

**TERMS OF REFERENCE
FOR
NON-STATE ACTOR TO PROVIDE INTEGRATED, COMMUNITY-BASED ADOLESCENT HEALTH SERVICES
(AHS) AND BASIC PACKAGE OF NUTRITION SERVICES (BPNS)
IN KADUNA UNDER
THE ACCELERATING NUTRITION RESULTS IN NIGERIA (ANRiN) PROJECT (P162069).**

A. ACCELERATING NUTRITION RESULTS IN NIGERIA (ANRiN) PROJECT

1. ANRiN, 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 twelve, geographically representative, high-malnutrition burden states of Nigeria. It proposes to achieve its development objective through two components, namely: (i) Basic package of nutrition services; and (ii) Stewardship and Project Management.

2. The project is results-based and leverages:

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

B. NUTRITION IN NIGERIA

3. **Status, causes and impact:** Nigeria's struggle with its triple burden of malnutrition is a major public health, development and growth challenge for this middle-income nation. It is home to 22 percent and 21 percent of the total number of stunted and wasted children under five in Africa.¹ With over 37 percent of children stunted² and 7 percent wasted², it is also one of the three highest contributing countries to the burden of stunted and wasted children in the world.¹ Seven percent (5.2 percent in Kaduna) of its women of reproductive age are affected by acute undernutrition, with the prevalence for teenage girls being significantly higher at 19 percent than for its adult women.³ Despite their high cost-effectiveness, coverage rates of nutrition services or micronutrient supplementation and fortification remain low. For example, only 26.4 percent of children in Nigeria (38.5 percent in Kaduna) with diarrhea in the last two weeks were treated with ORS treatment, while 40.8 percent of children 6-59 months (37.6 percent in Kaduna) received Vitamin A supplementation in the last 6 months.⁴ Micronutrient deficiencies also disproportionately affect its women and children. Fifty eight percent of women of reproductive age and sixty eight percent of children are anemic.¹ The "nutrition map" of Nigeria is highly uneven with ten states having rates of child stunting that exceed 50 percent, whereas some other states have rates of child stunting as low as 17 percent. The highest burden of stunting is borne by the North-West and North-East states, which also suffer the poorest infant and young child feeding behaviors (5.7 percent of infants 0-23 months are put to breast within first hour of birth; and 12.7 percent of infants 6-23 months receive the minimal acceptable diet)⁴. Malnutrition in early childhood results in decreased cognitive ability, poor educational outcomes, lost earnings and losses to national economic productivity. The recent *Lancet* series on early childhood development estimates

¹ Global Nutrition Report, 2018

² DHS, 2018

³ Nigeria Nutrition and Health Survey, 2018

that, every year, Nigeria loses about 3 percent of its GDP as a result of not addressing the developmental needs of children in the first 1000 days window (Richter et al., 2016).

C. ADOLESCENT HEALTH IN KADUNA

Status, causes and impact: Adolescent girls and their children are particularly vulnerable to malnutrition. Mother's age alone is a risk factor for childhood stunting where children of adolescent girls are more likely to be stunted as compared to children of adult mothers. Adolescent girls, when pregnant, face dual burden of malnutrition. Extra nutrients are needed for their still-growing bodies, which compete with the needs of her growing fetus. This competition for nutrients puts mother at risk for undernutrition, leading to higher risk of mortality, poorer birth outcomes and a higher risk of stunting in her child, as compared to adult mothers. Stunted children are then more likely to go on to be undernourished as adolescents and adults, thereby increasing risks of morbidity and mortality and perpetuating an intergenerational cycle of malnutrition and stunting, with life-long consequences on physical growth, cognitive development, and productivity.

The use of modern methods of contraception is low amongst married women in general (12 percent in Nigeria and 13.7 percent in Kaduna)³. It is particularly low amongst married adolescents (2.3%)³ and mean ideal family size remains high. In addition to low overall contraceptive use, the Nigerian family planning (FP) market is oriented to short-term and less effective methods, in which male condoms currently make up 40.2% of the mix. While crucial for dual protection against sexually transmitted infections, the male condom has a high failure rate relative to other methods.

4. **Window of opportunity for action:** Chronic malnutrition in Nigeria, as in other countries, happens during the "first 1000 days", which is the period from conception to the child's second birthday.

The deterioration in nutrition status can be prevented by focusing on a set of well proven interventions, notably appropriate infant and young child feeding (e.g., breastfeeding, complementary feeding), healthy sanitation behaviors (e.g., handwashing before feeding children, water purification), prevention and, when necessary, appropriate treatment of diarrhea, and ensuring adequate intake of essential vitamins and minerals through food fortification and supplementation. These inexpensive and cost-effective interventions that can be scaled-up relatively rapidly, require action at the community level.

Adolescents, particularly, must be reached early to improve their health and nutrition status prior to conception, to break the self-perpetuating intergenerational cycle of malnutrition. For young girls, ensuring optimal nutritional status before becoming mothers is critical for a safe pregnancy and delivery and a healthy, growing baby. Delaying pregnancy beyond adolescence, and increased birth spacing, is correlated with improved outcomes for both the young mother and her child.

5. **Community-based Approaches are Central to the Government of Nigeria's Strategy:** The Federal Government approved and launched a multi-sectoral National Policy on Food and Nutrition in Nigeria in September 2016. This policy provides the framework for addressing Nigeria's malnutrition challenge from the individual, household, community and up to the national level. The "National Strategic Plan of Action for Nutrition" (NSPAN) of the health sector sets out costed, nutrition-specific interventions that require strong community-based implementation platforms. Delivering nutrition services at the community level is an effective strategy because this mode of service delivery: i) reduces the physical, cultural and financial barriers to access; ii) can encourage households to utilize facility-based services (e.g. ante-natal care); and iii) can serve to change cultural norms that are holding back behavior change.

D. COLLABORATION WITH NON-STATE ACTORS TO INCREASE COVERAGE OF NUTRITION SERVICES

6. To increase access to nutrition services, the Federal and Kaduna State government in Nigeria will, through a two-step approach, competitively procure non-state actors (NSAs) to deliver an integrated Adolescent Health Services (AHS) and Basic Package of Nutrition Services (BPNS) in community settings through performance-based contracts (PBCs). Joint ventures or consortia arrangements compliant with World Bank procurement guidelines are encouraged. A total of two packages comprising of two half-states of contiguous LGAs based on population and economic characteristics will be available for bidding.

