

**CONTRACTING PLAN FOR PROVISION OF INTEGRATED, COMMUNITY-BASED ADOLESCENT  
HEALTH SERVICES (AHS) AND BASIC PACKAGE OF NUTRITION SERVICES (BPNS) IN THE STATE  
OF KADUNA UNDER  
THE ACCELERATING NUTRITION RESULTS IN NIGERIA (ANRIN) PROJECT (P162069)**

**I. BACKGROUND**

1. The World Bank and GFF financed, Accelerating Nutrition Results in Nigeria (ANRiN) Project 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 12 states of Nigeria.
2. 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. With over 37 percent of children stunted<sup>1</sup> and 7 percent wasted, it is also one of the three highest contributing countries to the burden of stunted and wasted children in the world. 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. 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. The “nutrition map” of Nigeria is highly uneven with the highest burden of stunting borne by the North-West and North-East states. 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. While the use of modern methods of contraception is low amongst married women in general (12 percent in Nigeria and 13.7 percent in Kaduna), it is particularly low amongst married adolescents (2.3%) and mean ideal family size remains high. 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.
3. Chronic malnutrition 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. 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. These inexpensive and cost-effective interventions that can be scaled-up relatively rapidly, require action at the community level. 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.

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<sup>1</sup> DHS, 2018

4. ANRiN proposes to finance performance-based contracts with Non-State Actors (NSAs) for an integrated provision of AHS and BPNS in the community in the state of Kaduna.

## II. OBJECTIVE

5. To increase access to and utilization of integrated, community-based AHS and BPNS in half of Kaduna State (refer to **Annex 7** 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 the state of Kaduna.

## III. SCOPE OF WORK

6. The NSA will, in an equitable and sustainable manner and through a mix of counseling and service delivery, promote increased access to and utilization of the following services under AHS and BPNS:

### ***Adolescent Health Services (AHS)***

- i. counseling for increased birth spacing amongst married women of reproductive age, particularly adolescent girls (15-19 years)
- ii. provision of full range of short-term and long-acting reversible birth-spacing methods.

### ***Basic Package of Nutrition Services (BPNS)***

- iii. 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.
  - iv. fifteen sachets of micronutrient powders per month among children 6-23 months to improve the quality of complementary feeding.
  - v. 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.
  - vi. at least three doses of intermittent preventive treatment for malaria during ante-natal care by pregnant women.
  - vii. at least four sachets of zinc/oral rehydration solution (ORS) per year for treatment of diarrhea among children 6-59 months of age.
  - viii. semi-annual vitamin A supplementation among children 6-59 months of age.
  - ix. semi-annual deworming among children 12-59 months of age.
7. Additionally, the NSA will propose and test an innovation in 1-2 LGAs within its defined geography of operation in the state of Kaduna, 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 overall technical proposal for the assignment should include a nested 5-page proposal for the innovation to be deployed in the half state as per the template indicated in **Annex 8**. If an NSA intends to express interest in all 12 half-states, it will have to propose an exclusive/unique innovation for each half-state. Each of these innovations will be reviewed independently and may or may not qualify as acceptable, based on the articulated review process.
  8. Technical assistance towards finalization of the design, deployment and measurement of results from the proposed innovation will be provided by the supporting Power of Nutrition Trust Fund.

The independent evaluation of the innovation will be undertaken by the Project Implementation Unit (PIU), State Ministry of Health.

9. **Targets:** The NSAs are encouraged to coordinate with state PIUs to identify and prioritize underserved LGAs. To accrue efficiencies in targeting and program delivery, the NSAs are expected to ensure that all eligible beneficiaries (pregnant and lactating women, married adolescents, and children <60 months of age) in a ward/village are provided BPNS and/or AHS thereby saturating the village with service delivery. **Annex 1** will provide number of contacts with beneficiaries each NSA is expected to reach, per year, per service in Kaduna state.
9. The following inputs and processes will be tracked through annual progress reports to ensure progress is being made by the NSA towards meeting its performance targets.
  - 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 in community;
  - c. adequate stock of NAFDAC registered nutrition related products, birth-spacing commodities, supplies and pharmaceuticals (on the FMOH essential drug list) of acceptable quality from reputable suppliers as per the specifications provided to service the contract in the reporting period;
  - d. safe spaces for counseling on birth spacing and delivery of birth spacing commodities;
  - e. provision/removal of LARC through qualified personnel or referral linkages with certified facilities for provision/removal of LARC;
  - f. compliance with health care waste management plan for ANRiN project; and
  - g. functional system for registering and resolving grievances from the communities being served.

#### IV. APPROACH TO CONTRACTING

1. **Performance-Based Contracts:** A performance-based contract will be established with an NSA, wherein the NSA will be paid for verified achievement results in the quality and quantity prescribed. The contract will be awarded till December 31, 2023, which is the current closing date of ANRiN project, with the possibility of an extension of the contract to a cumulative period of five years (60 months), following an extension of the project. The NSA is expected to submit a technical proposal for the provision of all services indicated in the TOR for a cumulative period of five years. Should the project be extended for a cumulative period of five years, these services are expected to continue till the new project end date. The technical proposal will be supported with a financial bid for provision of services indicated in the TOR for a cumulative period of five years. Based on the timeframe available for implementation of the contract till December 31, 2023, the contract value will be pro-rated from the five-year bid price in line with **Section P** of the TOR and the contract will be awarded. Should the project be extended beyond December 31, 2023, an amendment to the contract will be signed for the extended period at the pro-rated five-year bid price for the extension period.
2. Half-yearly results are prescribed for achievement for each service under the basic package, from the date of award of contract for a cumulative period of five years. All inputs and processes required to achieve the prescribed results will be self-defined in their technical proposal based on NSA experience and expertise and used for operationalization of the

contract by the NSA. These inputs are expected to be maintained throughout to service the contract efficiently. Reporting on maintenance of inputs and processes in annual reports is expected as an exercise of due-diligence. The NSA will be fully accountable, end-to-end for achievement of prescribed results using these inputs and processes.

3. Ten percent of the five-year bid price will be paid to NSA on the submission of inception report.
4. Ten percent of the five-year bid price will be paid to the NSA on the submission of annual work plan for Year 1 and the same amount will be paid annually on submission of subsequent year's work plans/progress reports.
5. Maximum of forty percent of the five-year bid price will be paid to the NSA based on their progress towards the half-yearly targets established for each of the AHS and BPNS listed above (see Scope of Work). The NSAs will enjoy considerable autonomy in approaches used to service the targeted beneficiaries but will face sanctions (described below) if they fail to deliver improvements in service delivery.
6. **Performance Measurement:** The NSA will record service delivery in prescribed reporting formats (paper-based and/or electronic); collate the reports for monthly summarization; and make the summary reports, records and other evidence available for half-yearly verification of performance by an Independent Verification Agency (IVA), contracted and managed by the Federal Ministry of Finance. Specifically,
  - a. Every half-year from the date of award of contract, the IVA will, through a desk review, assess the quantity of services delivered against half-yearly targets for each service within the AHS and BPNS. A maximum of twenty four percent of the five-year bid price will be disbursed against proportion of targets achieved in the five years of the maximum contract period (Maximum of 4% of five-year bid price in each of first two half-years of contract + Maximum of 2% of five-year bid price in each of next eight half-years of contract =  $(4\% \times 2) + (2\% \times 8)$  = Maximum of 24% of five-year bid price).
  - b. From Year 2 onwards, every half-year, the IVA will randomly select a proportion of the beneficiaries (pregnant and lactating women especially adolescents, and children <60 months of age) provided BPNS, and verify service delivery by administering a questionnaire to the beneficiary either through household visits or over a verification phone call to ascertain proportion of beneficiaries who actually received the indicated service under BPNS. Similarly, from year 2 onwards, every half-year, the IVA will verify the quality of AHS by administering a questionnaire to a sample of the beneficiaries serviced with non-condom commodities, over a verification phone call to ascertain proportion of beneficiaries who accepted a birth spacing method. A maximum of sixteen percent of the five-year bid price will be disbursed against proportion of beneficiaries verified as serviced in last four years of the maximum contract period (Maximum of 2% of five-year bid price X 8 half-years = Maximum of 16% of five-year bid price).
  - c. The NSA through the PIU, SMOH will facilitate 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. Other than providing data, records and evidence to facilitate the verification process, the NSA will not influence the independent verification process.
  - d. It is in mutual interest of the PIU, SMOH and the NSA that the half-yearly targets are verified as achieved in full, invoices raised and commensurate funds released in a timely manner to keep the contract financially viable. The over-achievement in the current

half-year period will not compensate for the under-achievement in prior half-year. However, if targets for a given half-year are achieved in advance of the end of half-year, the services delivered in the remaining time (till the end of the half-year period) will count against achievements of subsequent half-year to ensure uninterrupted service delivery.

- e. Non-achievement of half-yearly targets on account of force majeure will be considered on a case by case basis and fair payment decisions made based on merits of the case.

The NSA will also participate in the half-yearly, stock-taking, implementation support missions of the World Bank, assessment/evaluation of the innovation pilot conducted by the SMOH, as well as a planned impact evaluation/other evaluations of the ANRiN project conducted by the World Bank.

