Management Information System (HMIS); (ii) financing periodic independent verification of project results; (iii) co-financing of annual National Nutrition and Health Surveys using SMART methodology; (iv) co-financing for a national food security survey, including micronutrient deficiencies; and (v) financing of additional surveys as required.

A key element of ANRiN is its results-based financing approach, where

- a. Part payments to contracted NSAs delivering the basic package of nutrition services and focused package of adolescent health services will be based on verified performance;
- b. Financing provided to State Primary Health Care Agencies (SPHCDA) of participating States will be based on verified cumulative performance of Primary Health Centers against annual targets for provision of nutrition sensitive antenatal care;
- c. Disbursements to the Project Accounts of Federal and participating State based Implementing Agencies will be based on the achievement of agreed annualized DLI results. The DLIs have been defined for the ANRiN Project Management Unit (PMU); Nutrition Division of the FMOH; National Primary Health Care Development Agency (NPHCDA); Ministry of Budget and National Planning and Sectoral Ministries of Agriculture and Rural Development, Health, NASSCO and NCTO under the office of the Vice President of Nigeria for social protection, Education, and Women’s Affairs and Social Development; ANRiN Project Implementation Units (PIU) in State Ministries of Health (SMOH), and the State Primary Health Care Development Agencies (SPHCDA). Each DLI result has been assigned a value (US\$) and when the result is met, an independent entity will verify its achievement, after which, the value of the result is disbursed to the Project Account of the respective implementing agency. Thus, under this approach, measurement of achievement of results is key, as Credit is disbursed to the Project Accounts only in the amount the DLI result is verified as achieved. The verification has to be independent, transparent and objective such that it provides robust evidence for release (or non-release) of funds. Verification of 17 DLI results, which require objective desk review of documentation, will be conducted jointly by the International Economic Relations Department

(IERD) of the Federal Ministry of Finance (FMOF) and World Bank. The verification of remaining 25 DLI results will be verified by an independent third party recruited and managed by IERD.

To support the third-party verification process for release of (i) performance payments to contracted NSAs; (ii) financing to SPHCDA for performance of primary health care centers; and (iii) financing to federal and state level project implementing agencies against achieved DLI results, the IERD seeks to hire a competent firm as an Independent Verification Agency (IVA).

## **II. Objective**

The purpose of this assignment is for the IVA to conduct independent third-party verification of (i) performance of contracted NSAs on a sample basis every six months; (ii) performance of SPHCDA with respect to delivery of nutrition sensitive antenatal care at primary health care centers on an annual basis; and (iii) achievement of DLI results at respective federal and participating state levels on as and when achieved basis.

The methodology of verification of services delivered by NSAs as well as the SPHCDA through their primary health care centers is detailed in Annex 1. The DLI verification protocol providing an overview of the DLIs, annual targets and data sources for verification as well as verification methodology is specified in Annex 2. Each DLI target is specifically qualified and quantified. The primary task of the IVA will be to carry out transparent and impartial verification of the performance of NSAs, SPHCDA and achievement of DLI results for the five DLIs agreed under the project.

## **III. Scope of services**

1. **Finalize the design of the verification plan:** The IVA is required to develop the verification plan for
  - a. performance of NSAs provisioning the basic package of nutrition services against semi-annual targets in eleven project states and provision of integrated package of adolescent health services and basic package of nutrition services against semi-annual targets in Kaduna state;
  - b. performance of SPHCDA with respect to provision of nutrition sensitive antenatal care provided at primary health care centers against annual targets; and
  - c. achievement of specific DLIs results for each of the five DLIs as and when achieved by Federal and State level implementing agencies.

The verification plans for NSAs, performance of SPHCDA and state level DLIs will be appropriately replicated across each of the twelve participating states. The detailed, timed verification plans will clearly articulate deployment of resources to verify achievement of performance/DLI results as per agreed methodology and verification protocols through review of available reports at respective administrative level (state/federal). The firm should take into account that it has to undertake the concurrent verification of services delivered by NSAs every six months across all twelve project states; verification of services delivered by the PHCs under SPHCDA annually across all twelve project states. Additionally, this schedule could be impacted by the need to verify the achievement of specific DLI results at the federal level and in the project states as soon as the PMU, FMOH reports the achievement of a DLI result by an implementing agency. This design of the verification plan will be reviewed technically and provided No Objection to by the World Bank.

2. **Develop checklists/questionnaires for verification:** The IVA is required to develop checklists and questionnaires for verification of
  - a. performance of NSAs delivering basic package of nutrition services in eleven states and integrated package of adolescent health services and basic package of nutrition services in Kaduna state
  - b. performance of PHCs under SPHCDA for provision of nutrition sensitive ante-natal care
  - c. specific results under DLIs 1, 2, 4, 5 and 6.

Additionally, the IVA will develop tools/formats for documenting data obtained from the desk review of information supportive of the verification process. The checklists, questionnaires and tools and formats developed for verification processes will be reviewed technically and provided No Objection to by the World Bank.

3. **Undertake the independent third-party verification of performance of NSAs, SPHCDA and DLI results:** The IVA will conduct the verification in a transparent and independent manner such that it provides robust evidence for decision on authorization of performance payments to NSAs, SPHCDA and disbursements against specific DLI results achieved, by the World Bank.
4. The methodology of verification of services delivered by NSAs will be in strict compliance with the protocol agreed with the World Bank. The IVA will use data generated from the integrated online platform used by NSAs to report on BPNS in eleven states and integrated AHS and BPNS in Kaduna state for desk verification of semi-annual performance. Additionally, from the eighteenth month onwards, it will use the verification module of this integrated online platform for conducting verification of semi-annual performance of a sample of five NSAs and all beneficiaries of Community Health Workers (CHWs) identified as anomalous over telephone (75%), SMS (15%) and household (10%) using machine learning directed anomaly verification and randomized selection algorithm managed by the World Bank.
5. The SPHCDA performance against annualized targets will be verified with a desk review of data collated from participating PHCs on the Government's DHIS 2 platform for the provision of IFA and IPTp supplementation as well as MIYCN counseling during antenatal care for pregnant mothers.
6. All DLI results, under the ambit of the IVA, will be verified in strict compliance with the DLI verification protocol, and as soon as they are indicated to have been met by the implementing agencies. The achievement of DLI results 5.2, 5.3, 5.4, 5.5 and 5.6 will likely be verified in January of the following calendar year in which the respective result is to be achieved. Note, however, that field verification must be initiated within two weeks of PMU, FMOH having confirmed achievement of DLI results by an implementing agency and completed within one month of initiation of verification task.
7. Any changes and refinements to the sampling, methodology and verification protocol will be provided No Objection to by the World Bank.
8. **Analyze the verification data:** Data from each verification exercise has to be analyzed within two weeks of data collection and summary tables of the results shared with the IERD and the World Bank for its feedback.
9. **Prepare Results Verification Reports:** The consultant/firm is expected to document results from the desk review and the verification in the form of a results verification report. The report should inform the IERD on the methodology adopted in the verification of performance of NSAs and SPHCDA and the achievement of specific DLI results by project implementing agencies at the federal and state levels.
10. **Quality control:** On a half-yearly basis, the World Bank may review the quality of verification undertaken by the IVA, specifically of the performance of the NSAs. This would entail a fourth party re-verifying up to 25% of randomly selected verified beneficiaries of each service of randomly selected 50% of the NSAs in randomly selected 50% of the project states. Should there be on overall > 10% discordance in the findings of the fourth-party verification for the entire sample reverified, the IVA will have to take stringent measures satisfactory to the IERD and the World Bank for strengthening its verification process. Overall discordance of >10% identified in the fourth-party verification in every next half-year will result in loss of 5% of overall contract value of the IVA in that year.

#### IV. Required Qualifications

The Consultant/Firm should possess the following qualifications:

- A non-governmental or private sector entity with at least 10 years' experience of having undertaken at least 3 programmatic audits and verifications in the last five years in developing nations. Experience in Africa region will be an advantage
- Experience of having conducted large, national-level surveys (experience in Africa region will be an advantage); and previous experience with verification of disbursement linked indicators for World Bank projects will be considered a value add
- Demonstrated analytical and documentation expertise in English
- Turnover of at least US\$ 1.9 million in last three financial years on similar assignments
- Confirmed availability of skill set required for the assignment on the permanent rolls of the firm

## **V. Team Composition and Qualifications**

The Verification team should possess adequate expertise and skills in the field of evaluation, verification, auditing of physical outputs, and professional reporting/documentation in the English language to carry out the verification and validation exercise.

A National Team with the following composition and qualification should be available at all times to coordinate the independent verification of project results:

1. Project Manager (Master's in Management, Social Science, Economics with at least 15 years relevant experience) – One
2. Technical Expert, Monitoring and Evaluation (Master's in Economics, Public Health or Nutrition with at least 10-12 years in M&E techniques, design, implementation at project level in HD sectors) – Two
3. Technical Expert, Public Health or Nutrition (Master's in Public Health or Nutrition with at least 10-12 years relevant experience) – One

Additionally, regional/state-based dedicated teams should be available for the assignment at all times such that the half yearly performance verification of NSAs and annual performance verification of SPHCDA, are conducted in a timely manner and verification of specific DLI results undertaken within 2 weeks of an implementing agency reporting its achievement:

The composition and qualification of the regional/state-based teams is as under:

1. Team Leader (Master's in Management, Social Science, Economics with at least 10 years relevant experience) - One
2. Technical Expert, Monitoring and Evaluation (Master's in Public Health or Nutrition with at least 10 years relevant experience) - One
3. Research Assistants/Field Staff: Number of research assistants or field staff to be engaged at the firm's discretion based on the scope of the assignment to enable it to meet the verification timelines.

