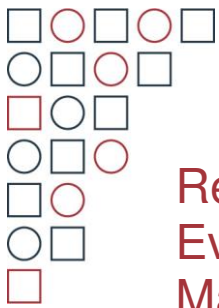


Request for Proposals: Firm to Conduct a Process Evaluation for Project “Optimizing Adherence for Maternal Multiple Micronutrient Supplementation in Nigeria”

November 2023





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1. Context

Nutrition International (NI), formerly the Micronutrient Initiative, is a global leader in nutrition. For 30 years, NI has worked with a wide range of donors, governments, UN agencies, civil society, research institutions, and other partners across the world to promote, accelerate and facilitate the scale-up of high-impact nutrition interventions within health, food, and education systems. NI works as an ally to the government to implement nutrition interventions and solutions to malnutrition – including micronutrient deficiencies – through different programs. NI also conducts high quality implementation research, incorporating the skill sets of a diverse and dynamic group of technical experts in public health, nutrition, and research.

In 2007, NI was established in Nigeria and became a trusted partner of the government and a leader in addressing the burden of malnutrition in the country. Aside from nutrition interventions benefiting a broader population (vitamin A supplementation for children under five, zinc and oral rehydration salts (ORS) for treating diarrhea, and expanding knowledge and awareness about nutrition among vulnerable adolescent girls and women), one of NI’s key aims in Nigeria is to improve the nutrition, health, and survival of pregnant women and newborns¹. Since 2016, NI has been supporting maternal health and nutrition programming in five northern states (Sokoto, Yobe, Katsina, Jigawa, and Kebbi) and more recently in Cross River to: improve access to and utilization of antenatal care (ANC) and postnatal care; increase coverage of nutrition interventions, including iron and folic acid (IFA) supplementation; and strengthen quality of care with an emphasis on gender equality and family engagement.

2. Project Rationale

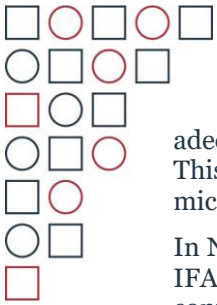
ANC has been recognized as a strategic platform for delivery of health services, health promotion, and disease prevention². In July 2020, the World Health Organization (WHO) updated its recommendation on multiple micronutrient supplementation (MMS) - a daily dose of 15 vitamins and minerals including iron and folic acid - during pregnancy. The update was in response to new evidence showing that MMS was more effective than IFA supplementation in improving birth outcomes, had equivalent benefits for preventing maternal anemia, and was safe for mother and baby.

The updated WHO guidelines encourage low- and middle-income countries (LMICs) that are considering transitioning from long-standing IFA supplementation to MMS in the government’s ANC service package to do so in the context of rigorous research. Specifically, the WHO guidelines recommend conducting implementation research where MMS programs are being considered, to optimize the impact of transitioning from IFA to MMS, including the evaluation of acceptability, feasibility, sustainability, equity, and cost-effectiveness. At an operational or programmatic level within each country, the recommendation involves introducing MMS alongside implementation research to ensure effective implementation. The lessons learned from this research will inform future scaling of MMS within existing ANC services³. Moreover, for MMS to be effective, pregnant women must consume the right dose at the right time – often referred to as “adherence”. Even when pregnant women receive

¹ Nutrition International Nigeria Programs. Available at: <https://www.nutritionintl.org/wp-content/uploads/2019/11/Nigeria-Country-Brief.pdf>

² World Health Organization. (2016). WHO recommendations on antenatal care for a positive pregnancy experience. World Health Organization.

³ Interim Country-level decision-making guidance for introducing MMS for pregnant women. <https://www.nyas.org/media/22939/111220-mms-guidance-v10.pdf>



adequate quantities of MMS, the supplements are not always consumed as recommended. This can be referred to as the “adherence gap” - the gap between receipt and consumption of micronutrient supplements delivered through the ANC platform.