- 7. **Payment Criteria: Direct payment from the World Bank to NSA accounts will be made in currency of contract (up to a maximum of three currencies are permissible) and will comprise a results-based payment and a lump-sum payment:**

S. No:	Deliverable	Fixed/Performance Based	Reviewed by/approved by	Proportion	Example Five-year bid price of US\$ 1000
1.	Inception Report	Fixed	PIU/World Bank	10% of five-year bid price	10% X 1000 = <b>\$100</b>
2.	Submission and acceptance of - 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	Year 1: 10% X 1000= \$100 Year 2: 10% X 1000= \$100 Year 3: 10% X 1000= \$100 Year 4: 10% X 1000= \$100 Year 5: 10% X 1000= \$100 <b>Total: \$500</b>  <b>Scenario 1:</b> total contract duration 3.5 years  Year 1 payment: 10% of five-year bid price = \$100 Year 2 payment: 10% of five-year bid price = \$100 Year 3 payment: 10% of five-year bid price = \$100 Year 4 payment: [10%/2] of five-year bid price = \$50  <b>Total payout: \$350</b>  <b>Scenario 2:</b> total contract

					<p>duration 3 years 2 months</p> <p>Year 1 payment: 10% of five-year bid price = \$100  Year 2 payment: 10% of five-year bid price = \$100  Year 3 payment: 10% of five-year bid price = \$100  Year 4 payment: [10%/3] of five-year bid price = \$33.3</p> <p><b>Total payout: \$333.3</b></p>
3.	Bi-annual collated progress report: progress towards achievement of half-yearly targets	<p>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)</p>	IVA/World Bank	<ul style="list-style-type: none"> <li>- Maximum 4% of five-year bid price X 2 half-years = maximum of 8% of five-year bid price</li> <li>- Maximum 2% of five-year bid price X 8 half-years = 16% of five-year bid price</li> </ul> <p>Total: Maximum of 24% 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>	<p>Year 1: 2 X 4% X 1000= \$80  Year 2: 2 X 2% X 1000= \$40  Year 3: 2 X 2% X 1000= \$40  Year 4: 2 X 2% X 1000= \$40  Year 5: 2 X 2% X 1000= \$40  <b>Total: \$240</b></p> <p><b>Scenario 1:</b> total contract duration 3.5 years</p> <p>Year 1 payment: maximum of 8% of five-year bid price = \$80  Year 2 payment: maximum of 4% of five-year bid price = \$40  Year 3 payment: maximum of 4% of five-year bid price = \$40  Year 4 payment: maximum of 2% of five-year bid price = \$20  <b>Total: \$180</b></p> <p><b>Scenario 2:</b> total contract duration 3 years 2 months</p> <p>Year 1 payment: maximum of 8% of five-year bid price = \$80  Year 2 payment: maximum of 4% of five-year bid price = \$40  Year 3 payment: maximum</p>

					<p>of 4% of five-year bid price = \$40  Year 4 payment: maximum of [2%/3] of five-year bid price = \$6.66</p> <p><b>Total: \$166.66</b></p>
4.	Bi-annual collated progress report: progress towards achievement of half-yearly targets	Performance-based (sample verification of beneficiaries in households)	IVA/World Bank	<p>Year 2 onwards maximum of 2% 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>	<p>Year 2: <math>2 \times 2\% \times 1000 = \\$40</math>  Year 3: <math>2 \times 2\% \times 1000 = \\$40</math>  Year 4: <math>2 \times 2\% \times 1000 = \\$40</math>  Year 5: <math>2 \times 2\% \times 1000 = \\$40</math>  <b>Total: \$160</b></p> <p><b>Scenario 1:</b> total contract duration 3.5 years</p> <p>Year 2 payment: maximum of 4% of five-year bid price = \$40  Year 3 payment: maximum of 4% of five-year bid price = \$40  Year 4 payment: maximum of 2% of five-year bid price = \$20</p> <p><b>Total: \$100</b></p> <p><b>Scenario 2:</b> total contract duration 3 years 2 months</p> <p>Year 2 payment: maximum of 4% of five-year bid price = \$40  Year 3 payment: maximum of 4% of five-year bid price = \$40  Year 4 payment: maximum of [2%/3] of five-year bid price = \$6.66</p> <p><b>Total: \$86.66</b></p>
	<b>TOTAL</b>			<b>100%</b>	<b>Maximum of \$ 1000</b>

*Lumpsum: Initiation of contract and annually*

- a. An initial mobilization payment of 10% of five-year bid price within 2 weeks of signing the contract will be awarded on presentation of an inception report.
- b. A cumulative 50% of five-year bid price will be paid against annual work plans and progress reports submitted for each year of the project (i.e. 10% for each work plan and progress report submitted annually for 5 years). Only for year 1, disbursement of 10% will be made against submission of only the annual work plan. Subsequently, Year 2 onwards, the annual workplans will be submitted along with progress reports of the previous year.

**Results-based payment: Half-yearly basis of results-based payment**

Targets for incomplete half-years will be pro-rated on number of months of service delivery. For example, if a contract is awarded for 3 years 2 months, then the targets for first half-year of Year 4 (2 months), will be pro-rated to one-third (2 months/6 months). A maximum possible payment for performance against this pro-rated target for two months, is a third of the two percent (0.66%) of the five-year bid price.

Minimum target achieved / Minimum percentage of beneficiaries verified as having received service, for every service of AHS and BPNS	Overall performance target achieved / Overall percentage of beneficiaries verified as having received service for AHS and BPNS in half-year	Proportion of five-year bid price released
70%	90%+	2.0%
70%	70-89.9%	1.75%
60%-69.9%	90%+	1.5%
60%-69.9%	70-89.9%	1.25%
60%-69.9%	60-69.9%	1.00%
<60%	90%+	0.75
<60%	70-89.9%	0.5
<60%	60-69.9%	0.4%
<60%	<60%	No payment

- c. **Desk Verification:** A cumulative maximum of 24% of five-year bid price will be paid for the proportion of annual targets achieved by the NSA based on desk review of their half-yearly reports (For Year 1, a maximum of 4% for performance achievement of each half-year, and for next eight subsequent half-years, a maximum of 2.0% for performance achievement of each year. Hence, maximum of 4% X 2 half-years + maximum of 2% X 8 half-years = maximum of 24% of five-year bid price).
- d. **Household verification:** A cumulative maximum of 16% of five-year bid price will be paid for the proportion of beneficiaries verified to have received a service from a random sample of beneficiaries/service for AHS and BPNS (A maximum of 2.0% for overall 90%+ verified beneficiaries in the community/half-year from Year 2 onwards. Hence, maximum of 2% X 8 half-years = maximum of 16% of five-year bid price).



8. Results-based payment (RBP):

**Example 1 of Desk Verification**

		Target	Actual achieved	% achieved	Average performance target achieved for BPNS in half-year
Service 1: AHS: Uptake of modern contraceptive services	LARC with counselling	2,400	2,100	87.5	
	Short-acting with counselling	20,000	17,540	87.7	
Service 2: IYCN Counselling		8,313	7,524	90.5	88.7%
Service 3: Deworming		11,519	11,515	100.0	
Service 4: Vit A		15,804	11,515	72.9	
Service 5: Zn/ORS		10,333	9,283	89.8	
Service 6: MNP		5,333	4,291	80.5	
Service 7: IFA		4,268	3,856	90.3	
Service 8: IPTp		3,889	3,856	99.2	

NSA will be paid 1.75% of five-year bid price for the half-year on desk verification of throughput

**Example 2 of Desk Verification**

		Target	Actual achieved	% achieved	Average performance target achieved for BPNS in half-year
Service 1: AHS: Uptake of modern contraceptive services	LARC with counselling	2,400	2,100	87.5	
	Short-acting with counselling	20,000	17,540	87.7	
Service 2: IYCN Counselling		8,313	5,266	63.3	81.6%
Service 3: Deworming		11,519	8,267	71.8	
Service 4: Vit A		15,804	10,283	65.1	
Service 5: Zn/ORS		10,333	9,283	89.8	
Service 6: MNP		5,333	4,291	80.5	
Service 7: IFA		4,268	3,856	90.3	
Service 8: IPTp		3,889	3,856	99.2	

NSA will be paid 1.25% of five-year bid price for the half-year on desk verification of throughput

**Example 1 of Household verification**

		Total no. of beneficiaries to be verified in community/Half-year	No: of beneficiaries positively verified	% of beneficiaries positively verified as having received service	Overall percentage of beneficiaries verified as having received service for BPNS in half-year
Service 1: AHS: Uptake of modern contraceptive services	LARC with counselling	2,400	2,100	87.5	
	Short-acting with counselling	20,000	17,540	87.7	
Service 2: IYCN Counselling		5,000	4,851	97.0	90.4
Service 3: Deworming		1,800	1,766	98.1	
Service 4: Vit A		1,800	1,766	98.1	
Service 5: Zn/ORS		1,200	880	73.3	
Service 6: MNP		990	900	90.9	
Service 7: IFA		3,200	3,010	94.0	
Service 8: IPTp		3,200	2,800	87.5	

NSA will be paid 2.0% of five-year bid price for the half-year on Household verification of randomly selected beneficiaries

**Example 2 of Household verification**

		Total No: of beneficiaries to be verified in community/Half-year	No: of beneficiaries positively verified	% of beneficiaries positively verified as having received service	Overall percentage of beneficiaries verified as having received service for BPNS in half-year
Service 1: AHS: Uptake of modern contraceptive services	LARC with counselling	2,400	1,500	62.5	
	Short-acting with counselling	20,000	14,500	72.5	
Service 2: IYCN Counselling		5,000	2,643	52.86	66.46
Service 3: Deworming		1,800	1,568	87.1	
Service 4: Vit A		1,800	1,200	66.6	
Service 5: Zn/ORS		1,200	450	37.5	
Service 6: MNP		990	599	60.5	
Service 7: IFA		3,200	2,078	64.9	
Service 8: IPTp		3,200	3,000	93.75	

NSA will be paid 0.4% of five-year bid price for the half-year on Household verification of randomly selected beneficiaries