## **VI. Time Period and level of effort**

1. The independent third-party verification and validation assignment is proposed till April 30, 2024, with a possibility of extension to a cumulative contract period of 64 months following a project extension.
2. The third-party verification of NSA performance in the first half year will be verified in the month 7, while performance in the second half year will be verified in month 1 of the next year, based on the performance data available on the integrated online reporting platform of the NSAs.
3. The third-party annual verification of SPHCDA performance will be carried out by the IVA in January of the next year based on the performance data made available to the IERD (FMOF) by the PMU, FMOH. Hence, the DLI results 5.2, 5.3, 5.4, 5.5 and 5.6 will likely be verified in January of the following calendar year in which the respective result is to be achieved.
4. The third-party verification of specific DLI results achieved at federal and state levels will be carried out as and when based on the information made available to the IERD (FMOF) by the PMU, FMOH.
5. The IVA will provide verification reports as per the following timeline:
  - a. NSA performance verification of months 1-6: by 15<sup>th</sup> day of month 8 of that year
  - b. NSA performance verification of months 7-12: by 15<sup>th</sup> day of month 2 of the subsequent year

- c. SPHCDA performance verification of January: by February 15 of the year or within six weeks of receipt of verification request from IERD (FMOF)
  - d. Specific DLI results reports: within six weeks of receipt of verification request from IERD (FMOF)
6. The time schedule for verification and submission of report will be adhered strictly.
  7. The verification team will be required to travel within and stay in Project States, as needed, for verification of NSA/SPHCDA performance and DLI results.
  8. The team will carry out the assignment in co-ordination/consultation with the FMOF and the FMOH, Government of Nigeria.
  9. The Consultant is also expected to provide electronic and hard copies of all materials developed during execution of the consulting assignment. Electronic files should be presented in commonly used software programs.

**VII. Reporting**

The Consultant will report to the IVA unit of IERD led by Director, IERD and coordinate with him in the fulfilment of their responsibilities

**VIII. Deliverables**

1. Final design of verification plan for
  - a. performance of NSAs provisioning the basic package of nutrition services in eleven states and integrated package of adolescent health services and basic package of nutrition services in Kaduna state;
  - b. performance of SPHCDA with respect to provision of nutrition sensitive antenatal care provided in select primary health care centers; and
  - c. achievement of specific DLIs results for each of the five DLIs.
2. Final checklist/questionnaires for verification of
  - a. performance of NSAs delivering basic package of nutrition services and integrated package of adolescent health services and basic package of nutrition services in Kaduna state
  - b. performance of SPHCDA with respect to provision of nutrition sensitive antenatal care provided at primary health care centers; and
  - c. each result under DLIs 1, 2, 4, 5 and 6 under the purview of the IVA.
3. Final formats/templates for documenting information from desk review used for validation of performance of NSAs and SPHCDA and specific DLI results
4. Agreed results report format/template
5. Field data collection reports and field quality control reports
6. Scanned copies of all documents essential for verification of performance of NSAs/SPHCDA and achievement of specific DLI results
7. Verification reports – in the agreed template - outlining the method and tools used, analysis and presentation of findings from the verification exercise on the status of performance achieved by NSAs and SPHCDA and specific DLI results. The report should include comments and feedback from the NSAs/SPHCDA and implementing agencies and provide reasons for variations and discrepancies on the performance reports or specific DLI activities and results, if any. Additionally, it should identify impediments (if any) in the timely achievement of the specific DLI results and possible remedial measures.

**IX. Payment Schedule**

| S. No. | Deliverables                   | Timeline                            | Payment Schedule     |
|--------|--------------------------------|-------------------------------------|----------------------|
| 1.     | ▪ Inception Report             | Two weeks after signing of contract | 5% of contract value |
| 2.     | ▪ Design of verification plan; | Six weeks after signing             | 5% of contract value |

|    |  |   |   |
|----|--|---|---|
|    | <ul style="list-style-type: none"> <li>▪ Checklists/questionnaires for verification</li> </ul>   | of contract   |   |
| 3. | <ul style="list-style-type: none"> <li>▪ Verification reports for performance of 25 NSAs delivering basic package of nutrition services and integrated package of adolescent health services and basic package of nutrition services in Kaduna state in every half year (<b>maximum of two hundred and fifty performance reports over a period of 64 months</b>)</li> </ul>  | <p>Day 15 of month 8 of each year for each NSA</p> <p>Day 15 of month 2 of subsequent year for each NSA</p> | <p>50% of contract value [0.2% of contract value for each of the 250 final performance reports indicated in the deliverable column of this table]</p> <p>(Note: minimum of 5% of contract value to be claimed in a single invoice)</p>    |
| 5. | <ul style="list-style-type: none"> <li>▪ Verification reports for federal level DLI results 1.5, 1.7, 1.9, 2.3, 2.4, 2.5, 2.6, 2.7, 2.8, 2.9 and 2.10 (<b>eleven verification reports</b>)</li> <li>▪ Verification reports for state level DLI results 4.2, 4.3, 4.4, 4.5, 4.6, 5.2, 5.3, 5.4, 5.5, 5.6, 6.3, 6.4, 6.5 and 6.6 from twelve project states (<b>one hundred and sixty-eight verification reports</b>)</li> <li>▪ (<b>a total of 179 verification reports</b>)</li> </ul> | Within two weeks of verification of DLI result  | <p>35.8% of contract value [0.2% of contract value for each of the 179 final DLI results reports indicated in the deliverable column of this table]</p> <p>(Note: minimum 5% of the contract value to be claimed in a single invoice)</p> |
| 5. | Final Report for assignment  | February 15, 2024   | 4.2% of contract value  |

**X. Services and Facilities Provided by the Client**

The client will:

- (a) Provide the firm/organization relevant information related to the consultancy, such as Project Appraisal Document, Government Orders, Office circulars, reports, evaluations and documents etc. relevant to the assignment; and
- (b) Ensure that relevant officials and functionaries from the Federal Ministry of Health; National Primary Health Care Development Agency; Ministry of Budget and National Planning; Ministries of Agriculture and Rural Development, Health, Education, Women’s Affairs and Social Development and NASSCO and NTCO for DLI 2; State Ministries of Health (SMOH) and State Primary Health Care Development Agency from Project States; and NSAs recruited by SMOHs are available for periodic meetings and interviews as and when needed during the execution of the assignment;

**Annex 1: The methodology of verification of services delivered by NSAs as well as the SPHCDA through their primary health care centers is detailed in Annex 1**

I. The following services are to be provided by the NSA in the communities of eleven project states as part of the Basic Package of Nutrition Services:

1. IYCN counseling
2. Half yearly deworming of children 12-59 months of age
3. Micronutrient powders (MNP) (at least 15 sachets per month) to children 6-23 months of age
4. Half yearly Vitamin A supplementation to children 6-59 months of age
5. Therapeutic zinc with ORS for diarrhea for children 6-59 months of age
6. IFA supplementation for pregnant women
7. IPTp for malaria for pregnant women

II. The following services are to be provided by two NSA in the communities of Kaduna state as part of the integrated package of Adolescent Health Services and Basic Package of Nutrition Services:

1. Counseling on increased birth spacing
2. Uptake of modern contraception option
3. IYCN counseling
4. Half yearly deworming of children 12-59 months of age
5. Micronutrient powders (MNP) (at least 15 sachets per month) to children 6-23 months of age
6. Half yearly Vitamin A supplementation to children 6-59 months of age
7. Therapeutic zinc with ORS for diarrhea for children 6-59 months of age
8. IFA supplementation for pregnant women
9. IPTp for malaria for pregnant women

For verification of services provided by each NSA, the IVA is required review:

- i) Based on data available on the integrated online platform for each NSA, for every six-month reporting cycle, calculate the proportion of contacts achieved by each of the NSAs for each of the above-mentioned service.
- ii) From month 18 onwards, for every six-month reporting period, based on machine-learning directed verification and randomization selection algorithm supported by the Bank, verify all beneficiaries of CHWs identified as anomalous from a selection of identified top 5 anomalous NSAs through phone-based, SMS-based and in-person based interviews. A maximum of 75% of beneficiaries will be covered with phone verification, maximum of 15% of beneficiaries will be covered by SMS-based verification, and a maximum of 10% of beneficiaries will be covered through household visits. The questionnaires to be administered for verification will be provided to the IVA for administering to the beneficiaries in the verification module of integrated online platform.

- iii) Based on the telephonic, SMS-based and household verification, indicate cumulatively, the proportion of eligible pregnant and lactating women who received each of the three services from BPNS due to them.
- iv) Based on the telephonic, SMS-based and household verification, indicate cumulatively, the proportion of eligible children under 5 years of age who received each of the four services from BPNS due to them.
- v) Based on the telephonic, SMS-based and household verification, indicate cumulatively, the proportion of eligible adolescents who received the birth spacing services with counseling due to them.

The below table provides a state wise disaggregation of the minimum number of beneficiary contacts to be achieved by each NSA providing the basic package of nutrition services operating in a state, per half year and per annum, for the following services.