In Nigeria, the Federal Ministry of Health (FMOH) expressed interest in transitioning from IFA supplementation to MMS⁴ and requested more implementation evidence in the Nigerian context to understand the realities of switching from IFA supplements to MMS and to explore how to increase pregnant women’s adherence to MMS. NI is working alongside the government of Nigeria to undertake the implementation research.

3. Project Overview

This 3-year implementation research project entitled “*Optimizing Adherence for Maternal Multiple Micronutrient Supplementation (MMS) in Nigeria*” is funded by the Bill and Melinda Gates Foundation. The purpose of this project is to explore how to improve pregnant women’s adherence to MMS in Nigeria. Implementation research with a human-center designed (HCD) focus will be conducted to identify solutions to optimize adherence and inform sustainable transition and scale-up to MMS as part of public ANC in Nigeria. It will also provide an opportunity to increase attention to maternal nutrition, strengthen the ANC platform, and improve gender-based outcomes such as women’s decision-making ability.

To measure the impact of the adherence solutions on pregnant women’s adherence to MMS and the impact of the IFA-MMS transition, an outcome evaluation, composed of a baseline and an endline survey, will be conducted. In addition, a process evaluation will also be required to help further refine, adapt, and support implementation and to help contextualize the results of the outcome evaluation and inform scale-up.

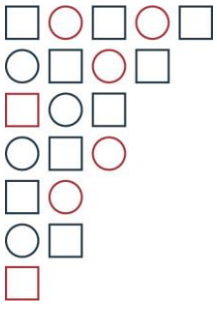
NI is looking for a firm to conduct a Process Evaluation to inform the project entitled “*Optimizing Adherence for Maternal Multiple Micronutrient Supplementation (MMS) in Nigeria*”.

4. Project Activities

An overview of the project’s phases and activities is summarized in Annex A. Some of these phases and activities are described below:

- 1. Project implementation:** Small-scale MMS demonstration projects will be set up through the existing public ANC platform in selected Local Government Areas (LGAs) (i.e. Dass, Giade, and Ganjuwa) in Bauchi state to serve as a testing ground for the implementation research on adherence. MMS will be implemented in these LGAs, meaning that all pregnant women accessing public ANC services in these areas will receive MMS instead of IFA supplements throughout their pregnancy, alongside a ‘standard introduction package’. This standard package will include standard operating procedures, MMS factsheet, and monitoring forms for healthcare providers. NI is managing the procurement of UNIMAPP-compliant MMS and collaborating with the government and implementing partners to ensure an adequate supply of MMS in the project sites. Ongoing monitoring and adaptive implementation are important components of this pillar. Regular meetings with pregnant women and their influencers will guide the roll out and complement the findings from the routine monitoring and supportive supervision of healthcare providers.
- 2. Implementation research:** Implementation research is taking place in the selected LGAs in Bauchi State and is composed of three phases: (1) the preparatory phase, (2) the participatory design phase, and (3) the testing and evaluation phase. These three phases are summarized below:

⁴ Federal Ministry of Health. (2021). National Guidelines for the prevention and control of micronutrient deficiencies in Nigeria. Federal Ministry of Health, Department of Family Health, Nutrition Division.