9. **Payment Schedule:**

Year	Deliverables	Timeline	Maximum Payment Due	Notes		
Year 1	Inception Report acceptable to PIU and the World Bank	Two weeks after signing of contract	10% of five-year bid price	Structure of inception report provided in <b>Annex 4</b>		
Years 1, 2, 3, 4 and 5	Year 1: only Annual Work Plan; Year 2 onwards: Annual workplan + progress report of previous year acceptable to the PIU and the World Bank	<ul style="list-style-type: none"> <li>▪ Year 1: within six weeks of signing of contract</li> <li>▪ Year 2: before October 31, Year 1</li> <li>▪ Year 3: before October 31, Year 2</li> <li>▪ Year 4: before October 31, Year 3</li> <li>▪ Year 5: before October 31, Year 4</li> </ul>	10% of total contract value X 5 annual work plans + progress reports = 50% of five-year bid price	Content of workplan indicated in <b>Section N</b> of TOR. The Work plan will be reviewed by the SMOH and provided 'No Objection' to by the World Bank		
Years 1, 2, 3, 4 and 5	<ul style="list-style-type: none"> <li>▪ Half-yearly (months 1-6) performance report acceptable to PIU and World Bank</li> <li>▪ Half-yearly (months 7-12) performance report acceptable to PIU and the World Bank</li> </ul>	<ul style="list-style-type: none"> <li>▪ 10th day of month 7, Year 1/2/3/4/5</li> <li>▪ 10<sup>th</sup> day of month 1, Year 2/3/4/5/6</li> </ul>	<ul style="list-style-type: none"> <li>▪ Maximum of 4.0% of five-year bid price per half-year X 1<sup>st</sup> year on <b>validated desk review of data by IVA</b> = Maximum of 8% of five-year bid price</li> <li>▪ Maximum of 2.0% of five-year bid price per half-year X 8 half-years on validated desk review of data by IVA = Maximum of 16% of five-year bid price Total = Maximum of 24%</li> </ul>	<b>Minimum target achieved for every service of BPNS</b>	<b>Overall performance target achieved for BPNS in half-year</b>	<b>Total contract value released</b>
				70%	90%+	2.0%
				70%	70-89.9%	1.75%
				60%-69.9%	90%+	1.5%
				60%-69.9%	70-89.9%	1.25%
				60%-69.9%	60-69.9%	1.00%
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				<60%	60-69.9%	0.4%
<60%	<60%	No payment				

			of five-year bid price																																	
	<ul style="list-style-type: none"> <li>▪ Semi-annual (months 1-6) performance report acceptable to PIU and the World Bank</li> <li>▪ Semi-annual (months 7-12) performance report acceptable to PIU and the World Bank</li> </ul>	<ul style="list-style-type: none"> <li>▪ 10th day of month 7, Year 1/2/3/4/5</li> <li>▪ 10th day of month 1, Year 2/3/4/5/6</li> </ul>	<ul style="list-style-type: none"> <li>▪ Year 2 onwards, maximum of 2.0% of five-year bid price per half-year X 8 half-years on <b>validated delivery to a sample of beneficiaries per service of BPNS, and of AHS beneficiaries every half-year, through household visits/phone verification by IVA = 16% of five-year bid price</b></li> </ul>	<table border="1"> <thead> <tr> <th>Minimum percentage of beneficiaries verified as having received service, for every service of BPNS</th> <th>Overall percentage of beneficiaries verified as having received service for BPNS in half-year</th> <th>Proportion of five-year bid price released</th> </tr> </thead> <tbody> <tr> <td>70%</td> <td>90%+</td> <td>2.0%</td> </tr> <tr> <td>70%</td> <td>70-89.9%</td> <td>1.75%</td> </tr> <tr> <td>60%</td> <td>90%+</td> <td>1.5%</td> </tr> <tr> <td>60%</td> <td>70-89.9%</td> <td>1.25%</td> </tr> <tr> <td>60%</td> <td>60-69.9%</td> <td>1.00%</td> </tr> <tr> <td>&lt;60%</td> <td>90%+</td> <td>0.75%</td> </tr> <tr> <td>&lt;60%</td> <td>70-89.9%</td> <td>0.5%</td> </tr> <tr> <td>&lt;60%</td> <td>60-69.9%</td> <td>0.4%</td> </tr> <tr> <td>&lt;60%</td> <td>&lt;60%</td> <td>No payment</td> </tr> </tbody> </table>	Minimum percentage of beneficiaries verified as having received service, for every service of BPNS	Overall percentage of beneficiaries verified as having received service for BPNS in half-year	Proportion of five-year bid price released	70%	90%+	2.0%	70%	70-89.9%	1.75%	60%	90%+	1.5%	60%	70-89.9%	1.25%	60%	60-69.9%	1.00%	<60%	90%+	0.75%	<60%	70-89.9%	0.5%	<60%	60-69.9%	0.4%	<60%	<60%	No payment		
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60%	70-89.9%	1.25%																																		
60%	60-69.9%	1.00%																																		
<60%	90%+	0.75%																																		
<60%	70-89.9%	0.5%																																		
<60%	60-69.9%	0.4%																																		
<60%	<60%	No payment																																		

10. **Selection of NSAs:** NSAs will be selected using a two-stage, quality and cost-based selection (QCBS) approach for consulting services. Only NSAs which meet the technical criteria will have their financial proposals opened and assessed. Both the technical feasibility and financial viability of the proposals will be assessed to identify the highest ranked NSA for award of the contract.

- a. **Stage 1:** The Federal Project Management Unit (PMU) of ANRiN housed within the Federal Ministry of Health (FMOH), following standard World Bank procurement procedures for Quality and Cost Based Selection (QCBS) for consulting services, will request for Expressions of Interest from competent NSAs/JVs/consortia of agencies coming together as an NSA for this assignment, on the approved Terms of Reference. An NSA is mandatorily required to fulfill the qualification criteria for the assignment, irrespective of its legal status (profit/non-profit/community-based organization/academic institution etc.)

A single REOI will be published for this package. The PMU will advertise the REOI in at least two national newspapers on a working week day. The REOI will also be published on UNDB and dgMarket. Interested NSAs (firm/JV/Consortia) will submit an EOI spanning not more than 20-25 A4 size pages, providing documentary evidence of its qualification for the package/s bid for.

A firm/JV/Consortia will have to express interest in only half state of Kaduna.

The following three qualifications pertaining to (i) technical and management skills; (ii) demonstrated experience of having undertaken at least three assignments of similar nature, geographical scope and scale in last five years; (iii) demonstrated experience of having undertaken procurement, drug logistics and supply chain management of nutrition products, supplies and pharmaceuticals or having a legally binding collaboration with a firm qualified to do the same, allow a firm/JV/consortia to bid for 1-12 half state contracts. The qualifications pertaining to financial turnover, financial management capabilities and mandatory skill set availability should be met for each of the half state contracts within every package bid for. Specific financial turnover and financial management capabilities will be indicated for each package in the EOI and substantiated with audited statements of accounts for the firm or all members of the JV for a period of last three years. Note that at EOI stage, only names and qualifications in brief of key personnel must be included. Detailed CVs of personnel will only be submitted at the RFP stage.

For a JV, the EOI should provide evidence of a legally binding partnership to execute the contract as well as independent qualifications of the firms forming the partnership, which together will technically qualify the JV to fully execute the contract. All partners of the JV firm should independently possess the legal and financial status to qualify for executing the contract in their sole capacity. An entity can be a partner in multiple JVs.

For a consortia, while the EOI should indicate the technical qualifications of the lead partner and sub-contractors to execute the full contract, only the legal and financial qualification of the lead partner will be assessed. A sub-contractor can participate in multiple consortia.

Based on a World Bank approved criteria, a shortlisting committee comprising members from FMOH, representatives from development partners will evaluate EOIs and prepare a shortlist of NSAs, which will be provided PIU Kaduna. It is possible at the short-listing stage a firm/JV/consortia may be advised to express interest following Consultant's

Qualification Based selection procedures to bid for a contract where sub-optimal interest has been expressed.

- b. **Stage 2:** Requests for Proposals will be invited from ONLY the shortlisted NSAs (firms/JVs/Consortia) on Kaduna State specific TOR for this assignment by the PIU, SMOH, Kaduna State, following standard World Bank procurement procedures for QCBS. NSAs will have 60 working days to respond. As part of its technical proposal, each NSA is encouraged to provide a nested 5-page proposal for an innovation to be deployed in 1-2 LGAs of the half state, to expand the knowledge on new implementation modalities for nutrition specific interventions that are cost effective and scalable, with an investment of not more than US\$ 150,000 over a two year period.
- i. **Scoring for overall proposal:** The minimum technical score to qualify for the assignment is 70%. The quality of the technical proposal will be allocated 75% of the overall score; while the bid price will be allocated 25% of the overall score (see table 5). This ensures that there is enough price competition to result in efficient use of resources.
  - ii. **Scoring for innovation proposal:** the nested innovation proposal will be separately evaluated based on the criteria indicated in Annex 8. The cost proposed for the innovation (capped at US\$ 150,000) will be exclusive of the bid price. If the technical proposal for the innovation scores a minimum of 70%, the innovation is acceptable in principle and may be deployed at the cost proposed for the innovation (capped at US\$ 150,000). The detailed design, operational plan, reporting mechanism and evaluation plan for the innovation will be finalized by the NSA in consultation with the ANRiN Innovation Working Group. If the technical proposal for the innovation scores below 70%, the innovation will not be acceptable for deployment.
  - iii. The acceptability or the non-acceptability of the innovation for deployment will NOT influence the technical scoring of the overall technical proposal for the assignment submitted by the NSA.
  - iv. Should the highest ranked NSA in the QCBS process propose an innovation which is technically assessed to be acceptable, the proposed price of the innovation will be added to the overall bid price of the NSA and a contract issued in the cumulative amount. And should the innovation proposal be rejected; the NSA will lose the US\$ 150,000 allocated to the innovation.

