

## TERMS OF REFERENCE (TOR) FOR INSTITUTIONAL CONTRACTORS

### SECTION : Nutrition

PART I		
Purpose of Assignment	Conduct Design, Pre-testing and Validation of the Maiden Mother and Child Health Handbook for National Dissemination.	
Location of Assignment	Nigeria's six geopolitical zones	
Duration of contract	Seven months	
Start date	From: May 02 2022	To: October 03 2022
Reporting to:	Information Management Officer	

### SECTION A

#### 1. Background:

Reducing maternal, infant and child mortality is a major health target of sustainable development goals and to contribute to this target, Nigeria has introduced high impact and critical lifesaving interventions, delivered during antenatal, delivery, postnatal care and other child related activities, however, is yet to reach optimal targets. Health system gaps remain, especially when providing a care continuum.

Research has proven that continuum of care (CoC) is key to improved maternal, new-born and child health (MNCH). However, a number of women and new-borns are missed out from the MNCH services due to a myriad of factors, but mainly the challenge of poor care seeking behaviour, inequity and poor access to health services, and data management gaps. Nigeria recognises the need to track Maternal and Child Health indicators. To accelerate universal health coverage (UHC) in MNCH, Nigeria has adopted two types of approaches in the Maternal, Infant and Young Child Nutrition Policy: (i) empowering the mothers and new-borns to seek essential care; and (ii) strengthening the health system. Furthermore, it is one of the recommendations of the National Strategic Plan of Action for Nutrition (NSPAN) 2020-2025 developed by the country with two important goals. First, to reduce morbidity and mortality among children under five years to one digit in the next five years and secondly, to reduce perinatal and maternal morbidity and mortality rate and thirdly more efficient use of government and donor investments. To ensure this and other critical goals are sustained, MNCH need to be implemented and tracked, by the Health Information System and on the side of users. Nigeria's maiden Maternal and Child Health Handbook (MCH-HB) offers a promise for users. The MCH HB will standardize data reporting and health records for use across the country for every pregnant mother, during delivery and early childhood period.

#### Justification

Currently, significant gaps and limitations in the availability of data on nutrition and food systems hinders Nigeria's ability to make effective decisions and track progress. Despite calls for data revolutions, data gaps and limitations are frequent and critical bottlenecks among nutrition and food systems stakeholders. Nigeria lacks standardized data tools, consequently, data challenges are exasperated. At present, various health record cards are in use, these include the vitamin a supplementation card, child health card, immunization card, ANC card and covid-19 vaccination cards. These current health records are underutilized and inappropriately used by clients and health care workers. They are often not appropriately referenced, used and legibly completed by health workers at the time of service. They sometimes vary in complexity across States and within MDAs. Largely are made of poor quality which leads to frequent wear and tear. This hampers the effectiveness of the health system and further national nutrition programmes

The MCH HB is recommended as a home-based record to promote a continuum of care from pregnancy to early childhood. It is an integrated home-based record containing information on the mother's pregnancy, delivery, postpartum course and her child's health, growth and development, vaccination, nutrition/ growth monitoring and promotion services, birth registration, and child spacing among other services. The MCH HB is used in over 153 countries and has been successfully implemented in Low-Middle Income Countries in Asia and Africa such as Vietnam, Kenya and Ghana where it has been adopted as a national health policy. The MCH HB, being a good source of information and knowledge on care during pregnancy and early childhood, will also guide healthcare professionals in dispensing the appropriate care to Pregnant women, mother and their infants and children under 5. The MCH HB will presumably facilitate care across the lifecycle. The main purposes of the MCH HB is not only for a health record but also a health education tool. Pregnant women receive the MCH HB at their first antenatal care (ANC) visit, use it for home reference, and share information with families during pregnancy and child rearing. To ensure MNCH service provision, the National Primary Health Care Development Agency (NPHCDA), with the support of UNICEF and other partners, developed the maiden Maternal and Child Health handbook (MCH HB) in 2019 aimed for pregnancy to early childhood period across the country. The MCH HB has since been reviewed by critical stakeholders in nutrition, health, WASH, education and child protection and subsequently incorporated. In efforts to ensure the usability and acceptance of the MCH HB, pretesting and validation will be done across the 6 geopolitical zones in areas where service coverage remains comparatively low. With the aim to use the results from the pre-testing to create a more effective nutrition program for women and children, and contribute to implementing the National Maternal, Infant and Young Child Nutrition Strategy. The pretesting of the MCH HB will be done with participation from the end users (caretakers/community members), service providers (midwives/Basic Health Staff), technical experts (representatives from program units within MOHS), and creative designers. Upon pre-testing and validation, pregnant women will be the main recipients, to account for themselves, subsequently, their new-born babies, through the early childhood period. Parents of children under five years of age, born after the roll-out of the validated handbook will equally receive copies.