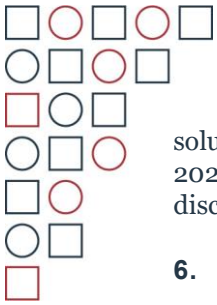


- a. *The preparatory phase:* This phase was initiated in July 2022 and is expected to end in November 2023. It includes a landscape analysis and formative research.
- b. *The participatory design phase:* This phase is expected to end in November 2023. During this phase, the indicative list of research questions will be distilled, drawing on findings from the preparatory phase and consultations with government and key stakeholders. A series of co-creation workshops will be used to consolidate this information and design a set of adherence solutions which will be implemented in the intervention arm sites.
 - i) This participatory process will rely on a diverse team including women and their influencers in addition to gender, nutrition, programming, and HCD experts to bring together varying perspectives.
 - ii) An initial project impacts pathways (PIP) will be created describing the implementation and intended impact of the adherence solutions and paving the way for operationalization.
- c. *The testing and evaluation phase:* This phase is expected to begin in November 2023 (standard introduction) and March 2024 (adherence solutions) and end in March 2025. In this phase, a cluster randomized control design will be used to evaluate the effectiveness of the MMS adherence solutions in terms of improving adherence. This evaluation will be conducted by comparing the intervention arm with the MMS standard introduction package (control arm), while taking into consideration the current IFA supplementation provided through the government system (reference arm). This phase will also look at implementation outcomes such as acceptability, feasibility, sustainability, equity, and cost-effectiveness, as per WHO's focus areas. The study sites will be determined and will be randomly assigned to one of following arms:
 - i) *Intervention Arm:* Pregnant women in these study sites will receive MMS, the 'standard introduction package' and the adherence solutions as part of their ANC.
 - ii) *Control Arm:* Pregnant women in these study sites will receive MMS and the 'standard introduction package' as part of their ANC.
 - iii) *Reference Arm:* A third arm will be selected from a separate LGA where IFA is used as the standard of care and no MMS has been introduced. Pregnant women in the reference arm will continue to receive the existing government standard of care for ANC which includes only IFA (without any MMS). This reference arm will serve to contextualize and better understand any differences in outcomes between the intervention and control arms. This reference arm is required because MMS is currently not part of the standard approaches used in the government system; hence, there is a lack of "usual care" with MMS to serve as a true counterfactual. The specifics of the research design will depend on the final research question and the adherence solutions being tested.

A process evaluation with a HCD lens will be conducted to help further refine, adapt, and support MMS implementation and adherence. In the early stages of this phase, a PIP will be developed (based on the program design and the predicted practicality the design will likely encounter) and refined based on process evaluation results. The PIP will guide the data collection for the process evaluation and analysis of all possible pathways to improved adherence. The process evaluation will also serve to contextualize the results of the outcome evaluation and inform scale-up. More details about the process evaluation are presented in the sections below.

5. Timelines

It is anticipated that the fieldwork for the process evaluation will be thoughtfully sequenced with the outcome evaluation and the transition to and implementation of the "adherence



solutions”. The general timeframe for the process evaluation is between April 2024 and March 2025; however, the specific timing of the start and finish of the process evaluation is open to discussion and recommendations from the agency.

6. Rationale and aim of the process evaluation

As described above, the process evaluation is required to better understand how the “adherence solutions” did or did not increase pregnant women’s adherence to MMS and to answer the secondary research questions. The process evaluation is also intended to ensure implementation fidelity, inform course correction, and contextualize the findings from the outcome evaluation. Results from the process evaluation should help inform the government’s decisions as they plan for possible scale-up MMS in Nigeria.

The “intervention” that is being evaluated is the “adherence solutions”, which will be developed through the participatory design phase. The details of the “adherence solutions” are expected to be completed by December 2023. As mentioned, they will focus on three main areas and be integrated into the existing ANC platform.

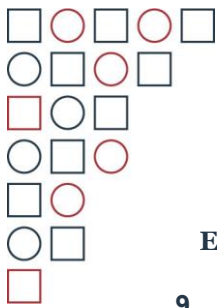
7. Scope of Work

Under this ToR, the agency will take responsibility for all aspects of the process evaluation including the design, planning, field management, analysis, and synthesis of results and will work closely with the NI research team to achieve this.