**Table 5: Comparison of Different Approaches to QCBS**

QCBS 75/25					
Bidder	Technical Score	Weighted Technical Score	Financial Bid	Weighted Financial Score	Total Score
A	90	$0.90 \times 0.75 = 0.675$	\$ 2,400,000	$\frac{1,000,000}{2,400,000} \times 0.25 = 0.1$	77.5%
B	86	$0.86 \times 0.75 = 0.645$	\$ 1,800,000	$\frac{1,000,000}{1,800,000} \times 0.25 = 0.138$	78.3%
C	82	$0.82 \times 0.75 = 0.615$	\$ 1,400,000	$\frac{1,000,000}{1,400,000} \times 0.25 = 0.178$	<b>79.3%</b>
D	72	$0.72 \times 0.75 = 0.54$	\$ 1,000,000	$\frac{1,000,000}{1,000,000} \times 0.25 = 0.25$	79.0%

11. **NSAs will bid for delivering stated services in the quantity and quality specified for each half state:** In doing so, the NSA is expected to comply with technical guidelines, standards and laws of the Government of Nigeria as well as World Bank's statutory fiduciary and safeguards policies. The NSA will be fully responsible for procurement of NAFDAC registered nutrition related products, birth-spacing commodities, supplies and pharmaceuticals (on the FMOH essential drug list) of acceptable quality from reputed suppliers as per the specifications prescribed in **Annex 5** to deliver BPNS and ANH services in communities. The cost of the procurement, supply and storage of required NAFDAC registered nutrition and health related products, supplies and pharmaceuticals will be included in the bid price. To leverage efficiencies and economies of scale, the NSAs have flexibility to explore, organize and manage coordinated and/or collaborative mechanisms for procurement of NAFDAC registered nutrition related products, supplies and pharmaceuticals (on the FMOH essential drug list) of acceptable quality and as per the specification prescribed in **Annex 5** to deliver BPNS in the communities. Note that failure to meet the prescribed performance targets due to procurement and logistics of NAFDAC registered nutrition related products, supplies and pharmaceuticals (on the FMOH essential drug list) will be the sole responsibility of the NSA.
12. The proposed technical selection criteria for the bidders will include:
13. **Experience: 10 Points:**
- a. Experience in delivering primary health care services, including preventive and curative nutrition related services, using community-based approaches: 5 points
  - b. Experience working in the same state or same region: 2 points
  - c. Experience with the procurement and distribution of health commodities: 3 points
14. **Technical design - 50 Points:** 10 points for an overall summary of the technical approach to accomplishing the scope of work (maximum 1,000 words). Another 40 points will be awarded based on answers to the following questions:
- i) Describe how you will monitor and analyze your organization's performance for continuous improvement? (300 words) **max 5 points**
  - ii) How will you ensure accurate performance reporting? (300 words) **max 5 points**
  - iii) How will the NSA take advantage of community structures (including traditional institutions) in delivering services? (400 words) **max 5 points**
  - iv) How will you manage and improve the performance of your staff? How will you reward high performance? How will you address underperformance? (400 words) **max 5 points**
  - v) How will you improve process of care and outcomes, including beneficiary satisfaction? (400 words) **max 5 points**
  - vi) How will you ensure that your services are responsive to the local community? (300 words) **max 5 points**
  - vii) How will you ensure services to the poorest and the most vulnerable in the community? (300 words) **max 5 points**
  - viii) What will be your complaints handling procedure (grievance redress mechanism) and how will it be audited? (300 words) **max 5 points**

The answer to each question will be scored individually by panel members from 0 to 5 (unacceptable or no answer=0, poor=1 mediocre=2, good=3, very good=4, excellent=5) based on: clarity, specificity, creativity, and practicality.



15. **Key Personnel – 35 Points:** Each key staff will be assessed on the basis of their: (a) education (30%); (b) experience in the proposed role (60%); and (c) knowledge of the context (experience in Nigeria and in the concerned geo-political zone (10%)
- i. Project Director: 8 points
  - ii. Nutrition Specialist: 5 points
  - iii. Adolescent Health Specialist: 6 points
  - iv. Manager- M&E: 5 points
  - v. Manager-Finance and Administration: 5 points
  - vi. Manager-Procurement and Logistics: 6 points

Note that the full-time, exclusive availability of a team of the above-mentioned five personnel is mandatory for each state contract that an NSA may bid for.

16. **National presence – 5 points:** National participation is assessed based on the percentage share of national consultants covering key staff positions in staff-months over the total staff-months of key staff proposed for the assignment. Foreign consultants may satisfy national participation requirements either by associating (joint venture or subcontract) with their local branch, if one exists, or with other national firms, or by incorporating national individual experts into their work team. In all cases, for national participation to be rewarded in the evaluation of proposals, national experts should be part of the key staff, not just support staff.
17. **Size of the contracts (“lot size”):** A single package with two contracts for integrated AHS and BPNS for Kaduna State will be bid out. Bidders may bid for one contract that will service half of the state of Kaduna. Each of the two NSAs servicing Kaduna will be responsible for half the number of LGAs in the state based on the equitable distribution of population between the two half states. Having more than one contract per state has the advantage that if one NSA performs poorly and there is a credible threat of termination, there is a second NSA right at hand who could take over with minimal disruption in service delivery. An NSA may be expected to take over other half of the state in the event of termination of contract of the NSA operating in the other half state.
18. **Maximizing NSA Participation and Enhancing Competition:** The Federal PMU, State PIUs and the Bank will convene meetings prior to and during the bidding process and advertise these widely to attract maximum participation of NSAs. The NSAs may comprise single firms, Joint Ventures or a consortia with a lead partners and multiple sub-partners, representing non-profit and for-profit sectors.
19. **Contract Management:**
- a. The Project Coordinator supported by the Contract Management Officer, with qualifications and expertise enumerated in the Terms of Reference approved by the World Bank for the said function, and deputed to the PIU by the State Government, will be the focal point for managing the contract with the NSA. The Project Coordinator will be supported in his/her functioning by the Procurement Officer, Contract Management Officer and M&E Officer, with qualifications and expertise enumerated in the Terms of Reference approved by the World Bank for the said functions and deputed to the PIU by the State Government. The PIU may recruit consultants on Terms of Reference agreed with the World Bank and following World Bank procurement guidelines for selection of individual consultants to support the contract management function. This Contract Management Task Force will comprise Project Coordinator, Contract Management

- Officer, Procurement Officer and M&E Officer. The Project Coordinator of the ANRiN PIU will be accountable to the Commissioner Health of the State.
- b. Ongoing technical assistance and periodic trainings will be provided to the Contract Management Task Force to enhance its capacity to efficiently and effectively manage the contracts, through the World Bank managed multi-donor trust funds.
  - c. Direct payments in currency defined in contract (a maximum of three different currencies is permissible) will be made to the NSA via a withdrawal application rather than through a special account.
  - d. The PIU, SMOH is incentivized through monetized disbursement linked indicators to ensure payment to NSAs within 45 days of raising of invoice towards the performance-based payments. This fund flow will be closely monitored by the Federal Ministry of Finance and the World Bank.
  - e. The standard contract documents for this assignment will specify liabilities of the PIU, SMOH for delayed approval of invoices against deliverables assessed to be acceptable by the World Bank.

## 20. Reporting and Supervision:

- i. The NSAs will be expected to record service delivery through a mobile-based platform that will be developed and managed with the Technical Assistance of the World Bank's multi-donor trust funds. Towards this, the NSA is expected to equip its community-based service providers with mobile hardware of specified technical specifications (**Annex 9** provides an preliminary specifications for mobile phone, sim card and data plans that will be required for the NSA to deploy to its community-based service providers). The mobile application and its upgrades will be provided to the NSA team at zero cost with TA from World Bank's multi-donor trust funds. The NSA team will be trained in the use of the mobile platform to report on its performance at zero cost with TA World Bank's multi-donor trust funds. The NSA team will be trained in the use of the mobile platform to report on its performance. Data from the mobile platform may be maintained/managed by an external vendor/Government of Nigeria and will be used for monitoring NSA performance as well as for half-yearly verification of throughput. The NSAs are expected to record service delivery ONLY directly attributable to their providers. Mis-reporting of efforts of any other agency providing any of the services under the basic package as its own, and such validation during supervision/verification of NSA service delivery, will be considered willful fraud and corruption on part of the NSA.
- ii. Annual Progress Reports: Year 2 onwards, the NSA will submit a Progress Report of the previous year along the Annual Work plan for the calendar year and will include:
  - Progress against previous year's Annual Work Plan.
  - Data on annual achievement of targets for each service under the basic package of nutrition services and adolescent health 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 AHS and BPNS in the community.
  - Progress towards plans for tracking beneficiary uptake of services.
  - Harmonized and collaborative action for nutrition and adolescent health 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.
  - Monthly performance reports in the format provided in **Annex 2**.
- iii. Half-yearly progress reports will be submitted by the 10<sup>th</sup> day of month 7 for the first six months of contract execution and 10<sup>th</sup> day of month 1 of the next year for the second six months of contract execution; this cycle being repeated over the life of the contract.

**21. Review of Results:**

- a. The Annual Workplans and annual progress reports will be reviewed by PIU and provided No Objection to by the World Bank for release of lumpsum payments via a withdrawal application.
- b. Every six months, the IVA contracted by the FMOF will undertake (i) desk review of NSA performance, and (ii) verification of a proportion of randomly selected beneficiaries of each service in the community, for partial release of results-based payment to NSAs. These reports will be due within six weeks of having initiated the verification process in each state and will be provided No Objection to by the Bank for release of results-based payments via a withdrawal application.

**22. Authority and Responsibilities:** The NSA will have substantial autonomy of how it implements the contracted services, including the way it organizes services, the staff it hires, management of its staff, procurement, and how it deploys resources provided under the contract or purchased with contract funds. In keeping with Bank's guidelines on fraud and corruption, the NSA will be prohibited from making any payments or providing goods or services (such as the use of cars) to any government officials, their relatives, or acquaintances etc. Similarly, government officials cannot request any payments, goods or services for themselves, their relatives, or acquaintances etc.

**23. Dispute resolution:** All attempts will be made to handle any disputes pertaining to the contract amicably and expeditiously within two calendar weeks.

- a. The NSA Manager/PIU Project Coordinator is expected to communicate in writing to the PIU Project Coordinator/NSA Manager with a copy to the World Bank Task Team the nature of dispute with evidence and potential solutions
- b. The Project Coordinator will organize for a meeting of the NSA and amicably attempt to resolve the dispute. Following the resolution, the agreement taken will be communicated in writing by the Project Coordinator to the NSA copied to the World Bank within two weeks of the meeting.
- c. If the proposed solution is not to the satisfaction of both parties, the Project Coordinator will organize a meeting within two weeks with the Commissioner Health requesting participation of the World Bank Task Team for discussion and resolution.