**Table 1. Semi-annual and annual performance targets (number of contacts) for Basic Package of Nutrition Services**

| <b>MIYCN counseling contacts for pregnant and lactating women (@5 contacts per pregnant and lactating woman per year)</b> |                           |                  |                           |                  |                           |                  |                           |                  |                           |                  |                   |
|---|---------------------------|------------------|---------------------------|------------------|---------------------------|------------------|---------------------------|------------------|---------------------------|------------------|-------------------|
|   | <b>Half-year<br/>2020</b> | <b>2020</b>      | <b>Half-year<br/>2021</b> | <b>2021</b>      | <b>Half-year<br/>2022</b> | <b>2022</b>      | <b>Half-year<br/>2023</b> | <b>2023</b>      | <b>Half-year<br/>2024</b> | <b>2024</b>      | <b>Total</b>      |
| Abia  | 41,564                    | 83,128           | 83,959                    | 167,918          | 127,198                   | 254,396          | 171,293                   | 342,586          | 216,257                   | 432,515          | 1,280,542         |
| Akwa-Ibom   | 56,999                    | 113,998          | 115,138                   | 230,277          | 174,434                   | 348,869          | 234,905                   | 469,810          | 296,568                   | 593,135          | 1,756,089         |
| Gombe   | 34,547                    | 69,095           | 69,786                    | 139,571          | 105,725                   | 211,450          | 142,376                   | 284,753          | 179,750                   | 359,500          | 1,064,369         |
| Kano  | 91,553                    | 183,106          | 184,937                   | 369,873          | 280,179                   | 560,358          | 377,308                   | 754,615          | 476,351                   | 952,702          | 2,820,654         |
| Katsina   | 84,747                    | 169,493          | 171,188                   | 342,376          | 259,350                   | 518,700          | 349,258                   | 698,516          | 440,938                   | 881,876          | 2,610,960         |
| Kogi  | 48,410                    | 96,820           | 97,788                    | 195,576          | 148,149                   | 296,297          | 199,507                   | 399,014          | 251,877                   | 503,755          | 1,491,461         |
| Kwara   | 34,552                    | 69,104           | 69,795                    | 139,589          | 105,739                   | 211,478          | 142,395                   | 284,790          | 179,774                   | 359,548          | 1,064,510         |
| Nasarawa  | 27,307                    | 54,614           | 55,160                    | 110,320          | 83,567                    | 167,135          | 112,537                   | 225,075          | 142,078                   | 284,157          | 841,299           |
| Niger   | 57,769                    | 115,539          | 116,694                   | 233,388          | 176,791                   | 353,583          | 238,079                   | 476,158          | 300,575                   | 601,149          | 1,779,816         |
| Oyo   | 81,523                    | 163,046          | 164,676                   | 329,352          | 249,484                   | 498,969          | 335,972                   | 671,944          | 424,165                   | 848,330          | 2,511,640         |
| Plateau   | 46,839                    | 93,679           | 94,615                    | 189,231          | 143,342                   | 286,685          | 193,035                   | 386,069          | 243,706                   | 487,412          | 1,443,076         |
| <b>Total</b>  | <b>695,113</b>            | <b>1,392,247</b> | <b>1,404,128</b>          | <b>2,810,275</b> | <b>2,127,252</b>          | <b>4,256,528</b> | <b>2,864,700</b>          | <b>5,731,423</b> | <b>3,616,684</b>          | <b>7,235,391</b> | <b>21,415,753</b> |
| <b>Deworming contacts for children 12-59 months (@2 contacts per child per year)</b>                                      |                           |                  |                           |                  |                           |                  |                           |                  |                           |                  |                   |
|   | <b>Half-year<br/>2020</b> | <b>2020</b>      | <b>Half-year<br/>2021</b> | <b>2021</b>      | <b>Half-year<br/>2022</b> | <b>2022</b>      | <b>Half-year<br/>2023</b> | <b>2023</b>      | <b>Half-year<br/>2024</b> | <b>2024</b>      | <b>Total</b>      |
| Abia  | 23,037                    | 46,075           | 46,744                    | 93,487           | 71,101                    | 142,201          | 96,236                    | 192,472          | 122,232                   | 244,464          | 718,699           |
| Akwa-Ibom   | 53,849                    | 107,699          | 109,262                   | 218,523          | 166,195                   | 332,391          | 224,949                   | 449,898          | 285,713                   | 571,426          | 1,679,937         |
| Gombe   | 47,543                    | 95,085           | 96,465                    | 192,930          | 146,731                   | 293,462          | 198,603                   | 397,207          | 252,251                   | 504,502          | 1,483,186         |
| Kano  | 121,037                   | 242,075          | 245,588                   | 491,176          | 373,558                   | 747,116          | 505,619                   | 1,011,237        | 642,198                   | 1,284,397        | 3,776,001         |
| Katsina   | 113,279                   | 226,557          | 229,845                   | 459,690          | 349,612                   | 699,224          | 473,207                   | 946,414          | 601,032                   | 1,202,064        | 3,533,949         |
| Kogi  | 65,133                    | 130,266          | 132,156                   | 264,313          | 201,020                   | 402,040          | 272,085                   | 544,170          | 345,582                   | 691,163          | 2,031,952         |

|  |                           |                  |                           |                  |                           |                  |                           |                  |                           |                  |                   |
|--|---------------------------|------------------|---------------------------|------------------|---------------------------|------------------|---------------------------|------------------|---------------------------|------------------|-------------------|
| Kwara  | 30,268                    | 60,535           | 61,414                    | 122,827          | 93,415                    | 186,830          | 126,439                   | 252,878          | 160,593                   | 321,187          | 944,257           |
| Nasarawa   | 36,421                    | 72,841           | 73,898                    | 147,796          | 112,405                   | 224,810          | 152,142                   | 304,285          | 193,240                   | 386,479          | 1,136,212         |
| Niger  | 76,458                    | 152,917          | 155,136                   | 310,272          | 235,974                   | 471,947          | 319,395                   | 638,791          | 405,672                   | 811,343          | 2,385,270         |
| Oyo  | 66,884                    | 133,768          | 135,709                   | 271,418          | 206,424                   | 412,848          | 279,399                   | 558,798          | 354,872                   | 709,743          | 2,086,576         |
| Plateau  | 53,362                    | 106,723          | 108,272                   | 216,544          | 164,690                   | 329,379          | 222,911                   | 445,822          | 283,125                   | 566,249          | 1,664,717         |
| <b>Total</b>   | <b>805,987</b>            | <b>1,613,992</b> | <b>1,635,367</b>          | <b>3,272,751</b> | <b>2,487,518</b>          | <b>4,977,056</b> | <b>3,366,906</b>          | <b>6,735,836</b> | <b>4,276,391</b>          | <b>8,554,803</b> | <b>25,144,334</b> |
| <b>Vitamin A supplementation contacts for children 6-59 months (@2 contacts per child per year)</b>                          |                           |                  |                           |                  |                           |                  |                           |                  |                           |                  |                   |
|  | <b>Half-year<br/>2020</b> | <b>2020</b>      | <b>Half-year<br/>2021</b> | <b>2021</b>      | <b>Half-year<br/>2022</b> | <b>2022</b>      | <b>Half-year<br/>2023</b> | <b>2023</b>      | <b>Half-year<br/>2024</b> | <b>2024</b>      | <b>Total</b>      |
| Abia   | 31,608                    | 63,216           | 64,134                    | 128,267          | 97,552                    | 195,104          | 132,039                   | 264,078          | 167,706                   | 335,412          | 986,078           |
| Akwa-Ibom  | 26,174                    | 52,349           | 53,109                    | 106,217          | 80,782                    | 161,565          | 109,341                   | 218,681          | 138,876                   | 277,752          | 816,564           |
| Gombe  | 46,077                    | 92,155           | 93,492                    | 186,985          | 142,209                   | 284,418          | 192,483                   | 384,966          | 244,477                   | 488,954          | 1,437,477         |
| Kano   | 107,782                   | 215,565          | 218,693                   | 437,385          | 332,648                   | 665,297          | 450,247                   | 900,493          | 571,869                   | 1,143,738        | 3,362,478         |
| Katsina  | 100,389                   | 200,778          | 203,692                   | 407,384          | 309,831                   | 619,662          | 419,363                   | 838,726          | 532,643                   | 1,065,286        | 3,131,837         |
| Kogi   | 27,328                    | 54,655           | 55,448                    | 110,896          | 84,341                    | 168,682          | 114,157                   | 228,315          | 144,994                   | 289,988          | 852,536           |
| Kwara  | 10,409                    | 20,818           | 21,121                    | 42,241           | 32,126                    | 64,252           | 43,483                    | 86,966           | 55,229                    | 110,458          | 324,736           |
| Nasarawa   | 30,870                    | 61,739           | 62,635                    | 125,270          | 95,273                    | 190,546          | 128,954                   | 257,908          | 163,788                   | 327,575          | 963,039           |
| Niger  | 40,806                    | 81,612           | 82,796                    | 165,593          | 125,940                   | 251,879          | 170,462                   | 340,924          | 216,508                   | 433,015          | 1,273,023         |
| Oyo  | 44,589                    | 89,179           | 90,473                    | 180,945          | 137,616                   | 275,232          | 186,266                   | 372,532          | 236,581                   | 473,162          | 1,391,051         |
| Plateau  | 43,840                    | 87,680           | 88,952                    | 177,905          | 135,303                   | 270,607          | 183,136                   | 366,272          | 232,606                   | 465,211          | 1,367,675         |
| <b>Total</b>   | <b>622,189</b>            | <b>1,246,398</b> | <b>1,262,438</b>          | <b>2,526,894</b> | <b>1,920,264</b>          | <b>3,842,550</b> | <b>2,599,119</b>          | <b>5,200,259</b> | <b>3,301,204</b>          | <b>6,604,429</b> | <b>19,410,430</b> |
| <b>Two sachets of Zinc/ORS for children 6-59 months for diarrhea with counseling to use (@2 contacts per child per year)</b> |                           |                  |                           |                  |                           |                  |                           |                  |                           |                  |                   |
|  | <b>Half-year<br/>2020</b> | <b>2020</b>      | <b>Half-year<br/>2021</b> | <b>2021</b>      | <b>Half-year<br/>2022</b> | <b>2022</b>      | <b>Half-year<br/>2023</b> | <b>2023</b>      | <b>Half-year<br/>2024</b> | <b>2024</b>      | <b>Total</b>      |
| Abia   | 20,667                    | 41,334           | 41,934                    | 83,867           | 63,784                    | 127,568          | 86,333                    | 172,666          | 109,654                   | 219,308          | 644,743           |
| Akwa-Ibom  | 28,342                    | 56,684           | 57,506                    | 115,012          | 87,471                    | 174,942          | 118,394                   | 236,788          | 150,375                   | 300,751          | 884,177           |
| Gombe  | 17,178                    | 34,356           | 34,855                    | 69,709           | 53,016                    | 106,033          | 71,759                    | 143,518          | 91,143                    | 182,285          | 535,901           |
| Kano   | 45,523                    | 91,046           | 92,367                    | 184,734          | 140,497                   | 280,995          | 190,166                   | 380,333          | 241,535                   | 483,070          | 1,420,177         |
| Katsina  | 42,139                    | 84,277           | 85,500                    | 171,001          | 130,053                   | 260,105          | 176,029                   | 352,058          | 223,579                   | 447,157          | 1,314,598         |
| Kogi   | 24,071                    | 48,142           | 48,840                    | 97,681           | 74,290                    | 148,580          | 100,553                   | 201,106          | 127,715                   | 255,430          | 750,939           |
| Kwara  | 17,180                    | 34,361           | 34,859                    | 69,718           | 53,023                    | 106,047          | 71,768                    | 143,537          | 91,155                    | 182,310          | 535,972           |
| Nasarawa   | 13,578                    | 27,156           | 27,550                    | 55,100           | 41,905                    | 83,811           | 56,720                    | 113,440          | 72,041                    | 144,082          | 423,588           |
| Niger  | 28,725                    | 57,449           | 58,283                    | 116,566          | 88,653                    | 177,306          | 119,994                   | 239,988          | 152,407                   | 304,814          | 896,124           |
| Oyo  | 40,536                    | 81,071           | 82,248                    | 164,496          | 125,105                   | 250,211          | 169,333                   | 338,666          | 215,074                   | 430,147          | 1,264,591         |
| Plateau  | 23,290                    | 46,580           | 47,256                    | 94,512           | 71,880                    | 143,760          | 97,291                    | 194,582          | 123,572                   | 247,143          | 726,577           |