Detailed procurement process to be followed is available in the contracting plan for integrated delivery of AHS and BPNS.

7. The quantitative and qualitative performance of the NSA against annualized targets (refer to **Annex 1** of the AHS and BPNS Contracting Plan) for each service within the AHS and BPNS will be independently verified every half year by a Verification Agency, contracted and managed by the Federal Ministry of Finance.

E. OBJECTIVE OF ASSIGNMENT

8. To increase access to and utilization of integrated, community-based AHS and BPNS in half of Kaduna State (refer to **Annex 7** of Contracting Plan for LGAs covered in each package being bid out) according to established and agreed targets (for quality and coverage) to reduce the level of malnutrition in Nigeria.

Specifically, through a mix of counseling and service delivery, in an equitable and sustainable manner, the NSA will increase access to and utilization of:

Adolescent Health Services

1. Counseling for increased birth spacing amongst married women of reproductive age, particularly adolescent girls (15-19 years).
2. Full range of short-acting and long-acting reversible birth-spacing methods.

Basic Package of Nutrition Services

3. knowledge of mothers/care-givers of children 0-23 months of age on improved behaviors related to maternal, infant and young child feeding, notably early, exclusive and continued breastfeeding, appropriate complementary feeding, and early stimulation.
4. fifteen sachets of micronutrient powders per month among children 6-23 months to improve the quality of complementary feeding.
5. at least 90 iron-folic acid (IFA) tablets by pregnant women by specifically addressing barriers that inhibit women from taking a full course of IFA tablets during pregnancy through counseling during ante-natal care sessions.
6. at least three doses of intermittent preventive treatment for malaria during ante-natal care by pregnant women.
7. at least four sachets of zinc/oral rehydration solution (ORS) per year for treatment of diarrhea among children 6-59 months of age.
8. semi-annual vitamin A supplementation among children 6-59 months of age.
9. semi-annual deworming among children 12-59 months of age.

Additionally, test an innovation in 1-2 LGAs in a half-state, with an investment of not more than US\$ 150,000 over a period of 2 years, to expand the evidence base on new implementation modalities for nutrition specific interventions that are effective and scalable. The innovations may test

- new approaches towards community-based service delivery platforms
- logistics and supply chain management
- technology driven monitoring and supervision mechanisms

F. SCOPE OF WORK

Towards timely, community-sensitive delivery of high-quality AHS and BPNS, the NSA will have full flexibility to pursue the proposed implementation approaches it has identified as appropriate in its technical proposal to achieve specified annualized targets. The NSA is encouraged to be innovative and leverage new solutions, appropriate tools in the IT domain to address barriers to service uptake and behavior change at household level and delivering nutrition services smartly.

The NSA is expected to provide

- integrated AHS and BPNS services in 2 selected LGAs within its area of operation for first two years of service delivery
- BPNS through an exclusive cadre of community-based service providers in remaining 10 LGAs within its area of operation for first two years of service delivery
- AHS through an exclusive cadre of community-based service providers in the above 10 LGAs in its areas of operation in the first two years of service delivery.

Based on the rigorously tested acceptability of the integrated approach in the community, the integrated approach will be scaled-up to all LGAs under the purview of the NSA in the remaining contract period. Should the findings of the assessment indicate that the integrated approach of service delivery is not acceptable to the community, the disaggregated approach of AHS and BPNS service delivery will be extended to the two LGAs piloting the integrated approach in the remaining contract period.

The NSAs are encouraged to coordinate with ANRiN PIU, SMOH to identify and prioritize underserved LGAs to saturate wards/villages therein with service delivery.

Towards increasing access to and utilization of the AHS and BPNS in the communities of each half-state, as per its technical proposal, the NSA will be required to:

1. Provide to the State PIU, an inception report finalizing the technical approach for delivering the assignment;
2. Provide to the State PIU, annual work plans for community-sensitive service delivery of AHS and BPNS prioritizing the underserved communities and targeting the beneficiaries-- pregnant and lactating mothers especially adolescents and their children less than 60 months of age;
3. Procure adequate stock of NAFDAC registered nutrition-related and birth-spacing products, supplies and pharmaceuticals (on the FMOH essential drug list) of acceptable quality from reputable suppliers as per the specifications provided in **Annex 5** of the Contracting Plan to service the contract;
4. Ensure compliance with ANRiN NSA branding, agreed with the SMOH, at service delivery so as to be distinctly identifiable from all other service providers operational in the geography;

5. Provide to the State PIU, monthly performance reports detailing quantitative achievement of targets for each service under AHS and BPNS in prescribed reporting formats (paper and/or electronic).
6. Provide to the State PIU every six months, progress reports which will include evidence of:
 - a. appropriately located and equipped premises in the state (civil works will not be financed by the assignment) to service the contract;
 - b. culturally sensitive, qualified, experienced and trained personnel to deliver the AHS and BPNS;
 - c. adequate stock of NAFDAC registered nutrition related products and birth-spacing commodities, supplies and pharmaceuticals (on the FMOH essential drug list) of acceptable quality from reputable suppliers as per the specifications provided in **Annex 5** of the Contracting Plan to service the contract in the reporting period;
 - d. compliance with health care waste management plan for ANRiN project; and
 - e. functional system for registering and resolving grievances from the communities being served.
7. Deploy the innovation as proposed in the technical proposal and in compliance with technical and operational standards defined. The NSA will ensure half-yearly documentation and reporting on the progress of the innovation. The NSA will also comply with the evaluation plan for the innovation agreed with the SMOH and the World Bank.
8. Participate in periodic quality testing of nutrition related products, supplies and pharmaceuticals undertaken by NAFDAC or independent parties contracted by it.
9. Facilitate, through the PIU, the work of the independent verification agency (IVA) with data, records and necessary evidence, so that the IVA can carry out the half-yearly verification unhindered.
10. Facilitate with data, records and necessary evidence, and participate in the half-yearly implementation support missions of the World Bank, in support of stock taking of implementation progress of the ANRiN project.
11. Facilitate with data, records and necessary documentation and participate in the impact evaluation/other evaluations of the ANRiN project conducted by the World Bank and the assessment/evaluation of the innovation pilot conducted by the SMOH.
12. Contribute to and participate in the periodic knowledge sharing and management events organized by the ANRiN project implementing agencies--Federal and State Ministries of Health.