- d. Following the resolution, the Project Coordinator will communicate to the NSA copied to the World Bank within two weeks of the meeting, the agreements made to resolve the dispute.
- e. If the disputes are not settled with the intervention of the Commissioner Health, the SMOH/NSA can seek remedial action following standard remedies articulated in World Bank contract documents.

**24. Sanctions:**

- a. There will be a cascade of sanctions for NSAs whose performance falls below the standards set out in the contract, up to and including termination, if sanctions are merited in more than two consecutive half-year review periods. The sanctions cascade would include:
  - i. Letter of concern from PIU to the NSA Project Director;
  - ii. Letter of concern from PIU to the chair of the board of the NSA in response to which the NSA must develop and implement a 6-month improvement plan;
  - iii. Replacement of NSA Project Director and/or other key officers; and
  - iv. Termination of the contract following continued poor performance in the third review period despite the above-remedial measures.
- b. Sanctions will also be imposed on the PIU if the invoices towards World Bank approved NSA outputs (annual reports, progress reports, performance reports towards results-based payment) are not submitted through withdrawal application to the World Bank for processing of payment within 60 days of the World Bank's approval of outputs. These will include
  - i. Letter of concern from the World Bank to the Project Coordinator;
  - ii. Letter of concern from the World Bank to the Commissioner Health; and
  - iii. Replacement of Project Coordinator/Procurement Officer/Contract Management Officer

**25. Expansion of services in additional half-state on termination of contract of NSA in other half state:**

- a. Should an NSA not meet its targets (minimum 60%) for three half-years consecutively, regardless of full efforts to resolve performance issues, its contract will be terminated.
- b. The NSA performing in the other half state will be informed of the imminent take-over of the entire state, at least six months in advance of the termination of contract
- c. The performing NSA will be approached at least three months ahead of the termination of the contract to propose its existing technical approach and appropriately pro-rated financial proposal to meet the remaining performance targets in the other half state.
- d. In such a case, the NSA will only be required to provide evidence for meeting the additional financial turnover and financial management capacities for this additional geographic scope as indicated in the EOI.
- e. In such a case, the NSA will be allowed to maintain only ONE team of key personnel servicing both the half states.

## ANNEX 1

### ANNUAL AND SEMI-ANNUAL PERFORMANCE TARGETS FOR DELIVERY OF THE INTEGRATED ADOLESCENT HEALTH AND BASIC PACKAGE OF NUTRITION SERVICES TO BE ACHIEVED BY EACH CONTRACTED NSA IN KADUNA STATE

Each NSA will be held accountable for achieving the semi-annual and annual targets (number of contacts) detailed in Table 1 for each service under AHS and BPNS in Kaduna state. Forty percent of the NSA five-year bid price is linked to the performance against these targets. By Year 5, it is expected that the targets specified in Table 1 will be fully achieved by the NSAs.

**Table 1. Semi-annual and annual performance targets (number of contacts) for Adolescent Health and Basic Package of Nutrition Services**

		Half-year 2020	2020	Half-year 2021	2021	Half-year 2022	2022	Half-year 2023	2023	Half-year 2024	2024	Total
Uptake of Modern Contraceptive services	LARC with counseling	1,245	2,490	1,503	3,005	1,718	3,435	1,893	3,785	2,024	4,047	16,762
	Short-term with counseling	11,929	23,857	18,272	36,543	25,229	50,677	33,184	66,367	41,859	83,718	261,162
MIYCN counseling contacts for pregnant and lactating women (@5 contacts per pregnant and lactating woman per year)		89,303	178,606	180,392	360,784	273,294	546,587	368,035	736,071	464,645	929,289	2,751,337
Deworming contacts for children 12-59 months (@2 contacts per child per year)		118,716	237,432	240,878	481,755	366,393	732,787	495,921	991,842	629,881	1,259,763	3,703,578
Vitamin A supplementation contacts for children 6-59 months (@2 contacts per child per year)		112,317	224,633	227,893	455,786	346,643	693,285	469,188	938,376	595,927	1,191,855	3,503,936

<b>Two sachets of Zinc/ORS for children 6-59 months for diarrhea with counseling to use (@2 contacts per child per year)</b>	44,404	88,808	90,097	180,194	137,045	274,090	185,493	370,986	235,599	471,198	1,385,277
<b>Thirty sachets of micronutrient powders per month for children 6-23 months with counseling to use (@3 contacts per child per year)</b>	45,835	91,669	92,920	185,839	141,272	282,544	191,966	383,933	244,311	488,623	1,432,608
<b>Thirty IFA supplementation tablets for pregnant women with counseling to use (@3 contacts per pregnant woman per year)</b>	27,976	55,953	56,512	113,024	85,616	171,232	115,296	230,592	145,562	291,123	861,925
<b>One dose of SP/Fansidar (IPTp) for malaria for pregnant women (@ 3 contacts per pregnant woman per year)</b>	25,490	50,979	51,489	102,978	78,006	156,011	105,048	210,095	132,623	265,245	785,309

## ANNEX 2

### Reporting formats for basic package of nutrition services provided by Non-State Actors (NSAs)

1A. Reporting format for provision of MIYCN counseling for pregnant/lactating women using approved counseling tools/job aids; 30 IFA tablets with counseling for use; and IPTp (one dose/month of SP/Fansidar) for malaria to pregnant women in community (compiled by NSA)

**NOTE: DATA CAPTURED IN THIS REPORTING FORMAT IS CONFIDENTIAL AND WILL ONLY BE USED FOR VERIFICATION OF SERVICE PROVISION**

ACCELERATING NUTRITION RESULTS IN NIGERIA PROJECT									
[day/month/year] [Name of NSA 1/ NSA 2 NSA daily register									
Name of State/LGA/Ward/Village/Commune: Signature of Village Head:									
Services for pregnant/lactating women									
S. No.	Name of woman	Age of woman in years & months	Pregnant (P)/Lactating (L)	MIYCN counselling	30 IFA tablets with counselling to use provided	IPTp (one dose/month of SP/Fansidar) provided	Name of husband/partner or contact person	Mobile number of self or husband or partner or contact person	House # and Street address of pregnant/lactating woman
Summary for XX, 20XX									
Total number of pregnant women provided MIYCN counselling (A):									
Of which, total number of pregnant adolescents (15-19 years of age) provided MIYCN counselling (B):									
Total number of lactating women provided MIYCN counselling (C):									
Of which, total number of lactating adolescents (15-19 years of age) provided MIYCN counselling (D):									
Total number of pregnant and lactating women provided MIYCN counselling (E = A+C):									
Of which, total number of pregnant and lactating adolescents (15-19 years of age) provided MIYCN counselling (F = B+D):									
Total number of pregnant women provided 30 IFA tablets with counselling to use (G):									
Of which, total number of pregnant adolescents (15-19 years of age) provided 30 IFA tablets with counselling to use (H):									
Total number of pregnant women provided IPTp (one dose/month of SP/Fansidar) for malaria (I):									
Of which, total number of pregnant adolescents (15-19 years of age) provided IPTp (one dose/month of SP/Fansidar) for malaria (J):									

1B. Reporting format on provision of 30\* sachets of micronutrient powders (MNP) with counseling to use \*15 sachets/month for children 6-23 months of age; 2 sachets of Zinc/ORS with counseling to use to children 6-59 months for treatment of diarrhea; one dose of Vitamin A supplementation of children 6-59 months; and deworming of children 12-59 months in community (compiled by NSA)

***NOTE: DATA CAPTURED IN THIS REPORTING FORMAT IS CONFIDENTIAL AND WILL ONLY BE USED FOR VERIFICATION OF SERVICE PROVISION***

**ACCELERATING NUTRITION RESULTS IN NIGERIA PROJECT**

[day/month/year] [Name of NSA 1/ NSA 2] NSA daily register

Name of State/LGA/Ward/Village/Commune

Signature of Village Head:

**Nutrition Services for children 6-59 months of age**

S. No.	Name of Mother	Age of Mother in years and months	Name of child	Sex of child (Male/Female)	Age of child (in months) from DOB on child health record	If child is 6-23 months	If child is 6-59 months		If child is 12-59 months	Name of husband or partner or contact person	Mobile number of self, husband, partner or contact person	Address of mother
						30* MNP sachets with counselling to use (*15 sachets/month) provided	2 sachets of Zn/ORS with counselling to use provided	One dose of Vit. A	Deworming			

**Summary for XX, 20XX**

Total number of lactating women with children 6-23 months of age provided with 30\* sachets of micronutrient powders (MNP) with counselling to use (\*15 sachets per month) (K):

Of which, total number of lactating adolescents (15-19 years of age) with children 6-23 months of age provided with 30\* sachets of micronutrient powders (MNP) with counselling to use (\*15 sachets per month) (L):

Total number of children 6-59 months provided with 2 sachets of Zinc/ORS with counselling to use for treatment of diarrhea (M):

Of which, total number of children 6-59, of adolescents (15-19 years of age) provided with 2 sachets of Zinc/ORS with counselling to use for treatment of diarrhea (N):

Total number of children 6-59 months administered one dose of Vitamin A supplementation (O):

Of which, total number of children 6-59 months of adolescents (15-19 years of age) administered one dose of Vitamin A supplementation (P):

Total number of children 12-59 months dewormed (Q):

Of which, total number of children 12-59 months of adolescents (15-19 years of age) dewormed (R):



## *Reporting formats for adolescent health interventions provided by Non-State Actors (NSAs)*

### *3A. Reporting format for provision of ANH counselling and modern contraception services in Kaduna (Compiled by NSA)*

**NOTE: DATA CAPTURED IN THIS REPORTING FORMAT IS CONFIDENTIAL AND WILL ONLY BE USED FOR VERIFICATION OF SERVICE PROVISION**