For healthcare personnel, the handbook is a critical health record, documenting and monitoring the services provided, a point-of-care information resource enhancing clinical decision-making ability, and helping clients understand takeaway messages.

### **Purpose of Assignment**

For of the newly developed MCH HB, plan, design, pre-test and conduct a validation exercise, in preparation for national dissemination for NPHCDA and stakeholders. For maternal and early childhood nutrition and health services:

- i. Assess end user (pregnant women, lactating mothers, and other primary caregivers) interpretation, data applicability and usability as a health records tool and behaviour change communication material
- ii. Assess service delivery personnel (including health workers at ANC and child health clinics, community workers and volunteers) usability as a health record tool and behaviour change communication material, interpretation of facility records, and 3-way referral.
- iii. Following the life cycle, qualify service level information flow
- iv. Recommend strategies to roll-out the MCH HB across Nigeria

### **2. Programme ID & Specific Project Involved:**

Outcome - 03 and Output 3.2 Government at all levels and key stakeholders have strengthened capacities and deliver improved access to nutrition services for children under 5 years, school-age children, adolescents, and women.

### **3. Specific Project Objective to which the Consultancy is created:**

To design, conduct an assessment, pre-test and validate of the newly developed MCH HB, disseminate findings to the NPHCDA and other stakeholders.

4. **Duty Station:** Abuja

**Supervisor:** Edward Kutondo, Information management Officer

**Technical Oversight:** Oluwaseun Okediran, Nutrition Officer

5. **Scope of Work/Work Assignments:**

The scope of work for design, pre-testing and validation of the MCH HB are:

- i. Designing, layout and illustrations: Using pictorials and created in local languages for reaching and engaging end users.
- ii. Pre-testing across 6 geopolitical zones: The pretesting of the MCH HB should be done with participation from the end users (caretakers/community members), service providers (health workers/other PHC staff), programme managers and technical experts (representatives from program units within MOH, PHCDA), and creative designers. To provide a critical assessment of the MCH HB agreed-upon criteria to highlight strengths and limitations. To identify knowledge gaps.
- iii. Validation among stakeholders: conduct validation workshops with stakeholders
- iv. Develop an implementation plan for national roll out

**To pre-test and validate the MCH HB, this consultancy seeks to achieve the following:**

1. To leave no one behind: “No one left behind” is one of the philosophical foundations of the SDGs. The MCH HB aims to include the most vulnerable.
2. To ensure a continuum of MCH care: MCH HB should strengthen a continuum of care within the fields of maternal, infant, and child health.
3. Promoting a harmonized care within many health fields: The MCH HB should be all in one. Information from many sectors, such as MCH, immunization, nutrition, family planning, education WASH etc., are integrated into 1 book.
4. To offer a flexible tool that can be adapted to each state/geo-political needs and culture. The MCH HB should be flexible and user friendly. Must contain colour pages and illustrations, figures, and photos when needed, or to reduce the number of pages due to financial constraints.
5. To empower women: MCH HB should empower women by delivering their own health information into their hands. They can also strengthen communication between health professionals and mothers. The MCH HB should be used as a personal keepsake; it contains a record of the childrearing efforts carried out by mothers and fathers.
6. To apply ICT to MCH HB: The digital MCH HB should be user-friendly for low educated people and visual defect. It is expected to integrate the information of MCH HB and the digital MCH HB services by utilizing ICT.

7. **Location:** To ascertain its usability, the MCH HB will be piloted in 2 Local Government Areas (LGAs) in one State, each region/geopolitical zone.

Region	State
South East	TBD
South West	TBD
South South	TBD
North Central	TBD
North East	TBD
North West	TBD

8. **Outputs:** (Estimated time required to complete tasks. Attach additional sheets, if necessary, to describe assignment)

The consultant will produce the following key outputs (subject to further refinement during the inception phase):

- **Inception report:** detailing the methodology, the sampling framework that is statistically representative of in targeted areas, proposed sources of data; and data collection and analysis procedures and tools including design of MCH HB layout and illustrations/images, graphs.
- **Draft Study Report:** a draft MCH HB pre-test report that effectively and exhaustively addresses the assessment design and proposed implementation plan for national roll out should be submitted to UNICEF for internal review within the agreed time frame.
- **Presentation of the draft pre-test report** and proposed implementation plan for national roll out to Government, UNICEF and stakeholders for fine-tuning and validation of recommendations and approaches
- **Final MCH HB pre-test Report:** A final report addressing all the criteria and inputs from Government, UNICEF and other stakeholders delivered in soft that includes the design of MCH HB layout and illustrations/images, graphs and, if necessary, hard copy, within the stipulated time.

