Terms of Reference for Consultancy services on Multiple Micronutrient Supplementation (MMS) Supply Chain and Quantification to support Scale-up in Pakistan

Assignment	Consultancy services on Multiple Micronutrient Supplementation (MMS) Supply Chain and Quantification to support Scale-up in Pakistan
Republished date	13 February 2026
Concept note submission date	Friday, February 27, 2026 (Eastern Standard Time)
Program	Maternal Newborn Health and Nutrition
Contract Type	Consultancy Contract
Duty Station	Pakistan with travel to relevant provinces/regions and districts where needed
Expected Place of Travel	1) Punjab Province: Lahore and Lodhran District 2) Khyber Pakhtunkhwa Province: Peshawar and Battagram District 3) Islamabad Capital Territory (ICT) and Islamabad (Rural) 4) Azad Jammu Kashmir (AJ&K) region: Muzaffarabad and Hattian district 5) Gilgit Baltistan (GB) region: Gilgit and Nagar district And possibly Sindh and Balochistan
Contract Duration	April – July 2026
Version	#1.0
Expression of interest submission	proposals@nutritionintl.org

Consultancy Purpose

Nutrition International seeks to engage a consultant or firm to support the development of an improved forecasting model for Multiple Micronutrient Supplementation (MMS) in five provinces/regions of Pakistan (Punjab, Khyber Pakhtunkhwa (KP), Gilgit-Baltistan (GB), Azad Jammu & Kashmir (AJ&K) and Islamabad Capital Territory (ICT) Rural).

The assignment will build on current utilization data from the MMS scale-up initiated in April 2025, other relevant data and will generate forecasting models/assumptions and a forecasting tool that better reflect service uptake, eligibility criteria and provincial planning needs for MMS. Supporting the complexities of Pakistan's MMS delivery model (Community-Facility channels), including delivery through Lady Health Workers (LHW) and both public and private health facilities. The forecasting outputs are expected to directly inform federal and provincial supply plans for MMS commodities, ensuring continuous availability and minimizing stock-outs/over stocking.

Project Background Information

1. Background and context

Maternal and newborn health and nutrition needs in Pakistan remain high, with a neonatal mortality rate of 42 per 1,000 live births and a low birthweight prevalence of 23% (2018)[1]. Micronutrient deficiencies among women of reproductive age are widespread, driven by food insecurity and limited antenatal coverage. Despite national guidelines recommending iron-folic acid (IFA) supplementation, adherence remains low, approximately 59% took iron tablets or syrup during pregnancy and only 29% for 90 days or more during pregnancy as recommended[2].

In 2020, the World Health Organization (WHO) issued updated antenatal care guidelines supporting context-specific use of Multiple Micronutrient Supplementation (MMS) as a safe and cost-effective alternative to IFA, based on evidence of improved birth outcomes.[3] In 2020 the WHO updated its *Recommendations on Antenatal Care for a Positive Pregnancy Experience*[4] to a context specific recommendation that supports the use of antenatal Multiple Micronutrient Supplementation (MMS) in the context of rigorous research. In Pakistan, the Advancing Maternal Health through MMS Implementation Research (AMMI) project, led by the Ministry of NHSR&C and Nutrition International, generated valuable implementation insights and tools to support the transition to MMS through the ANC platform.

However, early implementation experience and recent analysis of IFA supplementation programs in Pakistan point to persistent bottlenecks in supply planning, including limited forecasting capacity, reliance on population-level estimates, complexities of private/public use and anaemia treatment and lack of real-time consumption data[5]. These gaps have contributed

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[1] National Institute of Population Studies (NIPS) [Pakistan] and ICF. *Pakistan Demographic and Health Survey 2017-18*. NIPS and ICF: Islamabad, Pakistan, and Rockville, Maryland, USA; 2019

[2] National Institute of Population Studies (NIPS) [Pakistan] and ICF. *Pakistan Demographic and Health Survey 2017-18*. NIPS and ICF: Islamabad, Pakistan, and Rockville, Maryland, USA; 2019

[3] WHO. *Recommendations on antenatal care for a positive pregnancy experience*. Geneva, Switzerland: World Health Organization; 2016. Available from https://apps.who.int/iris/bitstream/handle/10665/250796/9789241549912-eng.pdf?sequence=1

[4] WHO. *Recommendations on antenatal care for a positive pregnancy experience*. Geneva, Switzerland: World Health Organization; 2016. Available from: https://apps.who.int/iris/bitstream/handle/10665/250796/9789241549912-eng.pdf?sequence=1

[5] Pakistan Demographic and Health Survey 2017

to stock-outs, procurement delays, and inefficiencies that can undermine the credibility of supplementation programs. To ensure that MMS scale-up efforts are both effective and sustainable, it is essential to strengthen forecasting approaches that reflect actual service delivery trends, accounting for anaemia treatment needs in Pregnant Women and early data from the ongoing rollout. This exercise This exercise aligns with the Maternal Nutrition Strategy (2022–2027), which emphasizes improved planning, financing and coverage of MMS as part of strengthened antenatal nutrition service delivery[6].