| Total   | 345,633           | 693,283        | 701,295           | 1,404,610        | 1,066,722         | 2,135,469        | 1,443,833         | 2,889,690        | 1,833,849         | 3,669,718        | 10,782,664        |
|---|-------------------|----------------|-------------------|------------------|-------------------|------------------|-------------------|------------------|-------------------|------------------|-------------------|
| <b>Thirty sachets of micronutrient powders per month for children 6-23 months with counseling to use (@3 contacts per child per year)</b> |                   |                |                   |                  |                   |                  |                   |                  |                   |                  |                   |
|   | Half-year<br>2020 | 2020           | Half-year<br>2021 | 2021             | Half-year<br>2022 | 2022             | Half-year<br>2023 | 2023             | Half-year<br>2024 | 2024             | Total             |
| Abia  | 21,333            | 42,665         | 43,247            | 86,494           | 65,752            | 131,503          | 89,346            | 178,692          | 113,709           | 227,417          | 666,772           |
| Akwa-Ibom   | 29,255            | 58,510         | 59,308            | 118,615          | 90,169            | 180,339          | 122,526           | 245,052          | 155,936           | 311,872          | 914,387           |
| Gombe   | 17,731            | 35,463         | 35,946            | 71,893           | 54,652            | 109,304          | 74,263            | 148,526          | 94,513            | 189,026          | 554,212           |
| Kano  | 46,989            | 93,979         | 95,261            | 190,521          | 144,831           | 289,663          | 196,803           | 393,605          | 250,466           | 500,933          | 1,468,701         |
| Katsina   | 43,496            | 86,992         | 88,179            | 176,357          | 134,064           | 268,128          | 182,172           | 364,344          | 231,846           | 463,693          | 1,359,515         |
| Kogi  | 24,846            | 49,693         | 50,370            | 100,741          | 76,582            | 153,163          | 104,062           | 208,124          | 132,438           | 264,875          | 776,597           |
| Kwara   | 17,734            | 35,467         | 35,951            | 71,902           | 54,659            | 109,318          | 74,273            | 148,546          | 94,526            | 189,051          | 554,285           |
| Nasarawa  | 14,015            | 28,030         | 28,413            | 56,826           | 43,198            | 86,396           | 58,699            | 117,398          | 74,705            | 149,410          | 438,061           |
| Niger   | 29,650            | 59,300         | 60,109            | 120,218          | 91,388            | 182,775          | 124,181           | 248,363          | 158,043           | 316,086          | 926,742           |
| Oyo   | 41,842            | 83,683         | 84,824            | 169,649          | 128,964           | 257,929          | 175,242           | 350,485          | 223,027           | 446,054          | 1,307,799         |
| Plateau   | 24,040            | 48,081         | 48,736            | 97,473           | 74,097            | 148,194          | 100,686           | 201,373          | 128,141           | 256,283          | 751,403           |
| <b>Total</b>  | <b>356,766</b>    | <b>715,551</b> | <b>723,264</b>    | <b>1,448,548</b> | <b>1,099,628</b>  | <b>2,201,277</b> | <b>1,494,219</b>  | <b>2,990,463</b> | <b>1,901,661</b>  | <b>3,805,346</b> | <b>11,151,082</b> |
| <b>Thirty IFA supplementation tablets for pregnant women with counseling to use (@3 contacts per pregnant woman per year)</b>             |                   |                |                   |                  |                   |                  |                   |                  |                   |                  |                   |
|   | Half-year<br>2020 | 2020           | Half-year<br>2021 | 2021             | Half-year<br>2022 | 2022             | Half-year<br>2023 | 2023             | Half-year<br>2024 | 2024             | Total             |
| Abia  | 12,805            | 25,610         | 25,866            | 51,732           | 39,187            | 78,374           | 52,772            | 105,544          | 66,625            | 133,250          | 394,511           |
| Akwa-Ibom   | 18,576            | 37,151         | 37,523            | 75,045           | 56,847            | 113,693          | 76,553            | 153,107          | 96,649            | 193,297          | 572,294           |
| Gombe   | 11,003            | 22,007         | 22,227            | 44,454           | 33,674            | 67,348           | 45,348            | 90,695           | 57,251            | 114,503          | 339,007           |
| Kano  | 29,442            | 58,885         | 59,473            | 118,947          | 90,102            | 180,205          | 121,338           | 242,676          | 153,189           | 306,378          | 907,090           |
| Katsina   | 26,713            | 53,426         | 53,960            | 107,920          | 81,749            | 163,499          | 110,089           | 220,178          | 138,988           | 277,975          | 822,998           |
| Kogi  | 15,119            | 30,238         | 30,540            | 61,081           | 46,269            | 92,537           | 62,308            | 124,617          | 78,664            | 157,328          | 465,801           |
| Kwara   | 10,934            | 21,869         | 22,088            | 44,175           | 33,463            | 66,925           | 45,063            | 90,126           | 56,892            | 113,784          | 336,879           |
| Nasarawa  | 8,593             | 17,185         | 17,357            | 34,714           | 26,296            | 52,592           | 35,412            | 70,824           | 44,708            | 89,415           | 264,730           |
| Niger   | 18,718            | 37,436         | 37,810            | 75,620           | 57,282            | 114,565          | 77,140            | 154,280          | 97,389            | 194,779          | 576,679           |
| Oyo   | 26,495            | 52,990         | 53,520            | 107,041          | 81,083            | 162,166          | 109,192           | 218,384          | 137,855           | 275,710          | 816,291           |
| Plateau   | 14,363            | 28,725         | 29,012            | 58,025           | 43,954            | 87,908           | 59,191            | 118,382          | 74,729            | 149,457          | 442,497           |
| <b>Total</b>  | <b>220,737</b>    | <b>443,494</b> | <b>445,888</b>    | <b>893,798</b>   | <b>675,522</b>    | <b>1,353,065</b> | <b>909,702</b>    | <b>1,821,427</b> | <b>1,148,501</b>  | <b>2,299,022</b> | <b>6,800,702</b>  |
| <b>One dose of SP/Fansidar (IPTp) for malaria for pregnant women (@ 3 contacts per pregnant woman per year)</b>                           |                   |                |                   |                  |                   |                  |                   |                  |                   |                  |                   |
|   | Half-year<br>2020 | 2020           | Half-year<br>2021 | 2021             | Half-year<br>2022 | 2022             | Half-year<br>2023 | 2023             | Half-year<br>2024 | 2024             | Total             |
| Abia  | 11,667            | 23,334         | 23,567            | 47,134           | 35,704            | 71,408           | 48,081            | 96,163           | 60,703            | 121,405          | 359,443           |

|              |                |                |                |                |                |                  |                |                  |                  |                  |                  |
|--------------|----------------|----------------|----------------|----------------|----------------|------------------|----------------|------------------|------------------|------------------|------------------|
| Akwa-Ibom    | 16,924         | 33,849         | 34,187         | 68,374         | 51,794         | 103,587          | 69,749         | 139,497          | 88,058           | 176,115          | 521,423          |
| Gombe        | 10,025         | 20,051         | 20,251         | 40,503         | 30,681         | 61,361           | 41,317         | 82,633           | 52,162           | 104,325          | 308,873          |
| Kano         | 26,825         | 53,650         | 54,187         | 108,374        | 82,093         | 164,187          | 110,552        | 221,104          | 139,572          | 279,144          | 826,460          |
| Katsina      | 24,338         | 48,677         | 49,164         | 98,327         | 74,483         | 148,965          | 100,303        | 200,607          | 126,633          | 253,266          | 749,842          |
| Kogi         | 13,775         | 27,550         | 27,826         | 55,651         | 42,156         | 84,312           | 56,770         | 113,540          | 71,672           | 143,344          | 424,396          |
| Kwara        | 9,962          | 19,925         | 20,124         | 40,248         | 30,488         | 60,976           | 41,057         | 82,115           | 51,835           | 103,670          | 306,935          |
| Nasarawa     | 7,829          | 15,658         | 15,814         | 31,628         | 23,959         | 47,917           | 32,264         | 64,528           | 40,734           | 81,467           | 241,199          |
| Niger        | 17,054         | 34,108         | 34,449         | 68,898         | 52,190         | 104,381          | 70,283         | 140,566          | 88,733           | 177,465          | 525,419          |
| Oyo          | 24,140         | 48,280         | 48,763         | 97,526         | 73,876         | 147,752          | 99,486         | 198,972          | 125,601          | 251,202          | 743,732          |
| Plateau      | 13,086         | 26,172         | 26,434         | 52,867         | 40,047         | 80,094           | 53,930         | 107,859          | 68,086           | 136,172          | 403,164          |
| <b>Total</b> | <b>201,115</b> | <b>404,252</b> | <b>406,255</b> | <b>814,528</b> | <b>615,477</b> | <b>1,232,972</b> | <b>828,840</b> | <b>1,659,701</b> | <b>1,046,412</b> | <b>2,094,843</b> | <b>6,196,195</b> |

The below table provides a state wise disaggregation of the minimum number of beneficiary contacts to be achieved by two NSAs providing the integrated package of adolescent health and basic package of nutrition services in Kaduna, per half year and per annum, for the following services.

**Table 1. Semi-annual and annual performance targets (number of contacts) for Adolescent Health and Basic Package of Nutrition Services**

|  |                            | Half-year 2020 | 2020    | Half-year 2021 | 2021    | Half-year 2022 | 2022    | Half-year 2023 | 2023    | Half-year 2024 | 2024      | Total     |
|--|----------------------------|----------------|---------|----------------|---------|----------------|---------|----------------|---------|----------------|-----------|-----------|
| Uptake of Modern Contraceptive services  | LARC with counseling       | 1,245          | 2,490   | 1,503          | 3,005   | 1,718          | 3,435   | 1,893          | 3,785   | 2,024          | 4,047     | 16,762    |
|  | Short-term with counseling | 11,929         | 23,857  | 18,272         | 36,543  | 25,229         | 50,677  | 33,184         | 66,367  | 41,859         | 83,718    | 261,162   |
| MIYCN counseling contacts for pregnant and lactating women (@5 contacts per pregnant and lactating woman per year) |                            | 89,303         | 178,606 | 180,392        | 360,784 | 273,294        | 546,587 | 368,035        | 736,071 | 464,645        | 929,289   | 2,751,337 |
| Deworming contacts for children 12-59 months (@2 contacts per child per year)                                      |                            | 118,716        | 237,432 | 240,878        | 481,755 | 366,393        | 732,787 | 495,921        | 991,842 | 629,881        | 1,259,763 | 3,703,578 |
| Vitamin A supplementation contacts for children 6-59 months (@2 contacts per child per year)                       |                            | 112,317        | 224,633 | 227,893        | 455,786 | 346,643        | 693,285 | 469,188        | 938,376 | 595,927        | 1,191,855 | 3,503,936 |
| Two sachets of Zinc/ORS for  |                            | 44,404         | 88,808  | 90,097         | 180,194 | 137,045        | 274,090 | 185,493        | 370,986 | 235,599        | 471,198   | 1,385,277 |

|  |        |        |        |         |         |         |         |         |         |         |           |
|--|--------|--------|--------|---------|---------|---------|---------|---------|---------|---------|-----------|
| children 6-59 months for diarrhea with counseling to use (@2 contacts per child per year)  |        |        |        |         |         |         |         |         |         |         |           |
| Thirty sachets of micronutrient powders per month for children 6-23 months with counseling to use (@3 contacts per child per year) | 45,835 | 91,669 | 92,920 | 185,839 | 141,272 | 282,544 | 191,966 | 383,933 | 244,311 | 488,623 | 1,432,608 |
| Thirty IFA supplementation tablets for pregnant women with counseling to use (@3 contacts per pregnant woman per year)             | 27,976 | 55,953 | 56,512 | 113,024 | 85,616  | 171,232 | 115,296 | 230,592 | 145,562 | 291,123 | 861,925   |
| One dose of SP/Fansidar (IPTp) for malaria for pregnant women (@ 3 contacts per pregnant woman per year)                           | 25,490 | 50,979 | 51,489 | 102,978 | 78,006  | 156,011 | 105,048 | 210,095 | 132,623 | 265,245 | 785,309   |