G. QUALIFICATIONS

The NSA should possess the following qualifications:

1. Legal authorization from Government of Nigeria to operate within the country. This mandatory qualification will not be part of the EOI evaluation criteria.
2. Technical and management skills of over a period of at least 8-10 years, with demonstrated experience of having delivered the range of basic package of quality nutrition services (and full range of birth-spacing methods with counselling) for at least 100,000 women of reproductive age and 350,000 children under 5 years of age over a period of 5 subsequent years.
3. Demonstrated experience of having undertaken at least three assignments of similar nature, geographical scope and scale in the last five years in developing nations. Experience in African countries will be considered an advantage. Evidence must be provided of such contracts having been completed in last five years. For an ongoing contract to be considered in the evaluation, at least 80 percent of the contract scope should be completed.
4. Demonstrated experience of either having undertaken procurement, drug logistics and supply chain management of nutrition-related products and birth-spacing commodities, supplies and

pharmaceuticals or having legally binding collaboration with qualified firm engaged in procurement, drug logistics and supply chain management of nutrition-related products and birth spacing commodities, supplies and pharmaceuticals.

5. Demonstrated ability for financial management of projects (with audited accounts) of a cumulative value of at least US\$ 4.5 million in the last three financial years.
6. Turnover of at least US\$ 3.75 million in last three financial years on similar assignments.
7. Confirmed availability of skill set required for the assignment on the permanent rolls of the firm. This mandatory qualification will not be part of the EOI evaluation criteria.

H. LOCATION

The above-mentioned services will be delivered in each half-state of the Kaduna. The contiguous, LGA-wise geographical area to be covered by a contract is provided in **Annex 7** of the Contracting Plan.

I. DURATION OF SERVICES

The contract will be for a period lasting till the current project closing date of December 31, 2023, with possibility of extension to a cumulative contract period of five years following a project extension, subject to satisfactory quality and quantity of implementation performance, as verified by an independent verification agency, once every six months. The NSA should be able to start delivering services within the community within 12 weeks from signing of the contract.

J. GROUNDS FOR TERMINATION OF CONTRACT

The contract with the NSA may be terminated on the following grounds:

1. Failure to start delivering services within the community after three months or twelve weeks of signing of the contract.
2. Failure to meet at least 60% of overall performance target for AHS and BPNS (as evaluated by IVA through both desk review of performance data and verification of a sample of beneficiaries in households) for more than three cumulative half-year periods.
3. Failure to procure and dispense NAFDAC approved commodities in delivery of AHS and BPNS.
4. Verified information the AHS and BPNS are being provided at a cost to the beneficiaries.
5. Fraud and corruption in the execution of the contract.
6. Use of documentation pertaining to the execution of the contract, including reporting formats, for any other purpose without prior approval of the PIU, SMOH.

K. ETHICS AND STANDARDS COMPLIANCE WITH TECHNICAL GUIDELINES

In carrying out the services described above,

1. The NSA will comply with Federal Ministry of Health technical guidelines that currently exist and those that are developed during the life of the contract. The NSA will ensure that national program policies, strategies and technical guidelines are followed.
2. The NSA will comply with World Bank safeguard policies, i.e. the approved Health Care Waste Management Plan for ANRiN and a responsive grievance redressal mechanism.
3. The service-related data emanating from the execution of the contract is confidential and owned by the Government of Nigeria. The data will not be used for any purpose other than
 - a. Beneficiary tracking for service provision by NSAs
 - b. Verification of NSA performance by IVA
 - c. Effective and efficient management of the contract by the NSAsAny additional use of data will be approved by the PIU, SMOH.
4. Further, at the invitation of the SMOH and the FMOH, the NSA will share the operational experiences in executing the contract in appropriate knowledge sharing forums.

L. QUALIFICATIONS OF KEY PROFESSIONAL STAFF

The curriculum vitae with qualifications, work experience and regional experience of the following staff will be evaluated as part of the technical proposal at RFP stage. All other professionals and field-based staff deployed by the NSA in the delivery of this assignment will not contribute to its technical score. The minimum qualifications of the key professional staff, which will be evaluated are described below:

- **Project Director**

Education and Experience/qualifications: 1. Master's Degree in a relevant field (e.g., Nutrition, Public Health or equivalent, Sociology, MBA); 2. At least 10 years of experience managing development projects, preferably in African countries with a strong focus on field implementation; 3. Experience managing projects with a focus on behavior change would be an asset; and 4. Strong communication skills (oral and written) in English.

- **Nutrition Specialist**

Education and Experience/qualifications: 1. Master's Degree or equivalent in a relevant discipline (public health/nutrition) with minimum of 5 years of experience; 2. Demonstrated experience of working on nutrition related issues with multi-sectoral teams in developing countries. Experience from African countries will be an asset; 3. Familiarity with analytical tools and ability to translate theoretical concepts into practical approaches for operational work; and 4. Strong communication skills (oral and written) in English. Knowledge of other Nigerian languages will be an asset.

- **Adolescent Health Specialist**

Education and Experience/qualifications: 1. Master's degree or equivalent in a relevant field (public health, medicine/nursing, nutrition, population studies, etc.) with a minimum of 8 years of experience post-Masters. 2. At least 5 years of experience managing adolescent programs, preferably in Africa. Experience in Nigeria preferred. 3. At least 3 years of experience in family planning programs. 4. Strong written and oral communication skills in English. Knowledge of other Nigerian languages will be an asset.

- **Manager - Monitoring and Evaluation**

Education and Experience/qualification: 1. Master's Degree in Statistics or Economics or Demography or Anthropology or Development Planning or Social Work or Epidemiology or related subjects of similar scope; 2. At least 5 years of progressive experience of monitoring and evaluation in public health/nutrition or any large social sector programs; 3. In-depth knowledge of M & E techniques and methodologies including knowledge of conducting operations research, household surveys and qualitative assessments; data analysis, interpretation and reporting; and 4. Proficient with analytical tools and software such as Stata, SPSS, MS Excel, etc. Knowledge of other Nigerian languages will be an asset.