ACCELERATING NUTRITION RESULTS IN NIGERIA PROJECT									
[day/month/year]			[Name of NSA 1/ NSA 2]				NSA daily register		
Name of LGA/Ward/Village						Signature of Village Head:			
Adolescent girls counselled on nutrition and health/provided with modern contraceptives (MC)									
S. No.	Name of adolescent girl	Age of adolescent girl in years and months	Signature of adolescent girl	Community or Facility-based service delivery	Nutrition and health counselling provided	Method of MC adopted	Name of husband/partner or contact person	Mobile number of self or husband or partner or contact person	House # and Street Address of adolescent girl
Summary for XX, 20XX [15]									
Total number of adolescent girls (15-19 years) provided with nutrition and health counselling in community (A):									
Total number of adolescent girls (15-19 years) provided with nutrition and health counselling in facility (B):									
Total number of adolescent girls (15-19 years) provided with modern contraceptive services in community (C):									
Total number of adolescent girls (15-19 years) provided with modern contraceptive services in facility (D):									
Total number of adolescent girls (15-19 years) provided with long-acting reversible contraceptive (E):									
Total number of adolescent girls (15-19 years) provided with short-term contraceptive (F):									

*Legend for MC methods:*

*Female Condom: FC*

*Male Condom: MC*

*Intrauterine device: IUD*

*Pill: P*

*Diaphragm/Foam/Jelly: O (others)*

## ANNEX 3

### The methodology of verification of integrated AHS and BPNS services delivered by NSAs

The independent verification of the NSA throughput will be done by an agency competitively procured and managed by the Federal Ministry of Finance. Other than the provision of data, records and evidence in support of verification, the NSA will not influence the verification process in any way.

#### I. Principles of verification for ANRIN:

1. Verification will take place with primary beneficiaries.
2. Verification will also take place at all levels of the supply chain of commodities and service provision. This includes verification at the point of dispensing commodity / providing the service.
3. Verification will be based on a person-based approach to assess the entire range of services that a person received, based on their need at the time.
4. Verification could be both face-to-face and phone-based.
5. Verifications will be based on a person being identified with a biometric-based unique identifier – this requires all beneficiaries to register into the information system.

#### II. The following services are to be provided by the NSA in the community as part of the integrated Adolescent Health and Basic Package of Nutrition Services:

1. Counseling for increased birth spacing amongst married adolescent girls 15-19 years of age
2. Full range of short-acting and long-acting reversible birth-spacing methods
3. MIYCN counseling
4. Half-yearly deworming of children 12-59 months of age
5. Micronutrient powders (MNP) (at least 15 sachets per month) to children 6-23 months of age
6. Half-yearly Vitamin A supplementation to children 6-59 months of age
7. Therapeutic zinc with ORS for diarrhea for children 6-59 months of age
8. IFA supplementation for pregnant women
9. IPTp for malaria for pregnant women

#### III. For verification of services provided by each NSA, the IVA is required to undertake

##### Desk review:

- i) Validate data for the month reported on format 1C is a correct collation of the data for the month reported on formats 1A and 1B by the NSAs
- ii) Validate data for the month reported on format 3B is a correct collation of the data for the month reported on format 3A by the NSAs
- iii) Calculate the proportion of beneficiaries serviced against the targeted beneficiaries for the half-year period ending six months/twelve months of each year for each service.

**Technology based verification:** The World Bank will select households, beneficiaries, NSAs and Community Health Workers for Tier 1, Tier 2, Tier 3 and Tier 4 monitoring, using a build-in anomaly and randomized selection algorithm.

- iv) **Tier 1 verification** will take place during year 1 when all beneficiaries are registered. Tier 1 verification will involve ground truthing the beneficiary registration by using computer vision to assess the household locations of beneficiaries as per GPS data and as per the latest satellite image data showing locations of physical housing structures. Tier 1 verification will be done for 20% of all beneficiaries registered in year 1 and for 50% of beneficiaries registered every year after that.
- v) **Tier 2 verification** will take place when CHWs dispense commodities, through pill boxes, and when beneficiaries receive the service, through scanning a CHW's identification barcode.

**Tier 3-routine verification**

- vi) For each service of BPNS, Year 2 onwards, for every six-months review period, using a random sampling methodology acceptable to the World Bank, pick XX beneficiaries for verification of quality and quantity of service provision indicated.
- vii) For validation of uptake of birth spacing methods, Year 2 onwards, for every six-months review period, using a random sampling methodology acceptable to the World Bank, pick XX beneficiaries for telephonic verification of quality of service provision indicated.

**Machine-learning directed verification:**

- viii) An additional proportion of NSAs' service provision will be verified after the NSAs and service delivery by Community Health Workers (CHW) were identified through anomaly detection (**Tier 4 verification**) of data from CHW— i.e. all beneficiaries of a certain CHW will be subject to Tier 4 verification. Anomaly detection will be performed at the NSA level and at the CHW level. Second year onwards, every half-year, up to XX anomalous NSAs will be selected, and of these NSAs, up to XX% of their CHWs. All the beneficiaries visited by these CHWs, will be verified, (excluding the beneficiaries already verified under Tier 3 verification), telephonically or face-to-face or using SMS.

**Content of Inception Report**

1. Purpose of the inception report
2. About the assignment
  - a. Background
  - b. Overall objective
  - c. Scope of services
  - d. Deliverables
  - e. Challenges envisaged
  - f. Measures proposed to address challenges
3. Activities during inception, including plans for establishing a community-based set-up including
  - a. infrastructure,
  - b. culturally sensitive, qualified and experience personnel with names, designations, terms of reference, and contact details,
  - c. work plans for operationalizing community-sensitive service delivery,
  - d. standard operating procedures and/or operational manual for delivering on contract,
  - e. procurement of consumables and commodities,
  - f. quality assurance mechanisms for procured goods,
  - g. logistics, supply chain management and inventory systems,
  - h. reporting systems,
  - i. monitoring and supervision mechanisms,
  - j. training and orientation of personnel in program, SOPs, reporting, etc.
  - k. grievance redressal systems for beneficiaries, and
  - l. systems for compliance with healthcare waste management amongst others to deliver the stated nutrition services and progress towards these, if any.
4. Approach and Methodology for delivering on assignment
5. Work plan schedule to ensure initiation of service delivery within three months of signing of contract.

## ANNEX 5

### Technical Specifications of nutrition products, commodities and pharmaceuticals dispensed under contract

Name of Drug	Dosage	Additional information
Micronutrient powders to be provided for children 6-24 months to improve the quality of their complementary feeding	<ul style="list-style-type: none"> <li>▪ At least 90 sachets/doses over a 6 month period @ of at least 15 sachets per month</li> <li>▪ Iron: 10 to 12.5 mg of elemental iron<sup>a</sup></li> <li>▪ Vitamin A: 300 µg of retinol</li> <li>▪ Zinc: 5 mg of elemental zinc</li> <li>▪ With or without other micronutrients to achieve 100% of the RNI<sup>b,c</sup></li> </ul>	<p><sup>a</sup>12.5 mg of elemental iron equals 37.5 mg of ferrous fumarate or 62.5 mg of ferrous sulfate heptahydrate or equivalent amounts in other iron compounds. In children aged 6–12 months, sodium iron EDTA (NaFeEDTA) is generally not recommended. If NaFeEDTA is selected as a source of iron, the EDTA intake (including other dietary sources) should not exceed 1.9 mg EDTA/kg/day.</p> <p><sup>b</sup> Recommended nutrient intake (RNI). Multiple micronutrient powders can be formulated with or without other vitamin and minerals in addition to iron, vitamin A and zinc to achieve 100% of the RNI (1), and also taking into consideration the technical and sensory properties.</p> <p><sup>c</sup> Where feasible, likely consumption from other sources, including home diet and fortified foods, should be taken into consideration for establishing the composition of the sachet.</p>
Vitamin A supplementation for children 6-59 months	<ul style="list-style-type: none"> <li>▪ 100,000 IU for infants 6-11 mo once a year;</li> <li>▪ 200,000 IU for children 12-59 mo twice yearly</li> </ul>	<p>Oral liquid, oil-based preparation of retinyl palmitate or retinyl acetate<sup>a</sup></p> <p><sup>a</sup> An oil-based vitamin A solution can be delivered using soft gelatin capsules, as a single-dose dispenser or a graduated spoon (2). Consistent color coding for the different doses in soft gelatin capsules, namely red for the 200 000 IU capsules and blue for the 100 000 IU capsules is mandated.</p>
Deworming drug for children 12-59 months	Annual or bi-annual single dose albendazole (400 mg) or mebendazole (500 mg)	<p><sup>a</sup> Biannual administration is recommended where the baseline prevalence is more than 50%.</p> <p><sup>b</sup> A half-dose of albendazole (i.e. 200 mg) is recommended for children younger than 24 months of age.</p>
Zinc/ORS for children < 59 months presenting with diarrhea	<ul style="list-style-type: none"> <li>▪ 20mg therapeutic zinc/day for children six months and older for 10–14 days for children with diarrhea along with standard treatment including oral rehydration solution</li> <li>▪ 10mg therapeutic zinc/day for children</li> </ul>	

	less than 6 months for 10–14 days for children with diarrhea, along with standard treatment including oral rehydration solution	
IFA supplementation for pregnant women	<ul style="list-style-type: none"> <li>▪ At least 90 doses</li> <li>▪ Daily oral iron and folic acid supplementation with 30 mg to 60 mg of elemental iron* and 400 µg (0.4 mg) folic acid** is recommended for pregnant women to prevent maternal anaemia, puerperal sepsis, low birth weight, and preterm birth.</li> </ul>	<p>*The equivalent of 60 mg of elemental iron is 300 mg ferrous sulfate heptahydrate, 180 mg ferrous fumarate or 500 mg of ferrous gluconate.</p> <p>** Folic acid should be commenced as early as possible (ideally before conception) to prevent neural tube defects.</p>
Intermittent preventive treatment of malaria in pregnancy (IPTp)	At least 3 doses of sulfadoxine-pyrimethamine (Fansidar)	Dosing should start in the second trimester and doses should be given at least 1 month apart, with the objective of ensuring that at least three doses are received.