III. The following services are to be provided by the Primary Health Care Centers of the SPHCDA towards a nutrition sensitive antenatal care for pregnant women:

1. Counseling for maternal nutrition and early, exclusive breastfeeding
2. IFA supplementation for pregnant women
3. IPTp for malaria for pregnant women

For verification of services provided by each SPHCDA through its Primary Health Care Centers, the IVA is required review:

- i) Data from the PHCs participating in ANRiN for the six-month reporting period on the HMIS/DHIS 2/integrated online reporting platform for the state
- ii) Calculate the proportion of contacts achieved by each of the SPHCDA for each of the above-mentioned three services

The below table provides a state wise disaggregation of the minimum number of beneficiary contacts to be achieved by PHCs of the SPHCDA for each ANRiN project state per annum for the following services:

| Service   | Year 1 | Year 2 | Year 3 | Year 4 | Year 5 | Total   |
|---|--------|--------|--------|--------|--------|---------|
| Contacts for MIYCN counseling for pregnant women attending ANC at PHCs                | 6,738  | 27,000 | 36,000 | 45,000 | 54,000 | 168,738 |
| Contacts for at least 30 IFA tablets and counseling for compliance for pregnant women | 6,738  | 27,000 | 36,000 | 45,000 | 54,000 | 168,738 |
| Contacts for IPTp (one dose/month of SP/Fansidar) for malaria for pregnant women      | 6,738  | 27,000 | 36,000 | 45,000 | 54,000 | 168,738 |

**Annex 2: DLI Verification Protocol**

| DLI  | Definition/Description of achievement  | Scalability of Disbursements (Yes/No) | Protocol to evaluate achievement of the DLI and data/result verification   |                     |  |
|--|--|---------------------------------------|--|---------------------|--|
|  |  |                                       | Data Source/Responsible Agency   | Verification Entity | Procedure  |
| <b>DLI 1: Communication for Social and Behavior Change</b> | <b>Year 1 (ending Dec. 31, 2019):</b>  |                                       |  |                     |  |
|  | 1.1 Approval by PMU, FMOH of (i) mass media content comprising at least 5 TV spots; 5 Radio spots; and 5 episodes of Soap Opera, and (ii) deployment plan for mass media in 2019   | 1.1 No                                | 1.1 Communication from PMU, FMOH to World Bank sharing approval of content developed by MDTF comprising at least 5 TV spots; 5 Radio spots; and 5 episodes of Soap Opera; and (ii) deployment plan for mass media/ Project Management Unit, FMOH | 1.1 FMOF/World Bank | 1.1 The verification process will involve authentication by the Verification Entity of the approval by PMU, FMOH to mass media content comprising at least 5 TV spots; 5 Radio spots; and 5 episodes of Soap Opera; and deployment plan developed by MDTF  |
|  | 1.2 PMU, FMOH contracting with religious leaders on social and behavior change on nutrition and adolescent nutrition and health (ANH), on TOR approved by the Association, in 2019 | 1.2 No                                | 1.2 Contract with non-state actor signed by FMOH on WB approved TOR /Project Management Unit, FMOH   | 1.2 FMOF/World Bank | 1.2 The verification process will involve authentication by the Verification Entity of the contract signed by PMU, FMOH with non-state actor on Terms of Reference approved by the World Bank for social and behavior change communication on nutrition and adolescent health in participating project states. |
|  | <b>Year 2.0 (ending December 31, 2020):</b>  |                                       |  |                     |  |
|  | 1.3 PMU, FMOH contracting media entities for deployment of mass media content  | 1.3 No                                | 1.3 Signed contract between PMU, FMOH and the Media Deployment Agencies for actioning approved deployment  | 1.3 FMOF/World Bank | 1.3 The verification process will involve authentication by Verification Entity of the signed contract between PMU, FMOH and the Media Deployment Agencies for actioning approved  |

| DLI | Definition/Description of achievement  | Scalability of Disbursements (Yes/No) | Protocol to evaluate achievement of the DLI and data/result verification   |                     |   |
|-----|--|---------------------------------------|--|---------------------|---|
|     |  |                                       | Data Source/Responsible Agency   | Verification Entity | Procedure   |
|     | as per approved deployment plan in 2020  |                                       | plan/Project Management Unit, FMOH   |                     | deployment plan   |
|     | <p><b>Year 3.0 (ending Dec. 31, 2021)</b></p> <p>1.4 At least 55% of caretakers of children 6-23 months of age with acceptable knowledge related to IYCF practices in 2021</p> | 1.4 Yes                               | <p>1.4 (a) Household survey report confirming proportion of caretakers (mothers) of children 6-23 months of age with acceptable knowledge related to stated IYCF practices; (b) MIS maintained by non-state actor undertaking IPC with religious leaders on the number of caretakers of children 6-23 months of age counseled on stated IYCF practices; (c) MIS maintained by Non-state actors on the number of caretakers of children 6-23 months of age counseled on stated IYCF practices/Project Management Unit, FMOH</p> | 1.4 FMOF/World Bank | <p>1.4 The verification process will involve the Verification Entity confirming with data from a household survey (NNHS or Other) the median performance over baseline of ANRiN participating states with respect to direct caretakers (mothers) of children 6-23 months with knowledge of the following IYCF practices.</p> <p>The IYCF practices are:</p> <ol style="list-style-type: none"> <li>1. Early breastfeeding defined as initiation of breastfeeding within one hour of birth.</li> <li>2. Exclusive breastfeeding defined as exclusive breastmilk for infants till 6 months of age.</li> <li>3. 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 (milk, yogurt, cheese), 4) flesh foods (meat, fish, poultry and liver/organ meats), 5) eggs, 6) vitamin-A rich fruits and vegetables, and 7) other fruits and vegetables.</li> <li>4. Minimum meal frequency among currently breastfeeding children, defined as children who also received</li> </ol> |

| DLI | Definition/Description of achievement  | Scalability of Disbursements (Yes/No) | Protocol to evaluate achievement of the DLI and data/result verification  |                         |  |
|-----|--|---------------------------------------|---|-------------------------|--|
|     |  |                                       | Data Source/Responsible Agency  | Verification Entity     | Procedure  |
|     | 1.5 At least 25% of approved deployment plan of 2019 broadcasted in 2021   | 1.5 Yes                               | 1.5 Communication from PMU, FMOH supported by broadcast certificates from TV and Radio channels confirming broadcast of 25% of the approved deployment plan for at least 5 approved TV spots; 5 approved Radio spots; and 5 approved episodes of Soap Opera/Project Management Unit, FMOH | 1.5 Verification Agency | <p>solid, semi-solid, or soft foods 2 times or more daily for children age 6-8 months and 3 times or more daily for children age 9-23 months. For non-breastfeeding children age 6-23 months it is defined as receiving solid, semi-solid or soft foods, or milk feeds, at least 4 times.</p> <p>1.5 The Verification Agency will confirm with collated broadcast certificates available with PMU, FMOH for this purpose, the proportion over baseline of the approved media plan deployed with the broadcast of at least 5 TV Spots; 5 Radio spots; and 5 episodes of Soap Opera developed for and approved by PMU, FMOH.</p> |
|     | <p><b>Year 4.0 (ending Dec. 31, 2022)</b></p> <p>1.6 At least 65% of caretakers of children 6-23 months of age with acceptable knowledge related to IYCF practices in 2022</p> | 1.6 Yes                               | 1.6 (a) Household survey report confirming proportion of caretakers (mothers) of children 6-23 months of age with acceptable knowledge related to stated IYCF practices; (b) MIS maintained by non-state actor undertaking IPC with religious leaders on                                  | 1.6 FMOF/World Bank     | <p>1.6 The verification process will involve the Verification Entity confirming with data from a household survey (NNHS or Other) the median performance over baseline of ANRiN participating states with respect to direct caretakers (mothers) of children 6-23 months with knowledge of the following IYCF practices.</p> <p>The four IYCF practices are:</p>   |

| DLI | Definition/Description of achievement                                    | Scalability of Disbursements (Yes/No) | Protocol to evaluate achievement of the DLI and data/result verification   |                         |   |
|-----|--|---------------------------------------|--|-------------------------|---|
|     |  |                                       | Data Source/Responsible Agency   | Verification Entity     | Procedure   |
|     |  |                                       | number of caretakers of children 6-23 months of age counseled on stated IYCF practices; (c) MIS maintained by Non-state actors on the number of caretakers of children 6-23 months of age counseled on stated IYCF practices/Project Management Unit, FMOH |                         | <ol style="list-style-type: none"> <li>1. Early breastfeeding defined as initiation of breastfeeding within one hour of birth.</li> <li>2. Exclusive breastfeeding defined as exclusive breastmilk for infants till 6 months of age.</li> <li>3. 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 (milk, yogurt, cheese), 4) flesh foods (meat, fish, poultry and liver/organ meats), 5) eggs, 6) vitamin-A rich fruits and vegetables, and 7) other fruits and vegetables.</li> <li>4. Minimum meal frequency among currently breastfeeding children, defined as children who also received solid, semi-solid, or soft foods 2 times or more daily for children age 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.</li> </ol> |
|     | 1.7 At least 50% of approved deployment plan of 2019 broadcasted in 2022 | 1.7 Yes                               | 1.7 Communication from PMU, FMOH supported by broadcast certificates from TV and Radio channels confirming broadcast of 50% of the approved deployment plan for at least 5   | 1.7 Verification Agency | 1.7 The Verification Agency will confirm with collated broadcast certificates available with PMU, FMOH for this purpose, the proportion over baseline of the approved media plan deployed with the broadcast of at least 5 TV Spots; 5 Radio spots; and 5 episodes of Soap Opera developed for and approved by  |