- **Manager – Finance and Administration**

Education and Experience/qualifications: 1. Qualified Chartered Accountant (Accounting professional qualification is essential) with minimum 10 years of experience; 2. At least 7 years of experience in a bi-lateral or multi-lateral agency financed project in Nigeria (or an African country); 3. Knowledge and expertise in the field of project preparation, commercial negotiations, financial management, internal controls/systems development, accounting,

auditing and reporting; and 4. Ability to solve problems efficaciously exercising good judgement will be an asset.

- **Manager – Procurement and Logistics**

Education and Experience/qualifications: 1. Master’s degree or equivalent in engineering, sciences, social sciences with training in procurement, logistics and supply chain management; 2. At least 7 years’ experience in procurement planning and management in private sector/international organizations; 3. Demonstrated experience of efficiently and efficaciously completing procurement of health-sector goods and commodities; 4. Knowledge and ability to work on ICT tools for inventory management, logistics and supply chain management; 5. Knowledge of completing procurement in Nigeria or FCV countries; 6. Excellent communication skills (oral and written) in English; 7. Strong credibility and integrity in this domain.

M. DATA, SERVICES, AND FACILITIES PROVIDED BY THE CLIENT

The Client, (PIU, SMOH) will provide the NSA with the following inputs:

- (i) relevant available information about mapping of communities and about health facilities, nutrition and health status of the population, and results of surveys and special studies, etc.;
- (ii) copies of standard reporting and recording forms;
- (iii) copies of key reports and research carried out in Nigeria and important studies and background material from the international literature, including tools to help the NSA identify priority behavior change communication actions;
- (iv) technical assistance when needed;
- (v) support with citizens’ engagement and facilitate grievance redressal;
- (vi) where appropriate, opportunities/platforms to interact and exchange knowledge with other NSAs doing similar work in other States of the Nigeria;
- (vii) necessary documents regarding policies, strategies and other required information will be provided to short-listed firms; and
- (viii) **timely release of financial resources as per payment scheduled (Section Q of the TOR) on compliance with terms stipulated in the same.**

N. AUTHORITY, ROLES AND RESPONSIBILITIES OF FEDERAL AND STATE-BASED IMPLEMENTING AGENCIES OF ANRiN

Annex 6 of the Contracting Plan enumerates the authority, roles and responsibilities of the federal and state-based implementing agencies of ANRiN. This information will guide the NSA in finalizing its strategy for effecting the contract and deploying its annual work plans.

O. DELIVERABLES

The NSA will provide the PIU, SMOH with the following reports which are also deliverables of the contract:

- Inception report: The Inception Report will be provided within 15 working days after the signing of the contract. The Inception Report will contain the sections specified in **Annex 4** of the Contracting Plan.
- Annual Work Plan: The Annual Work Plan will be provided as per the following schedule:
 - Year 1: within six weeks of signing of contract
 - Year 2: before October 31, Year 1
 - Year 2: before October 31, Year 2

- Year 4: before October 31, Year 3
- Year 5: before October 31, Year 4

The Annual Work Plan will contain

- Details of activities that will be undertaken in the calendar year to achieve the targets for delivering the AHS and BPNS in the community and in the geographical area allocated to the NSA.
 - Resources being deployed to actualize the plans.
 - Mechanisms in place to ensure quality assurance of services provided.
 - Specific plans for supportive supervision of the AHS and BPNS delivered in the community.
 - Specific plans for tracking beneficiary uptake of services.
 - Mechanisms that will be deployed to comply with World Bank safeguard policies for Health Care Waste Management.
 - Mechanisms that will be deployed for redressing and reporting on grievances of beneficiaries.
- Annual progress reports: The annual progress reports will be due from Year 2 onwards, and will contain:
 - Collated half-yearly progress against the Annual Work Plan.
 - Collated data on half-yearly achievement of targets for each service under the AHS and BPNS.
 - Resources that have been deployed to implement the contract in the state.
 - Update on implementation of the innovation pilot.
 - Update on implementation of the health care waste management plan for ANRiN.
 - Update on grievance redressal mechanism deployed by NSA.
 - Problems encountered in executing contract and solutions deployed.
 - Progress towards the quality assurance mechanisms deployed under the contract for nutrition products, birth-spacing commodities and pharmaceuticals dispensed under contract.
 - Progress towards supportive supervision plans in the delivery of the AHS and BPNS in the community.
 - Progress towards plans for tracking beneficiary uptake of services.
 - Harmonized and collaborative action for nutrition undertaken with key stakeholders in the state such as the nutrition sensitive Ministries of State, other development partners active in the state in health and nutrition, and the community.
 - Half-yearly progress reports will contain collated monthly data on achievement of targets for each service under AHS and BPNS.
 - Monthly performance reports in the format provided in **Annex 2** of the Contracting Plan.
- P. CONTRACT VALUE:** The value of the awarded contract will be calculated based on the following
- a. **Fixed cost:** Inception Report: 10% of five year bid price
 - b. **Fixed cost:** Annual work plans and progress reports: 10% X no: of half-years
 - c. **Performance based:**
 - i. **Desk review:**
 1. **Year 1:** 4% of the five-year bid price X 2 half year

2. Year 2 onwards: 2% of the five-year bid price X number of half-years
- ii. Household verification
1. Year 2 onwards: 2% of the five-year bid price X number of half-years