8. Specific Activities of the Process Evaluation

This aim will be achieved by completing the following activities:

- A) Finalize the design and the necessary planning and preparation for the process evaluation in line with requirements set out by NI.**
 - In collaboration with NI, create a PIP guiding the data collection for the process evaluation and analysis of all possible pathways to improved adherence. The PIP will be revisited and further refined based on any initial and relevant process evaluation results.
 - Prepare a research protocol that will enable to answer the research questions in line with the PIP. The protocol should include (but not limited to) a detailed description of the study design and methodology, sampling plan, a list of indicators to be used in the process evaluation, data collection and analysis plans and methodologies, training plan, workplan, and budget.
 - Develop, translate, and pilot test the process evaluation tools.
 - Apply for and obtain permission from the National and Bauchi state recognized ethics review boards.
 - Liaise with government through the Technical Working Group (TWG) for the selection of the appropriate team for data collection and supervision.
 - Develop training for evaluation tools and train data collectors on proper administration.
- B) Coordinate, supervise, and quality assure data collection for the process evaluation.**
 - Plan and implement data collection for the process evaluation (including the arrangement of all logistics).
 - Prepare and implement quality assurance and quality control mechanisms.
- C) Clean, analyse, interpret, report, and present the data.**
- D) Synthesize the main findings and produce a report that answers the research questions.**
 - Produce survey reports and a final process evaluation report.



- Disseminate evaluation findings to NI staff and key stakeholders at state and national levels in Nigeria.

E) Any other work as deemed necessary to complete the process evaluation.

9. Budget

The allocated maximum budget for this assignment is **150,000 USD**.

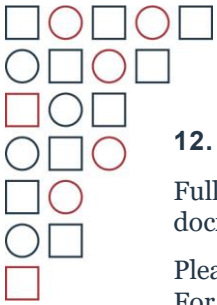
10. Key Deliverables and Tentative Timelines

Deliverables	Tentative timeline
Project Impact Pathways	February 2024
Research protocol	February 2024
Data collection tools	February 2024
Ethics submission and ethics approval	March 2024
Quarterly data collection and quarterly evaluation reports (including course corrective measures)	April 2024- March 2025
Final clean data/ transcripts	March 2025
Final process evaluation report	March 2025
Financial report	April 2025
Project wrap up	April 2025

11. Required Profile

The consultant(s)/agency interested in submitting a proposal to conduct this study should have:

- At least 5 years of experience in conducting process evaluations in the field of public health nutrition and health promotion, ideally with emphasis on maternal health in Nigeria. Experience in Bauchi State would be an asset.
- Familiarity with the context and health system in Bauchi State is preferable.
- The most up-to-date evidence on ANC recommendations and maternal and newborn health and nutrition programming and guidelines including maternal micronutrient supplementation in LMICs.
- At least 5 years of experience in collecting and analyzing qualitative data.
- Access to a licensed copy of, and experience in using, qualitative software e.g. NVivo, MaxQDA, etc.
- Completed a course on ethics in research on human participants and can train data collectors on protecting human participants in research before the data collection.
- Include a qualified gender specialist as a member of, or contributor to the team to provide expertise specific to scope and context of the work.
- Provide evidence of having undertaken similar or related research work previously.
- Language skills: Speaking and writing in English and Hausa.



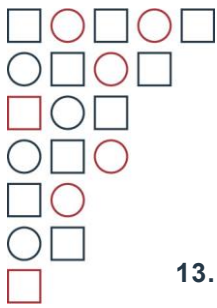
12. Submitting the proposal

Full proposals need to be submitted via email to the following address with all attachments in docx or PDF to lchamoun@nutritionintl.org by the deadline of **December 15th, 2023**.

Please use the subject line “Process evaluation partner for MMS Project in Bauchi, Nigeria”. For any clarification required, please email to lchamoun@nutritionintl.org with the subject line “Clarification needed – Process evaluation partner for MMS in Bauchi, Nigeria”.