### Technical specifications of family planning commodities

FP Commodity	Specifications	Comments
Male condoms	Condoms are to be made of Latex	Can be administered at community level to clients by trained Community-based distributors (CBDs)
Female condoms	Condoms are to be made of Latex	Can be administered at community level to clients by trained Community-based distributors (CBDs)
Cycle beads		Can be administered at community level to clients by trained Community-based distributors (CBDs)
Oral Pills	Progesterone- only 0.5mg (Exluton)	Can only be initiated by trained and qualified medical provider (Doctors, Nurse, CHEW) Counseling and referrals should be provided at community level. ? Refills
Combined oral pills	Levonorgestrel 0.15mg &	Can only be initiated by trained and qualified

	Ethinylestradiol 0.03mg (Microgynon)	medical provider (Doctor, Nurse, CHEW) Counseling and referrals should be provided at community level. ? Refills
Injectables (DMPA-IM or DMPA-SC)	<ol style="list-style-type: none"> <li>1. Intra-muscular Di-Medroxyprogesterone acetate 150mg (Depo Provera)</li> <li>2. Sub-cutaneous Di-Medroxyprogesterone acetate 104mg (Sayana Press)</li> </ol>	Can only be initiated by trained and qualified medical provider (Doctor, Nurse, CHEW) Counseling and referrals to designated FP facilities should be provided at community level. ? Refills
Injectables	Intramuscular Norethisterone enantate 200mg	Can only be initiated by trained and qualified medical provider (Doctor, Nurse, CHEW) Counseling and referrals to designated facilities should be provided at community level. ? Refills
Implants	<ol style="list-style-type: none"> <li>1. Etonogestrel 68mg (Implanon)</li> <li>2. Levonorgestrel 75mg (Jadelle)</li> </ol>	Only counselling and referrals to designated FP facilities should be provided at community levels. This medicine is to be given only by or under the direct supervision of a trained healthcare professional
Intra-uterine device	<ol style="list-style-type: none"> <li>1. Copper-T</li> <li>2. Levonorgestrel IUD (Mirena)</li> </ol>	Only counselling and referrals to designated FP facilities should be provided at community levels. This medicine is to be given only by or under the direct supervision of a trained healthcare professional

## ANNEX 6

### Authority, roles and responsibilities of Federal and State-level Implementing Agencies of ANRiN

- A. **The Project Implementation Unit, State Ministry of Health (PIU, SMOH)** has the following responsibilities:
- Development of an annual work plan and budget for the ANRiN project in the State through a participatory process.
  - Mobilize the approved budget to implement all activities in the approved work plan for ANRiN for the year in the State.
  - Timely and high-quality implementation of the approved annual work plan for ANRiN approved by the Project Steering Committee.
  - Award of contract to the highest qualified bidder in full compliance with World Bank procurement guidelines.
  - Review through desk review and field visits, the monthly performance reports of the NSA and provide feedback to the NSA within two weeks from date of receipt of performance report for improved, sustained performance.
  - Supervise the implementation of the policies, strategies and plans for nutrition of the Federal Ministry of Health in the state.
  - Ensure principles of cost-effectiveness, equitable distribution of nutrition services and equal access are respected and implemented. The emphasis should be on community participation and sustainable approaches.
  - Based on the latest policies of the FMOH, recommend actions for assignment, relocation and promotion of facility-based and community-based human resources (including CHIPS and CHEWS in the state.
  - Effective coordination of all providers who are addressing malnutrition (SMOH, NGOs, private sector) in the State.
  - Work closely with State Primary Health Care Development Agency (SPHCDA) to ensure the Primary Health Care Centers in the State deliver nutrition interventions as a core activity and complementing the interventions of the NSA.
  - Coordinate effectively with the SPHCDA and all other nutrition sensitive sectors at the State level for harmonized action towards concerted nutrition results.
  - Lead and participate in multi-sectoral coordination meetings for nutrition in the state, ensure the proceedings are minuted and routine follow-up for completion of assigned responsibilities as per schedule.
  - Overall reporting on ANRiN to the PMU, FMOH and the World Bank, in coordination with the SPHCDA.
  - **Not seek from the NSA any payments, benefits, or other material resources for the PIU, SMOH, their staff or their families.**
- B. **The Project Management Unit, Federal Ministry of Health (PMU, FMOH)** has the following responsibilities:
- Pre-qualifying NSAs for delivery of basic package of nutrition services in the ANRiN states in full compliance with World Bank procurement guidelines.
  - Supporting PIU, SMOH to secure timely approvals of the annual work plans and budgets for implementing ANRiN.



- Coordinating, networking and communicating with all State PIUs to take stock of implementation progress of ANRiN.
  - Ensuring orientation to all implementing agencies in (i) ANRiN operational manual, (ii) reporting formats, (iii) performance verification mechanisms, (iv) financial procedures manual, (v) Work Bank procurement procedures, (vi) Healthcare Waste Management Plan, (vii) technical guidance on implementing ANRiN, by liaising with Nutrition Division of FMOH and the NPHCDA, wherever required.
  - Supporting PIU, SMOH with contract management of NSAs, wherever required.
  - Supportive supervision of state performance on ANRiN through desk reviews and field visits.
  - Liaising between the Federal Ministry of Finance and the PIUs, SMOHs for verification of NSA performance and results of Disbursement Linked Indicators.
  - Coordinating with the Federal Ministries of Budget and National Planning for actualization of the results associated with the DLI 2: multi-sectoral coordination and accountability for nutrition results.
- C. The **Nutrition Division, FMOH** and the **National Primary Health Care Development Agency (NPHCDA)** have the following responsibilities
- Setting standards for nutrition service delivery and communicating it to PIU, SMOH and SPHCDA through the PMU, FMOH.
  - Developing tools to assist the states in implementing ANRiN.
  - The NPHCDA will work closely with the SPHCDA to develop annual work plans and budgets for implementation of activities towards achievement of results of DLI 5: Service delivery through primary health care centers for improved nutrition and health outcomes.
  - The NPHCDA will liaise closely with the PMU, FMOH to ensure the costed annual work plans for the SPHCDA are approved in a timely manner by the Project Steering Committee.
  - The NPHCDA will facilitate mobilization of the approved budget for SPHCDA to implement all activities in the approved work plan for ANRiN for the year in the State.
  - Technical Assistance, as requested.
  - Facilitate participation of PIUs, SMOHs; SPHCDA and NSAs in the annual results conference and in the Knowledge Management Learning Platform of ANRiN.
  - Assessments, evaluations and studies concerning ANRiN.
- D. The **Federal Ministry of Finance (FMOF)** has the following responsibility
- Ensuring timely, high-quality and objective verification of NSA performance through qualified Independent Verification Agency and sharing the findings of the verification exercise with the PMU, FMOH and the World Bank for necessary action.
  - Every six months, the IVA recruited by the FMOF has the responsibility of (i) undertaking a desk review of the monthly performance data reported by the NSA to the PIU with data on the reporting formats maintained by the NSA; (ii) for a randomly selected sample of beneficiaries of each service of the BPNS, validating the provision of service; and (iii) confirming functionality of the following quality improvement mechanisms prescribed in the contract, namely (a) compliance with healthcare waste management plan for ANRiN; and (b) grievance redressal mechanism
- E. The **Independent Verification Agency** has the following responsibility

- Finalize the design of the verification plan acceptable to the Bank for performance of NSAs in twelve ANRiN states.
  - Undertake an independent third-party verification of performance of NSAs every six months, leveraging mobile tool developed for the purpose, in line with Bank approved verification methodology, sampling strategy, plan and questionnaires.
  - Prepare a verification reports and submit to the SMOF within six weeks of the end of each half-year of service delivery.
- F. The **Ministry of Budget and National Planning (MBNP)** has the following responsibility
- Leading all interventions pertaining to and liaising with key stakeholders to ensure timely achievement of results under DLI 2: multi-sectoral coordination and accountability for nutrition results.
- G. The **NSA** has the following responsibilities:
- Ensuring all terms and conditions of the contract are fully complied with in letter and spirit.
  - Sole discretion in the procurement of drugs, supplies, equipment, and other resources needed to meet contractual obligations and also in the use of resources purchased or provided under the PBC contract.
  - Ensuring service delivery on the BPNS is initiated within 3 months of signing of contract.
  - In the case of partnership (joint venture or sub-contracts) the partners will complement each other's capacities for better service delivery. The partnership arrangement should ensure full coverage along the following three dimensions: (i) range of community-based nutrition services; (ii) equity (social and gender inclusion, income/wealth levels); and (iii) geographic coverage.
  - Maintenance of complete, high quality performance reports in the formats prescribed for service delivery and sharing these within specified timelines with PIU, SMOH for review and onward transmission.
  - Participating actively in the annual nutrition results conferences organized by the Nutrition Division of FMOH and NPHCDA and interventions under the Knowledge Management and Learning platform of ANRiN.
  - Ensuring proper maintenance and repair of any physical assets procured with funds provided under this contract.
  - Cooperating with all monitoring, evaluation and verification processes authorized by the FMOF/FMOH/SMOH. The verification protocol for assessing the performance of the NSA by the Independent Verification Agency is provided in **Annex 3**.
  - Quickly resolving such performance-related deficiencies that are reasonably pointed out by the FMOH/SMOH.
  - **Not providing any payments, benefits, or other material resources to the FMOH or SMOH, their staff, or their families. Any resources needed by the SMOH will be provided by the Government.**

## State-wise bifurcation of LGAs for NSAs to provide BPNS and ANH

NSA 1	POPULATION	NSA 2	POPULATION
Makarfi	146,574	Kaduna North	364,575
Kubau	280,704	Chikun	372,272
Kauru	221,276	Kajuru	109,810
Kudan	138,956	Kachia	252,568
Zaria	406,990	Kagarko	239,058
Lere	339,740	Jaba	155,973
Giwa	292,384	Zangon Katab (kataf)	318,991
Igabi	430,753	Kaura	174,626
Soba	291,173	Jema'a	278,202
Birnin Gwari	258,581	Sanga	151,485
Sabon Gari	291,358	Kaduna South	402,731
		Ikara	194,723
<b>TOTAL</b>	<b>3,098,489</b>	<b>TOTAL</b>	<b>3,015,014</b>

## Guidance Note on Proposal for Innovation

### 1. WHAT KIND OF 'INNOVATIONS' MAY BE CONSIDERED APPROPRIATE?

**Defining and Characterizing Innovation:** The adopted definition of innovation will form the basis for selection and characterization of innovations proposed by non-state actors. Innovations will be defined thus: *“to develop and deliver new or improved health policies, systems, products and technologies, and services and delivery methods that improve people’s health”*<sup>2</sup>.