Q. PAYMENT BIFURCATION

S. No:	Deliverable	Fixed/Performance Based	Reviewed by/approved by	Proportion
1.	Inception Report	Fixed	PIU/World Bank	10% of five-year bid price
2.	Submission and acceptance of - Year 1: Annual Work plan - Year 2 onwards: Annual work plan + progress report for previous year	Fixed	PIU/World Bank	10% of five-year bid price X 5 years = 50% of five-year bid price *Payment towards annual work plan for incomplete years will be pro-rated for number of months for which work plan is provided
3.	Bi-annual collated progress report: progress towards achievement of targets	Performance-based (desk review of performance against specified half year service delivery targets. Targets for incomplete half-years will be pro-rated on number of months of service delivery)	IVA/World Bank	- Maximum of 4.0% of five-year bid price X 2 half-years of Year 1 = Maximum of 8% of total contract value - Maximum of 2.0% of five-year bid price X 8 half-years = Maximum of 16% of five-year bid price For incomplete half-years, the performance payment will be pro-rated based on number of months of service delivery Total: Maximum of 24% of five-year bid price
4.	Bi-annual collated progress report: progress towards achievement of targets	Performance-based (sample verification of beneficiaries in households)	IVA/World Bank	From Year 2 onwards, maximum of 2.0% of five-year bid price X 8 half-years = maximum of 16% of five-year bid price
	TOTAL			100%

**TERMS OF REFERENCE
FOR
NON-STATE ACTOR TO PROVIDE COMMUNITY-BASED BASIC PACKAGE OF NUTRITION SERVICES
IN A PARTICIPATING STATE OF
THE ACCELERATING NUTRITION RESULTS IN NIGERIA (ANRiN) PROJECT (P162069)**

R. ACCELERATING NUTRITION RESULTS IN NIGERIA (ANRiN) PROJECT

9. ANRiN, 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 twelve⁴, geographically representative, high malnutrition burden states of Nigeria. It proposes to achieve its development objective through two components, namely: (i) Basic package of nutrition services; and (ii) Stewardship and Project Management.

10. The project is fully results-based and leverages:
- performance-based contracts with Non-State Actors (NSAs) for community-based delivery of nutrition services;
 - performance-based financing of public sector health facilities to deliver select nutrition services; and
 - disbursement-linked indicators (DLIs) to strengthen the stewardship role of federal and state ministries of health to plan, budget, implement, monitor and learn from large-scale nutrition programs.

S. NUTRITION IN NIGERIA

11. **Status, causes and impact:** Nigeria has very high rates of malnutrition that are unevenly spread across the country. Stunting, a measure of chronic malnutrition, and micronutrient deficiencies generate the highest burden. Stunting rates have not changed considerably since 2008: two out of every five (44 percent) of children under five years of age suffer from chronic malnutrition (<-2 SD height for age), translating to 14.5 million Nigerian children at the risk of either dying or not developing to their full potential. Despite their high cost-effectiveness, coverage rates of nutrition services or micronutrient supplementation and fortification remain low. For example, only 18.5% of children in Nigeria with diarrhea in the last two weeks received Zinc/ORS treatment, while 41% of children 6-59 months received Vitamin A supplementation in the last 6 months. Only 20.5% of women aged 15-49 years with live births in last 5 years took 90+ iron tablets or syrup during pregnancy of last birth. The “nutrition map” of Nigeria is highly uneven with nine of the North East and North West states having rates of child stunting that exceed 50 percent, whereas some other states have rates of child stunting as low as 17 percent. The gap on stunting between the North and South is widening. Stunting in the North West has been consistently *increasing* between 2008 and 2015. Malnutrition in early childhood results in decreased cognitive ability, poor educational outcomes, lost earnings and losses to national economic productivity. The recent *Lancet* series on early childhood development estimates that, every year, Nigeria loses about 3 percent of its GDP as a result of not addressing the developmental needs of children in the first 1000 days window (Richter et al., 2016).

12. **Window of opportunity for action:** Chronic malnutrition in Nigeria, as in other countries, happens during the “first 1000 days”, which is the period from conception to the child’s second birthday.

⁴ Abia, Akwa Ibom, Gombe, Kaduna, Kano, Katsina, Kogi, Kwara, Nasarawa, Niger, Oyo and Plateau

The deterioration in nutrition status can be prevented by focusing on a set of well proven interventions, notably appropriate infant and young child feeding (e.g., breastfeeding, complementary feeding), healthy sanitation behaviors (e.g., handwashing before feeding children, water purification), prevention and, when necessary, appropriate treatment of diarrhea, and ensuring adequate intake of essential vitamins and minerals through food fortification and supplementation. These inexpensive and cost-effective interventions that can be scaled-up relatively rapidly, require action at the community level.

13. **Community-based Approaches are Central to the Government of Nigeria’s Strategy:** The Federal Government approved and launched a multi-sectoral National Policy on Food and Nutrition in Nigeria in September 2016. This policy provides the framework for addressing Nigeria’s malnutrition challenge from the individual, household, community and up to the national level. The “National Strategic Plan of Action for Nutrition” (NSPAN) of the health sector sets out costed, nutrition-specific interventions that require strong community-based implementation platforms. Delivering nutrition services at the community level is an effective strategy because this mode of service delivery: i) reduces the physical, cultural and financial barriers to access; ii) can encourage households to utilize facility-based services (e.g. ante-natal care); and iii) can serve to change cultural norms that are holding back behavior change.

T. COLLABORATION WITH NON-STATE ACTORS TO INCREASE COVERAGE OF NUTRITION SERVICES

14. To increase access to nutrition services, the Central and State governments in Nigeria will, through a two-step approach, competitively procure non-state actors (NSAs) to deliver a Basic Package of Nutrition Services (BPNS) in community settings through performance-based contracts (PBCs). Joint ventures or consortia arrangements compliant with World Bank procurement guidelines are encouraged. An NSA/joint-venture/consortia can bid for as many packages as it has capacity to service. A total of six packages, as indicated in the below table, will be available for bidding. Each of the first three packages will have two state schedules. Each state schedule will have two contracts, one per half project state (each project state will be divided into two half-states of contiguous LGAs based on population and economic characteristics). The fourth package will have three state schedules, each state schedule having two contracts, one per half project state. Katsina will be a single package with two contracts. Kano due to its large size, will be a single package with three contracts, one per senatorial district. Bidders may bid for one contract in a single state package (one contract per state) at a minimum, two contracts in a two-state package (one contract in each state), three contracts in a three state package (one contract in each state), and eleven contracts across all six packages (one contract per state) at a maximum.

Table 1

State combinations	Number of contracts
1. Abia + Akwa Ibom	4
2. Oyo + Kwara	4
3. Niger + Kogi	4
4. Nasarawa + Plateau + Gombe	6
5. Katsina	2
6. Kano	3

Detailed procurement process to be followed is available in the contracting plan for delivery of BPNS.

