Request for Proposals: Technical and Statistical Support for the Evaluation Phase of Maternal MMS Implementation Research Projects

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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 newborns[1]. 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 prevention[2]. 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 services[3]. 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 adequate quantities of MMS, the supplements are not always consumed as recommended.

[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

This can be referred to as the "adherence gap" - the gap between receipt and consumption of micronutrient supplements delivered through the ANC platform.

3. Project Overview

In Nigeria, the Federal Ministry of Health (FMoH) expressed interest in transitioning from IFA supplementation to MMS[4] 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.

Nutrition International is conducting a 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 is being conducted to identify solutions to optimize adherence and inform sustainable transition and scale-up to MMS as part of public ANC in Nigeria. 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, is being conducted. In addition, a process evaluation is underway to help further refine, adapt, and support implementation and to help contextualize the results of the outcome evaluation and inform scale-up.

Similarly, in Pakistan, Nutrition International has been undertaking a similar project entitled *"The Advancing Maternal Health through MMS Implementation Research"* in the Swabi district to answer key implementation questions to support the introduction of antenatal MMS to replace IFA supplementation through ANC and identify effective approaches to inform sustainable transition, scale up and ensure maximum impact of MMS. The research also involves outcome and process evaluations to evaluate implementation approaches for introducing MMS within ANC platform, intended at increasing adherence and quality of care.

NI is seeking the services of a firm with subject matter experts who specialize in statistical, quantitative and qualitative methods and their application to evaluations in LMICs and can provide additional targeted support to both the outcome and process evaluations in a timely manner.

4. Project Activities

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

1. **Project implementation:** Small-scale MMS demonstration projects have been 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 is being implemented in these LGAs, meaning that all pregnant women accessing public ANC services in these areas are receiving MMS instead of IFA supplements throughout their pregnancy, alongside a 'standard introduction package'. This standard package includes standard operating procedures, MMS factsheet, and monitoring forms for healthcare workers. 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 workers.

[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.

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:
    a. *The preparatory phase*: This phase was completed and included a landscape analysis and formative research.
    b. *The participatory design phase*: This phase was completed. During this phase, the indicative list of research questions has been distilled, drawing on findings from the preparatory phase and consultations with government and key stakeholders. A series of co-creation workshops have been conducted to consolidate this information and design a set of adherence solutions which will be implemented in the intervention arm sites.
    c. *The testing and evaluation phase*: This phase is ongoing and expected to end in April 2025. In this phase, a cluster randomized control design is being used to evaluate the effectiveness of the MMS adherence solutions in terms of improving adherence. This evaluation will be conducted by comparing the adherence solutions (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 are receiving MMS, the 'standard introduction package' and the adherence solutions as part of their ANC.
        ii) *Control Arm*: Pregnant women in these study sites are receiving MMS and the 'standard introduction package' as part of their ANC.
        iii) *Reference Arm*: A third arm has been 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 are continuing 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.

5. Scope of Work

Period of Contract: February 1, 2025 – May 31, 2025

Location of Contract: The work will be undertaken remotely.

Specific Activities

This aim will be achieved by completing the following activities:

1) **Outcome Evaluation: Quality assure and provide guidance on the endline survey tools and data analysis to ensure they are as succinct as possible but still respond to the research questions of interest and the theory of change**
    - Activity 1.1.: Review and provide feedback to NI on the outcome evaluation indicator list to ensure the indicators align with the research questions, theory of change, and recommend streamlining where possible.

- Activity 1.2.: Review and provide feedback to NI on the survey tools to ensure they will collect all the data required to calculate the indicators identified above and are as streamlined as possible.
- Activity 1.3.: Review and provide feedback to NI on the data analysis plan.

- Deliverable 1.1.: Written and/or verbal guidance on the indicator list.
- Deliverable 1.2.: Written feedback on each of the survey tools (questionnaire for pregnant women, influential family members, spouses, community members and short interview tool for healthcare workers).
- Deliverable 1.3.: Written and/or verbal guidance on the data analysis plan and the data tabulation tables.

2) Advise and undertake statistical and qualitative analyses and interpretation of the findings from the process and outcome evaluations.

- Activity 2.1: Review and provide feedback on the quantitative findings and advise on the analysis, interpretation, and presentation of results for the outcome and process evaluations. This includes suggesting the appropriate statistical tests to understand the level of agreement between different adherence indicators.
- Activity 2.2.: Conduct advanced statistical analyses on primary outcomes of interest (i.e. Difference-in-difference analysis) and other analyses as required.
- Activity 2.3: Support and review other statistical analyses conducted ensuring they respond to the outcome and process evaluations' objectives.
- Activity 2.4: Review and provide feedback on the qualitative findings and analysis against quality criteria such as: credibility, dependability, confirmability, transferability, and reflexivity as appropriate.
- Activity 2.5.: Ensure accuracy of data and overall consistency between data reported and analysed.