#### 9. Deliverables, timelines and payment schedule: (e.g. Final report, article, document etc.)

The following are the key expected deliverables that the consultant is expected to submit to UNICEF and federal government for review and validation, with desirable structure of report seen in Fig 4:

Estimated Budget:			
Activity	Key deliverable	Deadline	Schedule
Phase 1: Inception			
Activity 1.1: Kick-off meeting and Sharing key documents with key stakeholders	Meeting Minutes	1 day 1 <sup>st</sup> week May 2022	30%
Activity 1.2: Initial Review of draft MCH HB; finalization of the matrix, development of methodology and work plan; development of the data collection material; drafting and submission of the inception report	Summary Synthesis of findings, existing MCH HB, studies etc. Draft 0 Inception Report submitted to UNICEF and Government for comments	4 days 1 <sup>st</sup> week May 2022	
Activity 1.3: first phase of design of MCH HB- layout and illustrations/images, graphs. Develop creative note highlighting the process roadmap, styles of illustrations, sketches on logo/illustrations, and handbook layout style options.	Produce print ready MCH HB to use for pre-test Submit creative note highlighting the process roadmap	3 days 2 <sup>nd</sup> Week May 2022	
Phase 2: Pretesting - Data collection and analysis			
Activity 2.1: Development and submission of Ethical Protocol to the MoE Ethics Committee and Finalization of Tools	Ethical Protocol submitted to Ethics Committee  Review/Approval Final Data collection Tools	5 days 3 <sup>rd</sup> Week May 2022	30%
Activity 2.2: Enumerators’ training	Training Curriculum	5 days 4 <sup>th</sup> Week May 2022	

Activity 2.3: Data collection Pre-test the handbook with beneficiaries, community and basic health staff in 6 states across the regions	Data Collection completed	10 days 1 <sup>st</sup> Week June 2022;	
Activity 2.4: Debriefing meeting with stakeholders right after the end of the field data collection (within states)	PowerPoint on preliminary findings	1 day 2 <sup>nd</sup> Week June 2022	
Activity 2.5: Data Processing and Data Analysis	Statistical Tables Produced and Trend Analysis completed	5 days 2 <sup>nd</sup> Week June 2022	
<b>Phase 3: Reporting and communication of results</b>			
Activity 3.1: Drafting and submission of the final report on pre-testing of MCH HB	Draft Report, of the summary PowerPoint, of the pretesting of the MCH HB	5 days 3 <sup>rd</sup> Week June 2022	<b>40%</b>
Activity 3.2: conduct consultative stakeholder workshop with Government, UNICEF, and other MDAs and development partners	findings from pre-testing disseminated to stakeholders Next steps for design agreed	2 days 4 <sup>th</sup> Week June 2022	
Activity 3.3: 2nd phase of design of MCH HB- layout and illustrations/images, graphs. Develop creative note highlighting the process roadmap, styles of illustrations, sketches on logo/illustrations, and handbook layout style options.	Revise the MCH HB option as per pre-test findings and recommendations. Produce print ready MCH HB to use for national dissemination Submit creative note highlighting the process roadmap	3 days 4 <sup>th</sup> Week June 2022	
Activity 3.4: Review of the 2nd draft MCH HB. Finalize the selected card design	2nd draft submitted to UNICEF and NPHCDA. Report based on the stakeholders' feedback and resubmission of the final report	3 days 1 <sup>st</sup> Week July 2022	
Activity 3.5: Finalization and Quality-Copy Editing. Layout design of MCH HB by using approved Illustrations in close collaboration with NPHCDA and UNICEF Revise the layout of handbook as per pre-test findings and recommendations Finalize the handbook layout design	Final Quality Copy Edited Report including photos signature Print-ready layout design of the MCH HB approved (in In-Design format working file & PDF format)	5 days 2 <sup>nd</sup> Week July 2022	
Activity 3.6: Submission of three draft options of the MCH HB and approved high resolution camera-ready file Dissemination of final report to stakeholders. Raw data submitted	Final report Foreword signed jointly by UNICEF, NPHCDA Findings from report shared with stakeholders	1 day 3 <sup>rd</sup> Week July 2022	

**Fig4. Desired structure of the report**

The full final report shall be structured as follows:

- Table of Contents including List of Tables and List of Figures
- Executive Summary (covering all main sections of the report: background, methodology and process, main findings and recommendations, lessons learnt)
- Acknowledgements (all who supported the evaluation and provided strong cooperation and collaboration during the process)
- List of abbreviations and acronyms
- Introduction (object of the evaluation, evaluation purpose, objective, scope, intended uses and users)
- Data Management Context
- Methodology, including sampling strategy and data analysis methods
- Key findings (by criterion –each individual question will need to be answered) + Preliminary Conclusions (given that all findings will be numbered, each conclusion will need to clearly indicate this specific findings and corresponding paragraph numbers which it is based on)
- Final conclusions
- Lessons Learnt
- Recommendations (strategic and operational, maximum 5 priority recommendations)
- Annexes (ToRs; List of persons interviewed, and sites visited; List of documents consulted; More details on methodology, such as data collection instruments, including details of their reliability and validity; enumerators biodata and/or justification of team composition; analysis matrix; Results framework)

#### Reporting modalities:

The consultant will be working remotely with regular correspondence with UNICEF and NPHCDA. S/he will report to UNICEF designated officer(s) and work closely with the Nutrition Unit of the NPHCDA.

#### Qualifications or specialized knowledge/experience required:

- An experienced research institution with highly qualified researchers with extensive experience in social and behaviour research on nutrition, WASH and health. Past related work in nutrition and gender is an asset as well as previous experience working with UNICEF.
- Have extensive experience in applying innovative qualitative methods including but not limited to positive inquiries, participatory observation, positive deviance, human centred design and other participatory methods.
- Have reliable local partner to implement the field work
- Have highly qualified investigators and analysts with rich qualitative research experience with experience working in Nigeria and in-depth knowledge of Nigeria's nutrition, health, and WASH context as well as understanding of Nigeria's social, political, and cultural context.
- A multi-disciplinary team with expertise across the range of disciplines (nutrition, health, behavioural science, anthropology). The team leader should have at least 10 years and other key staff should have a minimum of 5 years of professional work experience in designing and implementing assessments.
- Willingness to comply with UNICEF Harmonised Approach to Cash Transfer (HACT) approaches such as micro-assessments, spot-checks including at end-user level.

#### 10. Technical Evaluation Criteria and relative points



Technical Criteria	Description of Criteria to be evaluated	Maximum Points
Overall Response	Completeness of response	10
	Overall concord between RFP requirements and proposal	10
Key Personnel	Range and depth of experience with similar projects;	20
	Key personnel: relevant experience and qualifications	10
Proposed Methodology and Approach	Technologies/approaches used - compatibility with UNICEF approaches including HACT.	20
	Project management, monitoring and quality assurance process Innovative approaches	10
Maximum Points		70
Total Minimum		49/70

Submitted proposals will be assessed using Cumulative Analysis Method. All request for proposals will be weighed according to the technical (70%) and financial considerations (30%). Financial proposals will be opened only for those application that attained 49 points or above on the technical part.

#### 11. Financial Proposal: 30 points

A financial proposal with a breakdown of all costs that are to be charged to UNICEF. This includes the cost of supplies and all other related costs.

The Contract shall be awarded to a bidder obtaining the highest combined technical and financial scores. Proposals not complying with the terms and conditions contained in this ToR, including the provision of all required information, may result in the Proposal being deemed non-responsive and therefore not considered further.

**12. Other Clauses:** PSEA Language Consistent with the UN Secretary General's Bulletin related to "Special measures for protection from sexual exploitation and sexual abuse" (ST/SGB/2003/13), entities and individuals entering into cooperative agreements with an agency of the United Nations are obligated to "take preventative measures against sexual exploitation or abuse, to investigate allegations thereof, or to take corrective action when sexual exploitation or sexual abuse has occurred."

Failure to do so "shall constitute grounds for termination of any cooperative arrangement with the United Nations." The Contractor is expected to have in place explicit policies related to the prevention of sexual exploitation and abuse of beneficiaries, including commitment to the IASC 6 Core Standards (IASC/2002), and the investigation of such cases. Where the contractor does not have enough capacity for the investigation of such cases, it should request the support of UNICEF. Reasonable suspicion of sexual exploitation or abuse of beneficiaries may be reported by any individual to UNICEF if the complainant so prefers.

#### 13. CONDITIONS

- **The contractor's fee shall be inclusive of all office administrative costs** The contractor will work on its own computer(s) and use its own office resources and materials in the execution of this assignment. **The contractor's fee shall be inclusive of all office administrative costs**
- The contractor's fee should be **inclusive of all travel cost**.
- **All Covid\_19 related costs should be included in financial proposal**
- Please also see UNICEF's Standard Terms and Conditions attached.

**14. Official Travel involved:** *(itinerary and duration, if applicable)*

	#	Activities	Location	Duration	
	1	Pretesting in the 6 states	6 states	10 days each 30 days total	