15. The quantitative and qualitative performance of the NSA against annualized targets (refer to **Annex 1** of the Contracting Plan) for each service within the BPNS will be independently verified every half year by a Verification Agency, contracted and managed by the Federal Ministry of Finance.

U. OBJECTIVE OF ASSIGNMENT

16. To increase access to and utilization of a community-based BPNS in defined geography of ANRiN states (refer to **Annex 7** of Contracting Plan) according to established and agreed targets (for quality and coverage) to reduce the level of malnutrition in Nigeria.

Specifically, through a mix of counseling and service delivery, in an equitable and sustainable manner, the NSA will increase access to and utilization of:

10. knowledge of mothers/care-givers of children 0-23 months of age on improved behaviors related to maternal, infant and young child feeding, notably early, exclusive and continued breastfeeding, appropriate complementary feeding, and early stimulation.
11. fifteen sachets of micronutrient powders per month among children 6-23 months to improve the quality of complementary feeding.
12. at least 90 iron-folic acid (IFA) tablets by pregnant women by specifically addressing barriers that inhibit women from taking a full course of IFA tablets during pregnancy through counseling during ante-natal care sessions.
13. at least three doses of intermittent preventive treatment for malaria during ante-natal care by pregnant women.
14. at least four sachets of zinc/oral rehydration solution (ORS) per year for treatment of diarrhea among children 6-59 months of age.
15. semi-annual vitamin A supplementation among children 6-59 months of age.
16. semi-annual deworming among children 12-59 months of age.

Additionally, test an innovation in 1-2 LGAs in a half-state, with an investment of not more than US\$ 150,000 over a period of 2 years, to expand the evidence base on new implementation modalities for nutrition specific interventions that are effective and scalable. The innovations may test

- new approaches towards community-based service delivery platforms
- logistics and supply chain management
- technology driven monitoring and supervision mechanisms

V. SCOPE OF WORK

Towards timely, community-sensitive delivery of high quality BPNS, the NSA will have full flexibility to pursue the proposed implementation approaches it has identified as appropriate in its technical proposal to achieve specified annualized targets. The NSA is encouraged to be innovative and leverage new solutions, appropriate tools in the IT domain to address barriers to service uptake and behavior change at household level and delivering nutrition services smartly.

The NSAs are encouraged to coordinate with ANRiN PIU, SMOHs to identify and prioritize underserved LGAs to saturate wards/villages therein with service delivery.

Towards increasing access to and utilization of the BPNS in the communities of each half-state, as per its technical proposal, the NSA will be required to:

13. Provide to the State PIU, an inception report finalizing the technical approach for delivering the assignment;

14. Provide to the State PIU, annual work plans for community-sensitive service delivery of BPNS prioritizing the underserved communities and targeting the beneficiaries-- pregnant and lactating mothers especially adolescents and their children less than 60 months of age;
15. Procure adequate stock of NAFDAC registered nutrition-related products, supplies and pharmaceuticals (on the FMOH essential drug list) of acceptable quality from reputable suppliers as per the specifications provided in **Annex 5** of the Contracting Plan, to service the contract;
16. Ensure compliance with ANRiN NSA branding, agreed with the SMOH, at service delivery so as to be distinctly identifiable from all other service providers operational in the geography.
17. Provide to the State PIU, monthly progress reports detailing quantitative achievement of targets for each service under BPNS in prescribed reporting formats (paper and/or electronic).
18. Provide to the State PIU every six months, progress reports which will include evidence of:
 - a. appropriately located and equipped premises in the state (civil works will not be financed by the assignment) to service the contract;
 - b. culturally sensitive, qualified, experienced and trained personnel to deliver the BPNS;
 - c. adequate stock of NAFDAC registered nutrition related products, supplies and pharmaceuticals (on the FMOH essential drug list) of acceptable quality from reputable suppliers as per the specifications provided in **Annex 5** of the Contracting Plan, to service the contract in the reporting period;
 - d. compliance with health care waste management plan for ANRiN project; and
 - e. functional system for registering and resolving grievances from the communities being served.
19. Deploy the innovation as proposed in the technical proposal and in compliance with technical and operational standards defined. The NSA will ensure half-yearly documentation and reporting on the progress of the innovation. The NSA will also comply with the evaluation plan for the innovation agreed with the SMOH and the World Bank.
20. Participate in periodic quality testing of nutrition related products, supplies and pharmaceuticals undertaken by NAFDAC or independent parties contracted by it.
21. Facilitate, through the PIU, the work of the independent verification agency (IVA) with data, records and necessary evidence, so that the IVA can carry out the half-yearly verification unhindered.
22. Facilitate with data, records and necessary evidence, and participate in the half-yearly implementation support missions of the World Bank, in support of stock taking of implementation progress of the ANRiN project.
23. Facilitate with data, records and necessary documentation and participate in the impact evaluation/other evaluations of the ANRiN project conducted by the World Bank and the assessment/evaluation of the innovation pilot conducted by the SMOH.
24. Contribute to and participate in the periodic knowledge sharing and management events organized by the ANRiN project implementing agencies--Federal and State Ministries of Health.

W. QUALIFICATIONS

The NSA should possess the following qualifications:

- Legal authorization from Government of Nigeria to operate within the country. This mandatory qualification will not be part of the EOI evaluation criteria.
- Technical and management skills of over a period of at least 8-10 years, with demonstrated experience of having delivered the range of basic package of quality nutrition services for at least 100,000 women of reproductive age and 350,000 children under 5 years of age over a period of 5 subsequent years.

- Demonstrated experience of having undertaken at least three assignments of similar nature, geographical scope and scale in the last five years in developing nations. Experience in African countries will be considered an advantage. Evidence must be provided of such contracts having been completed in last five years. For an ongoing contract to be considered in the evaluation, at least 80 percent of the contract scope should have been completed.
- Demonstrated experience of either having undertaken procurement, drug logistics and supply chain management of nutrition-related products, supplies and pharmaceuticals or having legally binding collaboration with qualified firm engaged in procurement, drug logistics and supply chain management of nutrition-related products, supplies and pharmaceuticals.
- Operational experience in fragile, conflict and violence (FCV) affected countries will be considered an advantage for bidders applying for a contract in Gombe state.
- Demonstrated ability for financial management of projects (with audited accounts) of a cumulative value of at least the amount mentioned for each package in the appended Table 2, in the last three financial years.