Building on this evidence, the Government of Pakistan, with technical support from Nutrition International and funding from the Bill & Melinda Gates Foundation, is now scaling MMS in five selected districts across AJ&K, GB, KP, Punjab, and ICT Rural. The scale-up is guided by readiness assessments, intensive monitoring, and the development of costed provincial implementation plans and a national roadmap to support a sustainable and context-responsive MMS transition.

Assignment Details

2. Overview of Assignment

To support the Government of Pakistan (GoP) in its transition from IFA to MMS, Nutrition International is seeking to engage a consultant or firm to lead the development of an improved and context-sensitive quantification and forecasting of MMS approach across five selected provinces/regions: Punjab, KP, GB, AJ&K and ICT-Rural.

In supply chain terms, 'quantification' refers to the overall process of determining the quantities and costs of health commodities needed over a defined period. It involves two key steps: forecasting, estimating future commodity needs based on service delivery data, consumption trends, demographic information and programmatic factors and supply planning, translating the forecast into procurement and delivery schedules that ensure continuous availability of products[7].

The primary focus of this assignment is on forecasting within the quantification process. This will involve close engagement with federal, provincial, and regional stakeholders to review existing forecasting methodologies and assumptions and develop a refined model that reflects service delivery realities. The model should incorporate eligibility exclusions (e.g., anaemic women), patterns of ANC utilization (public vs. private sector), early MMS uptake and refusal rates from the 2025 rollout, facility- and community-level distribution channels, and relevant environmental factors (such as workforce availability, service expansion and funding constraints) and incorporate global best practices for quantification of maternal health and nutrition commodities.

The improved forecasting model will be designed for routine updates with minimal external support, enabling provincial planning teams to generate accurate and actionable MMS supply projections. This exercise will directly inform provincial procurement planning and will feed into costed implementation plans and the national MMS roadmap currently under preparation.

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[6] Maternal Nutrition Strategy (2022–2027), URL: https://www.unicef.org/pakistan/reports/pakistan-maternal-nutrition-strategy-2022-27
[7] MSH 2025. Quantification of Health Commodities: RMNCH Supplement Forecasting Consumption of Select Reproductive, Maternal, Newborn and Child Health Medical Products, Updated 2025

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3. Key Activities

The selected consultant/firm will be responsible for the following:

- **Conduct a comprehensive supply chain and procurement landscape review** including existing procurement mechanisms, data sources, forecasting assumptions, and decision-making processes for MMS, drawing best practices from other nutrition commodities such as IFA, tetanus toxoid etc. This will include structured engagement with key stakeholders at federal, provincial, and district levels.
- **Analyze current MMS distribution plans, ANC Coverage and current service delivery patterns**, drawing on early MMS rollout data and lessons learned from immunization and other comparable commodity forecasting and microplanning approaches in Pakistan and globally to inform a perfect MMS quantification/forecasting process.
- **Develop standardized MMS forecasting and distribution models** that can be adapted for national use, incorporating best practices from other public health commodities (e.g., family planning). This should reflect:
  - Public sector ANC coverage and service delivery patterns
  - Eligible population estimates
  - Anaemia treatment need among pregnant women
  - MMS utilization patterns from current rollout
  - Supply chain alignment with demand
- **Propose a forecasting tool** that supports routine updates to inform annual and multi-year supply planning
- **Validate forecasting assumptions, models, and tools** through consultative processes and workshops with national and provincial planning units, ensuring usability, ownership, and sustainability

4. Methods

The quantification and forecasting process should follow a structured, stepwise approach to ensure consistency, stakeholder ownership and the ability to update estimates as new data become available. The consultant/firm will work in close coordination with provincial, district and federal stakeholders and Nutrition International. The methodology and data inputs will be refined during the inception phase and finalized in a design workshop with Nutrition International and relevant government stakeholders. The consultants/firm can adapt/explore global forecasting tools recommended for example MSH Quantification of Health Commodities guide) to the MMS context, ensuring the model is practical, routinely updatable, and usable by federal/provincial/district planning teams with minimal external support [8].

5. Deliverables

5.1. Preparation, Workplan, and Data Review

Activities:

- Develop a comprehensive workplan and timeline for the assignment, outlining processes, activities, milestones, roles and responsibilities.

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[8] MSH 2025. Quantification of Health Commodities: RMNCH Supplement Forecasting Consumption of Select Reproductive, Maternal, Newborn and Child Health Medical Products, Updated 2025

- Review existing MMS and related commodity quantification and forecasting approaches in Pakistan and globally (e.g., IFA, family planning, tetanus; immunization microplanning).
- Conduct stakeholder consultations at federal, provincial, and district levels to validate data sources, understand service delivery realities, best practices and identify capacity gaps.
- Compile and assess available data sources, including current MMS distribution plans and ANC service utilization (public and private), historical IFA consumption.