The application must include:

- A) **Cover Letter:** Proposals must be accompanied by a cover letter (not exceeding 1 page) with the respondent’s address. The letter must be signed by a suitable authority to commit the agency to a binding contract. It must quote the RFP number and title.
- B) **Signed Declarations** provided in Annex B of this document.
- C) **Detailed technical proposal:** This should not exceed 7 pages. Proposals should serve as a technical response clearly outlining how the process evaluation would be implemented in Bauchi State. A list of abbreviations and acronyms used in the proposal must be included.
- D) **Annexes to include in proposal:**
 - a. **Qualifications and experience:**
 - Provide at least five examples of previous related research, highlighting experience in supervision or contribution to similar studies.
 - Include a sample of a previous report(s) or research that the team has produced (preferably process evaluation report – up to 2 reports).
 - Show qualifications of the key personnel of the team, including resumes/CVs of each of the key team members (up to 3 pages per CV).
 - A description of the roles and responsibilities of each of the team members and expected LOE for each (up to 2 pages).
 - When any sex and gender-based research and analysis is required, the proposal and subsequent research work should be reviewed by a qualified gender specialist(s).
 - b. **Timeline:** A sample timeline template can be found in Annex C. The timeline for the process evaluation should include deadlines for each activity proposed.
 - c. **Financial proposal** (up to 3 pages) submitted in a separate file in Excel detailing:
 - A budget based on the format attached as Annex D.
 - Breakdown of all activities, outputs, and deliverables.
 - Estimated cost disaggregated by the number of days each of the team members will be working.
 - Dates when separate financial reports will be submitted and when payment will be expected.
 - All amounts need to be quoted in in Nigerian Naira and US Dollars. Fees should be inclusive of all insurance and standard business overheads and taxes.
 - NI will not pay for any overhead or indirect costs that exceed 10% of the total direct costs to for-profit agencies. For NGOs or public institutions (governments or universities), NI can provide 10% for indirect/overhead cost on the total budget.

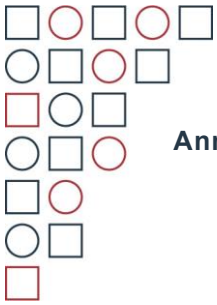


- d. Risk analysis exercise: The consultant(s)/agency shall identify barriers and risks of conducting the process evaluation and, for each risk, indicate what would be done to respond to these challenges.

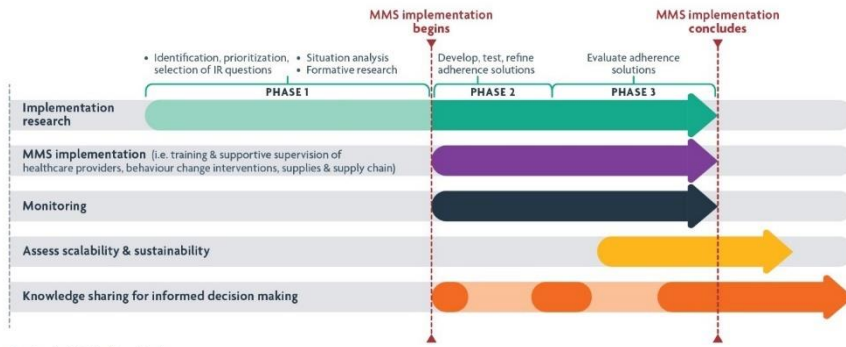
13. Proposal evaluation process

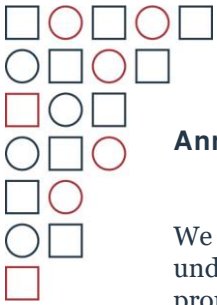
The following criteria will be adopted to short list the proposals and identify suitable agencies for contract award. Out of the total scores, 70% of weighting will be assigned to technical and 30% to the financial proposal.