Table 2

State combinations	Number of contracts	Financial Mgmt. capability (US\$ million)
Abia + Akwa Ibom	4	4.4
Oyo + Kwara	4	5.2
Niger + Kogi	4	5.0
Nasarawa + Plateau + Gombe	6	5.0
Katsina	2	4.0
Kano	3	4.3

- Turnover of at least the amount mentioned for each package in the appended Table 3, in last three financial years on similar assignments

Table 3

State combinations	Number of contracts	Turnover in last three FYs (US\$ million)
Abia + Akwa Ibom	4	3.8
Oyo + Kwara	4	3.9
Niger + Kogi	4	4.3
Nasarawa + Plateau + Gombe	6	4.3
Katsina	2	2.8
Kano	3	3.1

- Confirmed availability of skill set required for the assignment on the permanent rolls of the firm. This mandatory qualification will not be part of the EOI evaluation criteria.

X. LOCATION

The above-mentioned services will be delivered in defined geography of each half state in the bid for package, as indicated in para 6 of the TOR. The contiguous, LGA-wise geographical area to be covered by a contract in each state is provided in **Annex 7** of the Contracting Plan.

Y. DURATION OF SERVICES

The contract will be for a period lasting till current project closing date of December 31, 2023, with a possibility of extension to a cumulative contract period of five years following a project extension, subject to satisfactory quality and quantity of implementation performance, as verified by an independent verification agency, once every six months. The NSA should be able to start delivering services within the community within 12 weeks from signing of the contract.

Z. GROUNDS FOR TERMINATION OF CONTRACT

The contract with the NSA may be terminated on the following grounds:

7. Failure to start delivering services within the community after three months or twelve weeks of signing of the contract.
8. Failure to meet at least 60% of overall performance target for BPNS (as evaluated by IVA through both desk review of performance data and verification of a sample of beneficiaries in households) for more than three cumulative half-year periods.
9. Failure to procure and dispense NAFDAC approved commodities in delivery of BPNS.
10. Verified information the BPNS are being provided at a cost to beneficiaries.
11. Fraud and corruption in the execution of the contract.
12. Use of documentation pertaining to the execution of the contract, including reporting formats, for any other purpose without prior approval of the PIU, SMOH.

AA. ETHICS AND STANDARDS COMPLIANCE WITH TECHNICAL GUIDELINES

In carrying out the services described above,

5. The NSA will comply with Federal Ministry of Health technical guidelines that currently exist and those that are developed during the life of the contract. The NSA will ensure that national program policies, strategies and technical guidelines are followed.
6. The NSA will comply with World Bank safeguard policies, i.e. the approved Health Care Waste Management Plan for ANRiN and a responsive grievance redressal mechanism.
7. The service-related data emanating from the execution of the contract is confidential and owned by the Government of Nigeria. The data will not be used for any purpose other than
 - a. Beneficiary tracking for service provision by NSAs
 - b. Verification of NSA performance by IVA
 - c. Effective and efficient management of the contract by the NSAsAny additional use of data will be approved by the PIU, SMOH.
8. Further, at the invitation of the SMOH and the FMOH, the NSA will share the operational experiences in executing the contract in appropriate knowledge sharing forums.

BB. QUALIFICATIONS OF KEY PROFESSIONAL STAFF

The curriculum vitae with qualifications, work experience and regional experience of the following staff will be evaluated as part of the technical proposal at RFP stage. All other professionals and field-based staff deployed by the NSA in the delivery of this assignment will not contribute to its technical score. The minimum qualifications of the key professional staff, which will be evaluated are described below:

- **Project Director**
Education and Experience/qualifications: 1. Master's Degree in a relevant field (e.g., Nutrition, Public Health or Equivalent, Sociology, MBA); 2. At least 10 years of experience managing

development projects, preferably in African countries with a strong focus on field implementation; 3. Experience managing projects with a focus on behavior change would be an asset; and 4. Strong communication skills (oral and written) in English.

- **Nutrition Specialist**

Education and Experience/qualifications: 1. Master's Degree or equivalent in a relevant discipline (public health/nutrition) with minimum of 5 years of experience; 2. Demonstrated experience of working on nutrition related issues with multi-sectoral teams in developing countries. Experience from African countries will be an asset; 3. Familiarity with analytical tools and ability to translate theoretical concepts into practical approaches for operational work; and 4. Strong communication skills (oral and written) in English. Knowledge of other Nigerian languages will be an asset.

- **Manager - Monitoring and Evaluation**

Education and Experience/qualification: 1. Master's Degree in Statistics or Economics or Demography or Anthropology or Development Planning or Social Work or Epidemiology or related subjects of similar scope; 2. At least 5 years of progressive experience of monitoring and evaluation in public health/nutrition or any large social sector programs; 3. In-depth knowledge of M & E techniques and methodologies including knowledge of conducting operations research, household surveys and qualitative assessments; data analysis, interpretation and reporting; and 4. Proficient with analytical tools and software such as Stata, SPSS, MS Excel, etc. Knowledge of other Nigerian languages will be an asset.

- **Manager – Finance and Administration**

Education and Experience/qualifications: 1. Qualified Chartered Accountant (Accounting professional qualification is essential) with minimum 10 years of experience; 2. At least 7 years of experience in a bi-lateral or multi-lateral agency financed project in Nigeria (or an African country); 3. Knowledge and expertise in the field of project preparation, commercial negotiations, financial management, internal controls/systems development, accounting, auditing and reporting; and 4. Ability to solve problems efficaciously exercising good judgement will be an asset.