| DLI | Definition/Description of achievement  | Scalability of Disbursements (Yes/No) | Protocol to evaluate achievement of the DLI and data/result verification   |                     |  |
|-----|--|---------------------------------------|--|---------------------|--|
|     |  |                                       | Data Source/Responsible Agency   | Verification Entity | Procedure  |
|     |  |                                       | approved TV spots; 5 approved Radio spots; and 5 approved episodes of Soap Opera /Project Management Unit, FMOH  |                     | FMOH.  |
|     | <p><b>Year 5 (ending Dec. 31, 2023)</b></p> <p>1.8 At least 75% of caretakers of children 6-23 months of age with acceptable knowledge related to IYCF practices in 2023</p> | 1.8 Yes                               | <p>1.8 (a) Household survey report confirming proportion of caretakers (mothers) of children 6-23 months of age with acceptable knowledge related to stated IYCF practices; (b) MIS maintained by non-state actor undertaking IPC with religious leaders on number of caretakers of children 6-23 months of age counseled on stated IYCF practices; (c) MIS maintained by Non-state actors on the number of caretakers of children 6-23 months of age counseled on stated IYCF practices/Project Management Unit, FMOH</p> | 1.8 FMOF/World Bank | <p>1.8 The verification process will involve the Verification Entity confirming with data from a household survey (NNHS or Other) the median performance over baseline of ANRiN participating states with respect to direct caretakers (mothers) of children 6-23 months with knowledge of the following IYCF practices.</p> <p>The four IYCF practices are:</p> <ol style="list-style-type: none"> <li>1. Early breastfeeding defined as initiation of breastfeeding within one hour of birth.</li> <li>2. Exclusive breastfeeding defined as exclusive breastmilk for infants till 6 months of age.</li> <li>3. 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 (milk, yogurt, cheese), 4) flesh foods (meat, fish, poultry and liver/organ meats), 5) eggs, 6) vitamin-A rich fruits and vegetables, and 7) other fruits and vegetables.</li> <li>4. Minimum meal frequency among</li> </ol> |

| DLI  | Definition/Description of achievement  | Scalability of Disbursements (Yes/No) | Protocol to evaluate achievement of the DLI and data/result verification   |                         |   |
|--|--|---------------------------------------|--|-------------------------|---|
|  |  |                                       | Data Source/Responsible Agency   | Verification Entity     | Procedure   |
|  | 1.9 At least 75% of approved deployment plan of 2019 broadcasted in 2023   | 1.9 Yes                               | 1.9 Communication from PMU, FMOH supported by broadcast certificates from TV and Radio channels confirming broadcast of 75% of the approved deployment plan for at least 5 approved TV spots; 5 approved Radio spots; and 5 approved episodes of Soap Opera /Project Management Unit, FMOH | 1.9 Verification Agency | currently breastfeeding children, defined as children who also received solid, semi-solid, or soft foods 2 times or more daily for children age 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.<br><br>1.9 The Verification Agency will confirm with collated broadcast certificates available with PMU, FMOH for this purpose, the proportion over baseline of the approved media plan deployed with the broadcast of at least 5 TV Spots; 5 Radio spots; and 5 episodes of Soap Opera developed for and approved by FMOH. |
| <b>DLI 2: Multi-sectoral coordination and accountability for nutrition and adolescent health results</b> | <b>Year 1.0 (ending Dec. 31, 2019)</b><br><br>2.3 Annual National Nutrition report following TORs approved by the Association, produced, with input from the | 2.3 Yes                               | 2.3 Report from National Nutrition Conference disseminating progress towards multi-sectoral coordination plan from all participating ministries/ Project   | 2.3 Verification Agency | 2.3 The Verification Agency will confirm that<br>2.3.1 the annual national nutrition conference was organized by the Ministry of Budget and National Planning with attendance from core ministries that signed the MOU.   |

| DLI | Definition/Description of achievement  | Scalability of Disbursements (Yes/No) | Protocol to evaluate achievement of the DLI and data/result verification   |                         |  |
|-----|--|---------------------------------------|--|-------------------------|--|
|     |  |                                       | Data Source/Responsible Agency   | Verification Entity     | Procedure  |
|     | participating Sector Ministries, and disseminated in 2019 and the planned results under DLR 2.1 for 2019 are met   |                                       | Management Unit, FMOH; MBNP; Ministries of core sectors  |                         | <p>2.3.2 for each ministry that signed the MOU, availability of a report with progress towards the timed action plan for the year.</p> <p>2.3.3 for each ministry that signed the MOU, presentation of the report with progress towards the timed action plan for the year in the national nutrition conference.</p> <p>2.3.4 for each ministry that signed the MOU, publishing the results of the timed action plan for the year on the ministry website and in two national dailies.</p> <p>2.3.5 the core ministries which signed the MOU that have achieved at least 60% of the planned results for the year</p> |
|     | <p><b>Year 2.0 (ending Dec. 31, 2020)</b></p> <p>2.4 Annual National Nutrition report following TORs approved by the Association, produced, with input from the participating Sector Ministries, and disseminated in 2020 and the planned results under DLR 2.1 for 2020 are met</p> | 2.4 Yes                               | 2.4 Report from National Nutrition Conference disseminating progress towards multi-sectoral coordination plan from all participating ministries/ Project Management Unit, FMOH; MBNP; Ministries of core sectors | 2.4 Verification Agency | <p>2.4 The Verification Agency will confirm that</p> <p>2.4.1 the annual national nutrition conference was organized by the Ministry of Budget and National Planning with attendance from core ministries that signed the MOU.</p> <p>2.4.2 for each ministry that signed the MOU, availability of a report with progress towards the timed action plan for the year.</p> <p>2.4.3 for each ministry that signed the MOU, presentation of the report with progress towards the timed action plan for the year in the national nutrition conference.</p>  |

| DLI | Definition/Description of achievement  | Scalability of Disbursements (Yes/No) | Protocol to evaluate achievement of the DLI and data/result verification  |                         |   |
|-----|--|---------------------------------------|---|-------------------------|---|
|     |  |                                       | Data Source/Responsible Agency  | Verification Entity     | Procedure   |
|     |  |                                       |   |                         | <p>2.4.4 for each ministry that signed the MOU, publishing the results of the timed action plan for the year on the ministry website and in two national dailies.</p> <p>2.4.5 the core ministries which signed the MOU that have achieved at least 70% of the planned results for the year</p>   |
|     | <p><b>Year 3.0 (ending Dec. 31, 2021)</b></p> <p>2.5 Annual National Nutrition report following TORs approved by the Association, produced, with input from the participating Sector Ministries, and disseminated in 2021 and the planned results under DLR 2.1 for 2021 are met</p> | 2.5 Yes                               | 2.5. Report from National Nutrition Conference disseminating progress towards multi-sectoral coordination plan from all participating ministries/ Project Management Unit, FMOH; MBNP; Ministries of core sectors | 2.5 Verification Agency | <p>2.5 The Verification Agency will confirm that</p> <p>2.5.1 the annual national nutrition conference was organized by the Ministry of Budget and National Planning with attendance from core ministries that signed the MOU.</p> <p>2.5.2 for each ministry that signed the MOU, availability of a report with progress towards the timed action plan for the year.</p> <p>2.5.3 for each ministry that signed the MOU, presentation of the report with progress towards the timed action plan for the year in the national nutrition conference.</p> <p>2.5.4 for each ministry that signed the MOU, publishing the results of the timed action plan for the year on the ministry website and in two national dailies.</p> <p>2.5.5 the core ministries which signed the MOU that have achieved at least 80% of the planned results for the year</p> |

| DLI | Definition/Description of achievement   | Scalability of Disbursements (Yes/No) | Protocol to evaluate achievement of the DLI and data/result verification   |                         |   |
|-----|---|---------------------------------------|--|-------------------------|---|
|     |   |                                       | Data Source/Responsible Agency   | Verification Entity     | Procedure   |
|     | 2.6 At least 50% increase in amount of public budget utilized on nutrition sensitive interventions over the previous year (2020) in one sector other than health in 2021.     | 2.6 Yes                               | 2.6. Documentation from the Ministry of Budget and National Planning confirming release of increased budget to a core Ministry other than health in the year/Project Management Unit; FMOH; MBNP; Ministries of core sectors | 2.6 Verification Agency | 2.6 The Verification Agency will confirm<br>2.6.1 The name of the ministry other than health from the pool of 5 core ministries (education, social protection, agriculture and rural development, and women's affairs and National Social Safety Nets Coordination Office (NASSCO) and National Cash Transfer Office (NCTO) under the office of the Vice President of Nigeria for social development) where 50% of cumulative budget for nutrition sensitive interventions over the previous year has been released<br>2.6.2 Availability of Bank advice to validate the release of 50% of cumulative budget for nutrition sensitive interventions over previous year<br>2.6.3 At least 50% increase in amount of public budget utilized on nutrition-sensitive interventions over the previous year (2020) in one sectors other than health in 2021. |
|     | <b>Year 4.0 (ending Dec. 31, 2022)</b><br>2.7 Annual National Nutrition report following TORs approved by the Association, produced, with input from the participating Sector | 2.7. Yes                              | 2.7. Report from National Nutrition Conference disseminating progress towards multi-sectoral coordination plan from all participating ministries/ Project Management Unit,   | 2.7 Verification Agency | 2.7 The Verification Agency will confirm that<br>2.7.1 the annual national nutrition conference was organized by the Ministry of Budget and National Planning with attendance from core ministries that signed the MOU.<br>2.7.2 for each ministry that signed the  |