- Deliverable 2.1.: Written and/or verbal guidance on the quantitative findings and analysis.
- Deliverable 2.2.: Written and/or verbal feedback on the qualitative findings and analysis.
- Deliverable 2.3.: Statistical analyses and related models, as relevant.

3) Any other work as deemed necessary to complete the process and outcome evaluations.

6. Key Deliverables and Tentative Timelines

Deliverables	Tentative timeline	~ Days
Deliverables Outcome Evaluation: Deliverable 1.1.: Written and/or verbal guidance on the indicator list. Deliverable 1.2.: Written feedback on each of the survey tools (questionnaire for pregnant women, influential family members, spouses, community members and short interview tool for healthcare workers). Deliverable 1.3.: Written and/or verbal guidance on the data analysis plan and the data tabulation tables.	February 2025	10

Deliverable Outcome and Process Evaluation Results: Deliverable 2.1.: Written and/or verbal guidance on the quantitative findings and analysis Deliverable 2.2.: Written and/or verbal feedback on the qualitative findings and analysis. Deliverable 2.3.: **Statistical analyses and related models, as relevant.**	March - May 2025	20
Total		**Around 30 days**

7. Required Profile

The consultant(s)/agency interested in submitting a proposal should have:

- At least 5 years of experience in quantitative and qualitative methods and their application to evaluations in LMICs.
    - At least 5 years of experience in collecting and analyzing qualitative data.
    - At least 5 years of experience in collecting and analyzing quantitative data.
- At least 5 years of experience in conducting or supporting outcome and process evaluations.
- At least 5 years of experience in conducting biostatistics within a programmatic context.
- Familiarity with the context and health system in Nigeria and Pakistan is preferable.
- Access to a licensed copy of, and experience in using, qualitative software e.g. NVivo, MaxQDA, etc.
- Access to a licensed copy of, and experience in using, quantitative software e.g. SPSS, SAS, R, etc.
- Provide evidence of having undertaken similar or related research work previously.

8. Submitting the proposal

Full concept notes 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 **February 12th 2025.**

Please use the subject line "Technical and Statistical Support for the Evaluation Phase of Maternal MMS Implementation Research Projects". For any clarification required, please email to lchamoun@nutritionintl.org with the subject line "Clarification needed for Technical and Statistical Support for the Evaluation Phase of Maternal MMS Implementation Research Projects".

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 title.

B) **Signed Declarations** provided in Annex B of this document.

C) **Annexes to include:**

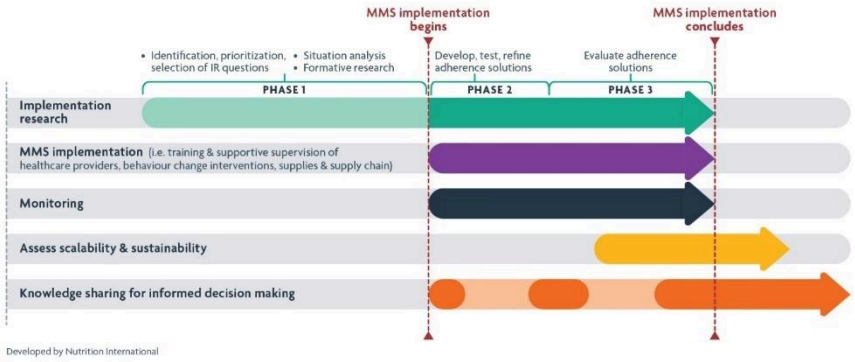
a. Qualifications and experience:

- 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) that the team has produced.
- 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).

b. Timeline: A sample timeline template can be found in Annex C. The timeline should include deadlines for each activity proposed.

c. Financial proposal submitted in a separate file in Excel detailing:
   - A budget based on the format attached as Annex D.
   - Names and rates of each team member who will be involved in this assignment.
   - Estimated cost per deliverable disaggregated by the number of days each of the team members will be working.
   - All amounts need to be quoted in CAD or 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.

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	February				March				April				
		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	**OFFICE EXPENSES**			
B1	Stationary			
B2	Communication & any other			
	Sub Total of B			
	TOTAL OF DIRECT COST (A + B)			
C	**Management Cost (10%) on Total Direct Cost**			
D	**Total (A + B + C)**			