- **Manager – Procurement and Logistics**

Education and Experience/qualifications: 1. Master's degree or equivalent in engineering, sciences, social sciences with training in procurement, logistics and supply chain management; 2. At least 7 years' experience in procurement planning and management in private sector/international organizations; 3. Demonstrated experience of efficiently and efficaciously completing procurement of health-sector goods and commodities; 4. Knowledge and ability to work on ICT tools for inventory management, logistics and supply chain management; 5. Knowledge of completing procurement in Nigeria or FCV countries; 6. Excellent communication skills (oral and written) in English; 7. Strong credibility and integrity in this domain.

CC. DATA, SERVICES, AND FACILITIES PROVIDED BY THE CLIENT

The Client, (PIU, SMOH) will provide the NSA with the following inputs:

- (ix) relevant available information about mapping of communities and about health facilities, nutrition and health status of the population, and results of surveys and special studies, etc.;
- (x) copies of standard reporting and recording forms;

- (xi) copies of key reports and research carried out in Nigeria and important studies and background material from the international literature, including tools to help the NSA identify priority behavior change communication actions;
- (xii) technical assistance when needed;
- (xiii) support with citizens' engagement and facilitate grievance redressal;
- (xiv) where appropriate, opportunities/platforms to interact and exchange knowledge with other NSAs doing similar work in other States of the Nigeria;
- (xv) necessary documents regarding policies, strategies and other required information will be provided to short-listed firms; and
- (xvi) **timely release of financial resources as per payment scheduled (Section P of the TOR) on compliance with terms stipulated in the same.**

DD. AUTHORITY, ROLES AND RESPONSIBILITIES OF FEDERAL AND STATE-BASED IMPLEMENTING AGENCIES OF ANRiN

Annex 6 of the Contracting Plan enumerates the authority, roles and responsibilities of the federal and state-based implementing agencies of ANRiN. This information will guide the NSA in finalizing its strategy for effecting the contract and deploying its annual work plans.

EE. DELIVERABLES

The NSA will provide the PIU, SMOH with the following reports which are also deliverables of the contract:

- Inception report: The Inception Report will be provided within 15 working days after the signing of the contract. The Inception Report will contain the sections specified in **Annex 4** of the Contracting Plan.
- Annual Work Plan: The Annual Work Plan will be provided as per the following schedule:
 - Year 1: within six weeks of signing of contract
 - Year 2: before October 31, Year 1
 - Year 2: before October 31, Year 2
 - Year 4: before October 31, Year 3
 - Year 5: before October 31, Year 4

The Annual Work Plan will contain

- Details of activities that will be undertaken in the calendar year to achieve the targets for delivering the basic package of nutrition services in the community and in the geographical area allocated to the NSA.
 - Resources being deployed to actualize the plans.
 - Mechanisms in place to ensure quality assurance of services provided.
 - Specific plans for supportive supervision of the BPNS delivered in the community.
 - Specific plans for tracking beneficiary uptake of services.
 - Mechanisms that will be deployed to comply with World Bank safeguard policies for Health Care Waste Management.
 - Mechanisms that will be deployed for redressing and reporting on grievances of beneficiaries.
- Annual progress reports: The annual progress reports will be due with the Annual Work Plan from Year 2 onwards, and will contain:

- Collated half-yearly progress against the Annual Work Plan.
 - Collated data on half-yearly achievement of targets for each service under the basic package of nutrition services.
 - Resources that have been deployed to implement the contract in the state.
 - Update on implementation of the innovation pilot.
 - Update on implementation of the health care waste management plan for ANRiN.
 - Update on grievance redressal mechanism deployed by NSA.
 - Problems encountered in executing contract and solutions deployed.
 - Progress towards the quality assurance mechanisms deployed under the contract for nutrition products, commodities and pharmaceuticals dispensed under contract.
 - Progress towards supportive supervision plans in the delivery of the basic package of nutrition services in the community.
 - Progress towards plans for tracking beneficiary uptake of services.
 - Harmonized and collaborative action for nutrition undertaken with key stakeholders in the state such as the nutrition sensitive Ministries of State, other development partners active in the state in health and nutrition, and the community.
- Half-yearly progress reports will contain collated data on achievement of targets for each service under the basic package of nutrition services.
 - Monthly progress reports in the format provided in **Annex 2** of the Contracting Plan.

FF. CONTRACT VALUE: The value of the awarded contract will be calculated based on following

- a. **Fixed cost:** Inception Report: 10% of five year bid price
- b. **Fixed cost:** Annual work plans and progress reports: 10% X no: of contract years
- c. **Performance based:**
 - i. **Desk review**
 1. **Year 1:** 4% of the five-year bid price X 2 half-years
 2. **Year 2 onwards:** 2% of the five-year bid price X number of half-years
 - ii. **Household verification**
 1. **Year 2 onwards:** 2% of the five-year bid price X number of half-years

GG. PAYMENT BIFURCATION

S. No:	Deliverable	Fixed/Performance Based	Reviewed by/approved by	Proportion
1.	Submission and acceptance of inception Report	Fixed	PIU/World Bank	10% of five-year bid price
2.	Submission and acceptance of <ul style="list-style-type: none"> - Year 1: Annual Workplan - Year 2 onwards: Annual work plan + progress report for previous year 	Fixed	PIU/World Bank	10% of five-year bid price X 5 years = 50% of five-year bid price *Payment towards annual work plan for incomplete years will be pro-rated for number of months for which work plan is provided

3.	Bi-annual collated progress report: progress towards achievement of targets	Performance-based (desk review of performance against specified half year service delivery targets. Targets for incomplete half-years will be pro-rated on number of months of service delivery)	IVA/World Bank	<ul style="list-style-type: none"> - Maximum of 4.0% of five-year bid price X 2 half-years of Year 1 = Maximum of 8% of total five-year bid price - Maximum of 2.0% of five-year bid price X 8 half-years = Maximum of 16% of five-year bid price <p>For incomplete half-years, the performance payment will be pro-rated based on number of months of service delivery</p> <p>Total: Maximum of 24% of five-year bid price</p>
4.	Bi-annual collated progress report: progress towards achievement of targets	Performance-based (sample verification of beneficiaries in households)	IVA/World Bank	<p>From Year 2 onwards, Maximum of 2.0% of five-year bid price X 8 half-years = Maximum of 16% of five-year bid price</p> <p>For incomplete half-years, the performance payment will be pro-rated based on number of months of service delivery</p>
	TOTAL			100%