| DLI | Definition/Description of achievement  | Scalability of Disbursements (Yes/No) | Protocol to evaluate achievement of the DLI and data/result verification   |                         |   |
|-----|--|---------------------------------------|--|-------------------------|---|
|     |  |                                       | Data Source/Responsible Agency   | Verification Entity     | Procedure   |
|     | Ministries, and disseminated in 2022 and the planned results under DLR 2.1 for 2022 are met  |                                       | FMOH; MBNP; Ministries of core sectors   |                         | <p>MOU, availability of a report with progress towards the timed action plan for the year.</p> <p>2.7.3 for each ministry that signed the MOU, presentation of the report with progress towards the timed action plan for the year in the national nutrition conference.</p> <p>2.7.4 for each ministry that signed the MOU, publishing the results of the timed action plan for the year on the ministry website and in two national dailies.</p> <p>2.7.5 the core ministries which signed the MOU that have achieved at least 80% of the planned results for the year</p>  |
|     | 2.8 At least 50% increase in amount of public budget utilized on nutrition-sensitive interventions over the previous year (2021) in three sectors other than health in 2022. | 2.8. Yes                              | 2.8. Documentation from the Ministry of Budget and National Planning confirming release of increased budget to a core Ministry other than health in the year/Project Management Unit; FMOH; MBNP; Ministries of core sectors | 2.8 Verification Agency | <p>2.8 The Verification Agency will confirm</p> <p>2.8.1 The name of the ministries other than health from the pool of 5 core ministries (education, National Social Safety Nets Coordination Office (NASSCO) and National Cash Transfer Office (NCTO) under the office of the Vice President of Nigeria for social protection, agriculture and rural development, and women's affairs and social development) where 50% of cumulative budget for nutrition sensitive interventions over the previous year has been released</p> <p>2.8.2 Availability of Bank advice to validate the release of 50% of cumulative budget for nutrition</p> |

| DLI | Definition/Description of achievement  | Scalability of Disbursements (Yes/No) | Protocol to evaluate achievement of the DLI and data/result verification  |                         |   |
|-----|--|---------------------------------------|---|-------------------------|---|
|     |  |                                       | Data Source/Responsible Agency  | Verification Entity     | Procedure   |
|     |  |                                       |   |                         | <p>sensitive interventions over previous year</p> <p>2.8.3 At least 50% increase in amount of public budget utilized on nutrition-sensitive interventions over the previous year (2021) in three sectors other than health in 2022.</p>   |
|     | <p><b>Year 5.0 (ending Dec. 31, 2023)</b></p> <p>2.9 Annual National Nutrition report following TORs approved by the Association, produced, with input from the participating Sector Ministries, and disseminated in 2023 and the planned results under DLR 2.1 for 2023 are met</p> | 2.9. Yes                              | 2.9. Report from National Nutrition Conference disseminating progress towards multi-sectoral coordination plan from all participating ministries/ Project Management Unit, FMOH; MBNP; Ministries of core sectors | 2.9 Verification Agency | <p>2.9 The Verification Agency will confirm that</p> <p>2.9.1 the annual national nutrition conference was organized by the Ministry of Budget and National Planning with attendance from core ministries that signed the MOU.</p> <p>2.9.2 for each ministry that signed the MOU, availability of a report with progress towards the timed action plan for the year.</p> <p>2.9.3 for each ministry that signed the MOU, presentation of the report with progress towards the timed action plan for the year in the national nutrition conference.</p> <p>2.9.4 for each ministry that signed the MOU, publishing the results of the timed action plan for the year on the ministry website and in two national dailies.</p> <p>2.9.5 the core ministries which signed the MOU that have achieved at least 80% of the planned results for the year</p> |

| DLI  | Definition/Description of achievement  | Scalability of Disbursements (Yes/No) | Protocol to evaluate achievement of the DLI and data/result verification  |                          |   |
|--|--|---------------------------------------|---|--------------------------|---|
|  |  |                                       | Data Source/Responsible Agency  | Verification Entity      | Procedure   |
|  | 2.10 At least 50% increase in amount of public budget utilized on nutrition-sensitive interventions over the previous year (2022) in three sectors other than health in 2023.  | 2.10. Yes                             | 2.10. Documentation from the Ministry of Budget and National Planning confirming release of increased budget to a core Ministry other than health in the year/Project Management Unit; FMOH; MBNP; Ministries of core sectors | 2.10 Verification Agency | 2.10 The Verification Agency will confirm<br>2.10.1 The name of the ministries other than health from the pool of 5 core ministries (education, National Social Safety Nets Coordination Office (NASSCO) and National Cash Transfer Office (NCTO) under the office of the Vice President of Nigeria for social protection, agriculture and rural development, and women's affairs and social development) where 50% of cumulative budget for nutrition sensitive interventions over the previous year has been released<br>2.10.2 Availability of Bank advice to validate the release of 50% of cumulative budget for nutrition sensitive interventions over previous year<br>2.10.2 At least 50% increase in amount of public budget utilized on nutrition-sensitive interventions over the previous year (2022) in three sectors other than health in 2023. |
| <b>DLI 4: Service delivery through non-state actors for improved nutrition and health outcomes</b> | <b>Year 1.0 (ending Dec. 31, 2019)</b><br>4.2 Participating States releasing payment to non-state actors based on performance within 45 days from invoicing after IVA confirms | 4.2 Yes                               | 4.2 Bank statements indicating release of performance-based payments from SMOH/SMBP commensurate with achievement of results on seven indicators  | 4.2 Verification Agency  | 4.2 The Verification Agency will confirm<br>4.2.1 the date of release of performance-based payment to non-state actor commensurate with achievement of half and full year results on seven services (mentioned in previous section) from SMOH/SMBP<br>4.2.2 the release of performance-based  |

| DLI | Definition/Description of achievement  | Scalability of Disbursements (Yes/No) | Protocol to evaluate achievement of the DLI and data/result verification   |                         |  |
|-----|--|---------------------------------------|--|-------------------------|--|
|     |  |                                       | Data Source/Responsible Agency   | Verification Entity     | Procedure  |
|     | achievement of results for 2019  |                                       | release to non-state actors  |                         | payment was made within 45 days of raising invoice after confirmation by IVA of quantum of results achieved on seven services (as articulated in PAD) by the non-state actor against the targets set for (i) first six months of Year 1, and for (ii) full Year 1  |
|     | <b>Year 2.0 (ending Dec. 31, 2020)</b><br><br>4.3 Participating States releasing payment to non-state actors based on performance within 45 days from invoicing after IVA confirms achievement of results for 2020 | 4.3 Yes                               | 4.3 Bank statements indicating release of performance-based payments from SMOH/SMBP commensurate with achievement of results on seven indicators release to non-state actors | 4.3 Verification Agency | 4.3 The Verification Agency will confirm<br>4.3.1 the date of release of performance-based payment to non-state actor commensurate with achievement of half and full year results on seven services (mentioned in previous section) from SMOH/SMBP<br>4.3.2 the release of performance-based payment was made within 45 days of raising invoice after confirmation by IVA of quantum of results achieved on seven services (as articulated in PAD) by the non-state actor against the targets set for (i) first six months of Year 2, and for (ii) full Year 2 |
|     | <b>Year 3.0 (ending Dec. 31, 2021)</b><br><br>4.4 Participating States releasing payment to non-state actors based on performance within 45 days from invoicing after IVA  | 4.4 Yes                               | 4.4 Bank statements indicating release of performance-based payments from SMOH/SMBP commensurate with achievement of results   | 4.4 Verification Agency | 4.4 The Verification Agency will confirm<br>4.4.1 the date of release of performance-based payment to non-state actor commensurate with achievement of half and full year results on seven services (mentioned in previous section) from SMOH/SMBP   |

| DLI | Definition/Description of achievement   | Scalability of Disbursements (Yes/No) | Protocol to evaluate achievement of the DLI and data/result verification   |                         |   |
|-----|---|---------------------------------------|--|-------------------------|---|
|     |   |                                       | Data Source/Responsible Agency   | Verification Entity     | Procedure   |
|     | confirms achievement of results for 2021  |                                       | on seven indicators release to non-state actors  |                         | 4.4.2 the release of performance-based payment was made within 45 days of raising invoice after confirmation by IVA of quantum of results achieved on seven services (as articulated in PAD) by the non-state actor against the targets set for (i) first six months of Year 3, and for (ii) full Year 3  |
|     | <p><b>Year 4.0 (ending Dec. 31, 2022)</b></p> <p>4.5 Participating States releasing payment to non-state actors based on performance within 45 days from invoicing after IVA confirms achievement of results for 2022</p> | 4.5 Yes                               | 4.5 Bank statements indicating release of performance-based payments from SMOH/SMBP commensurate with achievement of results on seven indicators release to non-state actors | 4.5 Verification Agency | <p>4.5 The Verification Agency will confirm</p> <p>4.5.1 the date of release of performance-based payment to non-state actor commensurate with achievement of half and full year results on seven services (mentioned in previous section) from SMOH/SMBP</p> <p>4.5.2 the release of performance-based payment was made within 45 days of raising invoice after confirmation by IVA of quantum of results achieved on seven services (as articulated in PAD) by the non-state actor against the targets set for (i) first six months of Year 4, and for (ii) full Year 4</p> |

| DLI   | Definition/Description of achievement  | Scalability of Disbursements (Yes/No) | Protocol to evaluate achievement of the DLI and data/result verification   |   |   |
|---|--|---------------------------------------|--|---|---|
|   |  |                                       | Data Source/Responsible Agency   | Verification Entity                     | Procedure   |
|   | <p><b>Year 5.0 (ending Dec. 31, 2023)</b></p> <p>4.6 Participating States releasing payment to non-state actors based on performance within 45 days from invoicing after IVA confirms achievement of results for 2023</p>      | 4.6 Yes                               | 4.6 Bank statements indicating release of performance-based payments from SMOH/SMBP commensurate with achievement of results on seven indicators release to non-state actors | 4.6 Verification Agency                 | <p>4.6 The Verification Agency will confirm</p> <p>4.6.1 the date of release of performance-based payment to non-state actor commensurate with achievement of half and full year results on seven services (mentioned in previous section) from SMOH/SMBP</p> <p>4.6.2 the release of performance-based payment was made within 45 days of raising invoice after confirmation by IVA of quantum of results achieved on seven services (as articulated in PAD) by the non-state actor against the targets set for (i) first six months of Year 5, and for (ii) full Year 5</p> |
| <b>DLI 5: Service delivery through public health centers for improved nutrition and health outcomes</b> | <p><b>Year 1.0 (ending Dec. 31, 2019):</b></p> <p>5.2 Package of nutrition-related services in PHCs during the ante-natal visit delivered in Participating States as per terms and targets defined in work plan in DLI 5.1</p> | 5.2 Yes                               | 5.2 MIS from PHCs delivering agreed basic package of nutrition services/Project implementation unit, SMOH; and independent survey by IVA/SMBP                                | 5.2 FMOF/World Bank/Verification Agency | <p>5.2 The Verification Entity will</p> <p>5.2.1 Validate the MIS reports of the PHCs available with SPHCDA to ascertain Year 1 performance on the following three services</p> <p>5.2.2 Confirm the proportion of pregnant women who have been provided IYCF counseling against targets set for Year 1</p> <p>5.2.3 Confirm the proportion of pregnant women who receive at least 90 tablets for IFA supplements during pregnancy against the targets set for Year 1</p>   |