Item	Assessment Category: Technical Proposal	Weights
Proposal	The rationale, context, research questions, objectives, and ethical considerations are adequately described.	10%
	The study methodology, sample size, data collection mechanisms, and data analysis plan are plausible to achieve the objectives of the study. The proposal lists the types of reports and documents that will be needed for the different components of the study.	15%
	The proposal addresses gender equality issues: providing qualified gender expertise; sex and gender-based analysis specific to scope and context of the work; identification of gender-specific risks; evidence that the firm is committed to gender equality and women's empowerment (through stated mission, web/social media presence, previous experience, and/or references).	10%
	The consultant(s)/agency provides a short review of/comments on the described below methodology of the study with suggestions and recommendations to enhance it.	5%
	The proposal emphasizes how to capture the needed information for designing an effective intervention.	5%
	The proposal includes a clear and reasonable timeline (with potential adjustment for delays); the timeline includes specific deadlines for each of the implementation activities, milestones, and deliverables (and ideally reflects the roles and responsibilities of the team).	5%
	Profile	A sample of the previous work and its similarity to the assignments of this RFP.
Budget	The required qualifications and key competencies (education and work experience) to carry out the assignment are met by the team members (as per their presented resumes).	10%
	The proposed summary of the roles and responsibilities of each team member and their relevant competences is clear and meets the requirement of the assignment.	5%
	The financial proposal captures all critical components, various expenses, and justification summaries.	20%
	The estimated expenses and the administration cost in the proposed budget are reasonable for each of the activities.	5%



Annex A: Overview of project's phases and activities





Annex B: Declaration Form

We have examined the information provided in your Request for Proposals (RFP) and offer to undertake the work described in accordance with requirements as set out in the RFP. This proposal is valid for acceptance for 6 months and we confirm that this proposal will remain binding upon us and may be accepted by you at any time before this expiry date.”

“We accept that any contract that may result will comprise the contract documents issued with the RFP and be based upon the documents submitted as part of our proposal.

“Our proposal (Technical and Financial) has been arrived at independently and without consultation, communication, agreement or understanding (for the purpose of restricting competition) with any other Respondent to or recipient of this RFP from the Nutrition International.

“All statements and responses to this RFP are true and accurate.”

“We understand the obligations regarding Disclosure as described in the RFP Guidelines and have included any necessary declarations.”

“We confirm that all personnel named in the proposal will be available to undertake the services.”

“We agree to bear all costs incurred by us in connection with the preparation and submission of this proposal and to bear any further pre-contract costs.

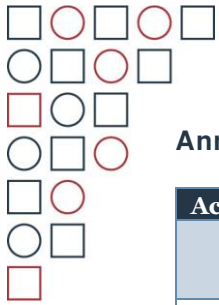
“I confirm that I have the authority of [insert name of organization] to submit this proposal and to clarify any details on its behalf.”

Name:

Title:

Date:

Signature:



Annex C: Project Implementation Plan, Timetable, and Roles and Responsibilities

Activities	Deliverables	May				June				July			
		W1	W2	W3	W4	W1	W2	W3	W4	W1	W2	W3	W4

Annex D: Budget Template

	PARTICULARS	Person Days	Rate	Remarks
A	SALARIES/PROFESSIONAL FEES			
A1	Professionals			
A2	Field Staff/Consultants			
	Sub Total of A			
B	TRAVEL, TRANSPORTATION (Vehicle Expenses/Local Conveyance			
B1	Local Conveyance for field work			
B2	Local Conveyance for Professional Staff			
B3	Local Conveyance for Field Researchers			
	Sub Total of B			
C	In-Country Travel (Travel expenses for Professional staff from base station to states/districts:			
C1	Air Travel			
C2	Train Travel			
	Sub Total of C			
D	DAILY ALLOWANCE/LODGING EXPENSES			
D1	Professional staff			
D2	Field researcher			
	Sub Total of D			
E	OFFICE EXPENSES			
E1	Stationary			
E2	Communication & any other			
	Sub Total of E			
F	MEETING EXPENSES			
F1	Consultation workshop cost			
	Sub Total of F			
	TOTAL OF DIRECT COST (A to F)			
G	Management Cost (10%) on Total Direct Cost			
H	Total (A to F)+G			