Outputs:

- Approved workplan and timeline with Nutrition International sign-off prior to any field work).
- Detailed landscape review report summarizing existing approaches, best practices, data sources, and identified gaps.
- Validated dataset and agreed key parameters for MMS forecasting.

5.2. Forecasting Models, Scenarios, and Tool Development

Iterative model development informed by data analysis, stakeholder input, and global best practices, with a focus on practicality and routine use by government planning teams.

Activities:

- Develop province-/region-specific MMS forecasting models reflecting multiple scenarios related to ANC service coverage (Incorporate environmental and system-level factors), eligibility, uptake, and supply chain considerations. The models need to incorporate best practices from other public health commodities

- Forecasting Tool: Design or propose a forecasting tool that enables routine updates and supports annual and multi-year supply planning. that is practical, updatable and usable by provincial planning teams.

Outputs:

- Province-/region-specific forecasting models with documentation of assumptions and parameters.
- Practical forecasting tool suitable for use by federal and provincial planning teams.
- Guidance notes outlining procedures for updating, maintaining, and interpreting the models and tool.

5.3. Validation and Finalization

Activities:

- Conduct validation workshops at provincial/regional and federal levels to review and agree on forecasting assumptions, model parameters, and outputs.
- Refine and finalize forecasting models based on stakeholder feedback.
- Refine and finalize user-friendly forecasting tool for use by federal/provincial/district planning teams.

Outputs:

- Final validated MMS forecasting models and tool.
- User guidance documenting application of forecasts for annual procurement and budgeting
- Workshop report capturing key decisions, agreements and recommendations.

6. Timeline:

This assignment is expected to take up to 16 weeks (4 months), from April to July 2026, with an estimated level of effort of approximately 60 workdays. The consultant/firm is expected to propose a detailed work plan and allocate the required days across the inception, model development, stakeholder consultations, validation workshops and final reporting phases. Note that the consultant/firms will be expected to provide an update to the Nutrition International team at least every two weeks.

Deliverables	Approximate timeline
Deliverable 1: (15 workdays) • Inception meeting minutes • Approved workplan and timeline (with Nutrition International sign-off prior to any field work). • Summary report of existing approaches/methods, guidance and recommendations improvements	1-6 weeks
Deliverable 2: (30 workdays) • Validated dataset with key parameters for forecasting • Province/region-specific forecasting models with documentation of assumptions and parameters. • Forecasting tool based on the provincial/region specific models/scenarios • Guidance notes on updating and maintaining the models and forecasting tool.	7-12 weeks
Deliverable 3: (15 workdays) • Final validated forecasting models and tool. • Workshop report capturing key agreements and recommendations.	13-16 weeks

7. Submission Requirements

Qualified* consultants/firms are invited to submit a technical and financial proposal that includes the following:

- A brief description of the consultant/firm's recent and relevant experience in health systems and public health-sector supply chain management, with specific examples of health/nutrition commodity quantification, forecasting, procurement planning, or supply planning assignments.

- A technical proposal/concept note (maximum **4 pages**) describing the proposed approach and methodology for conducting the services, in line with the key activities outlined in the ToR, along with a draft workplan for performing the assignment. **Proposals exceeding four pages may not be reviewed.**

- **A detailed budget** (in CAD or PKR).
  The financial proposal should present a comprehensive budget covering all costs required to deliver the assignment, including professional fees, travel to the five project sites and meeting logistics. The proposal should clearly indicate the daily professional fee rate(s) and provide a breakdown of the total cost based on the estimated 60 workdays. Any anticipated travel and logistical expenses should be itemized separately and justified. For Pakistan-based consultants, payments will be made in PKR, converted from the agreed budget in CAD.

- A proposed schedule for deliverables and payments.

- Recent CV(s) of consultant(s), including a management structure matrix (for firms), clearly indicating responsibilities related to forecasting, data analysis, and stakeholder engagement. Firms should be registered as per national/international laws and have a valid Tax Number
- **CVs must not exceed two pages per individual.**

- Any comments or suggestions on the Terms of Reference.

* The selected consultant/firm must have:

- At least 15 years of experience in health commodity supply chain management and public health planning, including quantification, forecasting, and supply planning, with application of global best practices in supply chain and forecasting**.**
- **Proven experience** working in close consultation with government line ministries, particularly the Ministry of Health and provincial health departments, as well as public health workers and community stakeholders in Pakistan.
- **Familiarity with Pakistan's health system context**, including cultural, political, and operational dynamics (preferred).
- **Strong analytical, writing, and communication skills,** with the ability to produce clear, concise technical reports and facilitate effective collaboration across diverse stakeholder groups.

Expressions of Interest should be sent by email to Olena Karelina (proposals@nutritionintl.org) with the subject header "**Expression of Interest – Forecasting of MMS requirements for Scale-Up in Pakistan**".

The deadline for submission is Friday February 27, 2026 (EST)

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