| DLI | Definition/Description of achievement  | Scalability of Disbursements (Yes/No) | Protocol to evaluate achievement of the DLI and data/result verification   |                         |  |
|-----|--|---------------------------------------|--|-------------------------|--|
|     |  |                                       | Data Source/Responsible Agency   | Verification Entity     | Procedure  |
|     |  |                                       |  |                         | 5.2.4 Confirm the proportion of pregnant women who receive IPT for malaria against the targets set for Year 1  |
|     | <p><b>Year 2.0 (ending Dec. 31, 2020):</b></p> <p>5.3 Package of nutrition-related services in PHCs during the ante-natal visit delivered in Participating States as per terms and targets defined in work plan in DLI 5.1</p> | 5.3 Yes                               | 5.3 MIS from PHCs delivering agreed basic package of nutrition services/Project implementation unit, SMOH; and independent survey by agency/SMBP | 5.3 Verification Agency | <p>5.3 Verification Agency will</p> <p>5.3.1 Validate the MIS reports of the PHCs available with SPHCDA to ascertain Year 2 performance on the following three services</p> <p>5.3.2 Confirm the proportion of pregnant women who have been provided IYCF counseling against targets set for Year 2</p> <p>5.3.3 Confirm the proportion of pregnant women who receive at least 90 tablets for IFA supplements during pregnancy against the targets set for Year 2</p> <p>5.3.4 Confirm the proportion of pregnant women who receive IPT for malaria against the targets set for Year 2</p> |
|     | <p><b>Year 3.0 (ending Dec. 31, 2021):</b></p> <p>5.4 Package of nutrition-related services in PHCs during the ante-natal visit delivered in Participating States as per terms and targets defined in work plan in DLI 5.1</p> | 5.4 Yes                               | 5.4 MIS from PHCs delivering agreed basic package of nutrition services/Project implementation unit, SMOH; and independent survey by agency/SMBP | 5.4 Verification Agency | <p>5.4 Verification Agency will</p> <p>5.4.1 Validate the MIS reports of the PHCs available with SPHCDA to ascertain Year 3 performance on the following three services</p> <p>5.4.2 Confirm the proportion of pregnant women who have been provided IYCF counseling against targets set for Year 3</p> <p>5.4.3 Confirm the proportion of pregnant women who receive at least 90</p>  |

| DLI | Definition/Description of achievement  | Scalability of Disbursements (Yes/No) | Protocol to evaluate achievement of the DLI and data/result verification   |                         |  |
|-----|--|---------------------------------------|--|-------------------------|--|
|     |  |                                       | Data Source/Responsible Agency   | Verification Entity     | Procedure  |
|     |  |                                       |  |                         | <p>tablets for IFA supplements during pregnancy against the targets set for Year 3</p> <p>5.4.4 Confirm the proportion of pregnant women who receive IPT for malaria against the targets set for Year 3</p>  |
|     | <p><b>Year 4.0 (ending Dec. 31, 2022):</b></p> <p>5.5 Package of nutrition-related services in PHCs during the ante-natal visit delivered in Participating States as per terms and targets defined in work plan in DLI 5.1</p> | 5.5 Yes                               | 5.5 MIS from PHCs delivering agreed basic package of nutrition services/Project implementation unit, SMOH; and independent survey by agency/SMBP | 5.5 Verification Agency | <p>5.5 Verification Agency will</p> <p>5.5.1 Validate the MIS reports of the PHCs available with SPHCDA to ascertain Year 4 performance on the following three services</p> <p>5.5.2 Confirm the proportion of pregnant women who have been provided IYCF counseling against targets set for Year 4</p> <p>5.5.3 Confirm the proportion of pregnant women who receive at least 90 tablets for IFA supplements during pregnancy against the targets set for Year 4</p> <p>5.5.4 Confirm the proportion of pregnant women who receive IPT for malaria against the targets set for Year 4</p> |
|     | <p><b>Year 5.0 (ending Dec. 31, 2023):</b></p> <p>5.6 Package of nutrition-related services in PHCs during the ante-natal visit delivered in Participating States as per terms and targets defined</p>                         | 5.6 Yes                               | 5.6 MIS from PHCs delivering agreed basic package of nutrition services/Project implementation unit, SMOH; and independent survey by agency/SMBP | 5.6 Verification Agency | <p>5.6 The Verification Agency will</p> <p>5.6.1 Validate the MIS reports of the PHCs available with SPHCDA to ascertain Year 5 performance on the following three services</p> <p>5.6.2 Confirm the proportion of pregnant women who have been provided IYCF counseling against targets set</p>   |

| DLI   | Definition/Description of achievement  | Scalability of Disbursements (Yes/No) | Protocol to evaluate achievement of the DLI and data/result verification   |                         |   |
|---|--|---------------------------------------|--|-------------------------|---|
|   |  |                                       | Data Source/Responsible Agency   | Verification Entity     | Procedure   |
|   | in work plan in DLI 5.1  |                                       |  |                         | <p>for Year 5</p> <p>5.6.3 Confirm the proportion of pregnant women who receive at least 90 tablets for IFA supplements during pregnancy against the targets set for Year 5</p> <p>5.6.4 Confirm the proportion of pregnant women who receive IPT for malaria against the targets set for Year 5</p>  |
| <b>DLI 6: Coordination of Development Partners at State level</b> | <p><b>Year 2.0 (ending Dec. 31, 2020):</b></p> <p>6.3 Mapping report of interventions supported/implemented by development partners in the relevant state produced and validated in a public meeting with the development partners</p> | 6.3. Yes                              | 6.3 Minutes of Public Meeting with all development partners in participating states /Project implementation unit, SMOH | 6.3 Verification Agency | <p>6.3 The Verification Agency will confirm</p> <p>6.3.1 the names of participating states where the mapping of interventions supported/implemented by major development partners is completed.</p> <p>6.3.2 the names of participating states where a public meeting was held that discussed and validated areas of engagement for each development partner</p> <p>6.3.3 availability of the minutes of meeting from the public meeting that was held to discuss and validate areas of engagement for each development partner</p> |
|   | <p><b>Year 3.0 (ending Dec. 31, 2021):</b></p> <p>6.4 Mapping report of interventions supported/implemented by development partners in the relevant state</p>  | 6.4. Yes                              | 6.4 Minutes of Public Meeting with all development partners in participating states /Project implementation unit, SMOH | 6.4 Verification Agency | <p>6.4 The Verification Agency will confirm</p> <p>6.4.1 the names of participating states where the mapping of interventions supported/implemented by major development partners is completed.</p> <p>6.4.2 the names of participating states where a public meeting was held</p>  |

| DLI | Definition/Description of achievement   | Scalability of Disbursements (Yes/No) | Protocol to evaluate achievement of the DLI and data/result verification   |                         |  |
|-----|---|---------------------------------------|--|-------------------------|--|
|     |   |                                       | Data Source/Responsible Agency   | Verification Entity     | Procedure  |
|     | produced and validated in a public meeting with the development partners  |                                       |  |                         | 6.4.3 that discussed and validated areas of engagement for each development partner<br>availability of the minutes of meeting from the public meeting that was held to discuss and validate areas of engagement for each development partner   |
|     | <b>Year 4.0 (ending Dec. 31, 2022):</b><br><br>6.5 Mapping report of interventions supported/implemented by development partners in the relevant state produced and validated in a public meeting with the development partners | 6.5. Yes                              | 6.5 Minutes of Public Meeting with all development partners in participating states /Project implementation unit, SMOH | 6.5 Verification Agency | 6.5 The Verification Agency will confirm<br>6.5.1 the names of participating states where the mapping of interventions supported/implemented by major development partners is completed.<br>6.5.2 the names of participating states where a public meeting was held that discussed and validated areas of engagement for each development partner<br>6.5.3 availability of the minutes of meeting from the public meeting that was held to discuss and validate areas of engagement for each development partner |
|     | <b>Year 5.0 (ending Dec. 31, 2023):</b><br><br>6.6 Mapping report of interventions supported/implemented by development partners in the relevant state produced and   | 6.6. Yes                              | 6.6 Minutes of Public Meeting with all development partners in participating states /Project implementation unit, SMOH | 6.6 Verification Agency | 6.6 The Verification Agency will confirm<br>6.6.1 the names of participating states where the mapping of interventions supported/implemented by major development partners is completed.<br>6.6.2 the names of participating states where a public meeting was held that discussed and validated areas   |

| DLI | Definition/Description of achievement                       | Scalability of Disbursements (Yes/No) | Protocol to evaluate achievement of the DLI and data/result verification |                     |   |
|-----|---|---------------------------------------|--|---------------------|---|
|     |   |                                       | Data Source/Responsible Agency   | Verification Entity | Procedure   |
|     | validated in a public meeting with the development partners |                                       |  |                     | 6.6.3 of engagement for each development partner<br>availability of the minutes of meeting from the public meeting that was held to discuss and validate areas of engagement for each development partner |

**Listing of DLI results to be verified by the IVA and the value of each DLI result**

| <b>DLI results verified by the IVA</b> | <b>Value</b>      |
|--|-------------------|
| 1.5                                    | 375,000           |
| 1.7                                    | 375,000           |
| 1.9                                    | 375,000           |
| 2.3                                    | 1,500,000         |
| 2.4                                    | 1,500,000         |
| 2.5                                    | 1,500,000         |
| 2.6                                    | 500,000           |
| 2.7                                    | 1,500,000         |
| 2.8                                    | 750,000           |
| 2.9                                    | 1,500,000         |
| 2.10                                   | 750,000           |
| 4.2                                    | 1,250,000         |
| 4.3                                    | 1,250,000         |
| 4.4                                    | 1,250,000         |
| 4.5                                    | 1,250,000         |
| 4.6                                    | 1,250,000         |
| 5.2                                    | 1,800,000         |
| 5.3                                    | 1,800,000         |
| 5.4                                    | 1,800,000         |
| 5.5                                    | 1,800,000         |
| 5.6                                    | 1,800,000         |
| 6.3                                    | 600,000           |
| 6.4                                    | 600,000           |
| 6.5                                    | 600,000           |
| 6.6                                    | 600,000           |
| <b>Total Value</b>                     | <b>28,275,000</b> |