Given the nature of NSA contracts, Terms of Reference and the urgency associated with increasing the coverage of essential nutrition services in high burden states, priority will be given to innovations that are *“products and technologies, and services and delivery methods”* that enhance business or medical processes used by NSA in the course of service delivery.

Innovations will be funded in various phases of development whether at ideation, proof-of-concept stage or ready-to-scale.

### 2. GUIDING PRINCIPLES FOR FORMULATING INNOVATION

The following guiding principles should help in the formulation of proposed innovation.

#### a. **Problem-Driven:**

- Does the innovation proposed respond to an existing challenge in the proposed geography and along the service delivery value chain?
- Is the problem/bottleneck to be addressed clearly articulated? [NSA should clearly define the problem statement that the innovative solution proposes to address].

#### b. **Conceptual clarity and relevance:**

- Is there a coherent theory of change that links inputs to results?
- Is the proposed innovation likely to lead to new knowledge or significantly better implementation modalities?
- Are the targeted results relevant to the project?

#### c. **Contextual specificity and user-centeredness:**

- Is the proposal clear about the circumstances or the context in which the proposed innovation is likely to work?
- How appropriate is the proposed innovation for the proposed context [socio-economic and geographical]?
- Does the design of the innovation reflect the needs and peculiarities of a specific target

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<sup>2</sup> The World Health Organization Innovation Group: <https://www.who.int/life-course/about/who-health-innovation-group/en/>

group and is this in line with overall project objectives?

d. **Scalability:**

- If proven effective, is the innovation likely to be scalable across the program, in terms of budgets, levels of staff, competence and required level of effort?
- Is the innovation simple enough to be scalable while being rigorous enough to be effective?

e. **Responsible Innovation:**

- Has the innovation duly considered ethical, social and environmental issues and other matters of public interest?

f. **Convergence / multi-sectorality:**

- Does the proposed pilot seek to create convergence with other sectors that are required to achieve the intended outcome?
- Are the institutional arrangements for the convergence clearly articulated? Are they realistic?

3. **WHAT SHOULD THE INNOVATION PROPOSAL CONSIST OF?**

At the point of submitting technical proposals for the delivery of BPNS in ANRiN states or AHS and BPNS services in Kaduna State, shortlisted entities interested in piloting innovations will also be required to submit a concept note not exceeding 5 A4 sized pages. Concept notes should address the following key questions while being underpinned by the guiding principles afore stated:

<i>Problem statement:</i>	<ul style="list-style-type: none"> <li>• What problem / bottleneck will the proposed innovation address? What are the key research questions? (10 points)</li> </ul>
<i>Theory of Change:</i>	<ul style="list-style-type: none"> <li>• What is the Theory of Change driving results of the innovation? (15 points)</li> </ul>
<i>Targeted outcome:</i>	<ul style="list-style-type: none"> <li>• What new knowledge or implementation modalities will the proposed innovation improve? (5 points)</li> </ul>
<i>Brief description of the innovation:</i>	<ul style="list-style-type: none"> <li>• What process/approach is being proposed as an innovation?</li> <li>• Which existing part of the service delivery will it change or value-add to?</li> <li>• How will you ensure acceptability of the innovation amongst: (a) beneficiaries (b) actors within the public health system? (15 points)</li> </ul>

<i>Operational Plan for Pilot:</i>	<ul style="list-style-type: none"> <li>● Briefly describe the implementation process for the innovation <ul style="list-style-type: none"> <li>▪ How will you roll it out?</li> <li>▪ How many villages/wards/LGAs will the innovation cover? Who are the primary and secondary beneficiaries? Will there be any control or comparison group?</li> </ul> </li> <li>● What other resources are available at your disposal to ensure success? <ul style="list-style-type: none"> <li>▪ Technical resources/capacity</li> <li>▪ Partnerships</li> <li>▪ Any other</li> </ul> </li> <li>● What risks (operational, ethical and/or social) have been identified and what are the plans to mitigate them? (15 points)</li> </ul>
<i>Monitoring and Evaluation:</i>	<ul style="list-style-type: none"> <li>● What measures will be used to assess: a) outcomes; b) implementation</li> <li>● How will you measure these? (15 points)</li> </ul>
<i>Regulatory Requirements</i>	<ul style="list-style-type: none"> <li>● Are there any government approvals required for the implementation of this innovation? What are your plans for obtaining them? (5 points)</li> </ul>
<i>Action Plan with Timelines:</i>	<ul style="list-style-type: none"> <li>● Details of start and end of implementation and measurements. (10 points) <i>(Maximum 2 years of implementation)</i></li> </ul>
<i>Plan for Scale</i>	<ul style="list-style-type: none"> <li>● What plan is there in place to catalyze the move from pilot phase to full scale?</li> <li>● What elements of the innovation enable this move? (10 points)</li> </ul>
<i>Costs:</i>	<ul style="list-style-type: none"> <li>● Budget breakdown including costs of implementation <i>(Maximum of US\$ 150,000 over two years of implementation)</i></li> </ul>

#### 4. SELECTION AND EVALUATION PROCESS

Innovations will be reviewed and assessed by an Innovation Working Group comprising of a total of not more than 5-7 members that include, representatives from the State Program Management Unit, National Program Management Unit, World Bank and one development partner operating in the proposed state. Concept notes will be evaluated no later than 45 days following submission of technical proposals.

Concept notes scoring more than 70 points as per the outlined criteria will be invited to finalize the detailed operational plans and budget for innovation in consultation with the Innovation Working Group within 60 days of submission of proposal. The primary purpose of full proposals will be to ensure that implementation plans reflect operational realities and that budgets are reasonable and provide optimal value for money.

#### 5. DEPLOYING AND SCALING INNOVATIONS

Once an innovation is deemed 'fit-for-purpose' and "awarded", the NSA will have six months from award of contract, to fine-tune plans and commence operationalization of the innovation. All innovation pilots should commence no later than 6 months from award of contract. A period of 18-24 months will be provided for running the innovation, following which results be assessed to determine whether innovation can be recommended for scale-up.

## Preliminary Specification for Mobile Phone/SIM card/Data Plan for Mobile-based project reporting

### Mobile Phone:

Specification	Specification Name	Values
<b>GENERIC</b>	Technology	GSM
	Processor core	Quad core
	Processor speed (in GHz) Minimum	Minimum 1.3 or higher
	Operating system	Android 7.x Neuget GMS certified
	Chipset	Qualcomm/Mediatek/Apple /Exynos/ Snapdragon/ Spreadtrum
	Operating System auto upgradable to next level	Yes
<b>MEMORY</b>	RAM Size (in GB) Minimum	Minimum 2 or higher
	Internal Storage (in GB)	Minimum 16 or higher
	Storage Expandable up to (in GB)	Minimum 128 or higher
<b>DISPLAY</b>	Display size (in inch)	Minimum 5 or higher
	Display type	LCD Touch Screen/LED Backlit Touch Screen/ Amoled Touch Screen/ Retina/Retina HD/IPS Touch/Super Amoled Touch Screen
	Display Resolution (Horizontal x Vertical) (Pixel)	HD (Minimum 1280 x 720) or higher
	Display Resolution @ Pixel Density - Minimum	Minimum 230 or higher
	Aspect ratio	16:9
	Sun light readability (Nits) - Minimum	Minimum 300 or higher
	Display protection	Ion - Strengthened Glass
	<b>FEATURES</b>	Response time of touch screen (in milli seconds) - Maximum
	Life of touch screen Minimum 10 lakhs touches	Yes
	Touch support	Multi touch



	Rear Camera Resolution (Mega Pixel) - Minimum	Minimum 5 or higher
	Front Camera Resolution (Mega Pixel) - Minimum	Minimum 2 or higher
	SIM Card Slots	Dual (SIM+SIM+Memory card slot)
	Type of SIM	Micro
	SAR Value (Watt/Kg) - Maximum	1.6 Watt/Kg
	Unicode support for Indian Regional languages	Yes
	OTG support	Yes with cable
	Sensors	Accelerometer
	Smart Phone shall support/preloaded installation of all kind of application software provided by ANRiN project	Yes
<b>CONNECTIVITY</b>	Connectivity	Minimum 4G VoLTE or higher
	Wi-fi Connectivity	Minimum 802.11b/g/n or higher
	Bluetooth Connectivity	4.1 or higher
	GPS	GPS with AGPS
<b>BATTERY</b>	Battery Capacity (mAH) Minimum	Minimum 2800 or higher
	Type of Battery	Lithium-ion / Lithium Polymer / Nickel Cadmium (NiCd)
	Battery removable	Yes
	Weight (With Battery) (in grams) - Up to	-
<b>ACCESSORIES</b>	Accessories: One wall charger with USB/Data transfer cable	Yes
	Accessories: One ear phone	Yes
	Accessories: Mobile cover	Back cover
	Accessories: Tempered glass	Yes
	Accessories: Carry pouch	Yes
<b>CERTIFICATIONS</b>	OEM warranty for smart phone (in Years)	2
	OEM warranty for battery (in Months)	24
	Availability of service centers in project states	Yes
	Warranty service	Carry-in
	CE certification	Yes
	CB/UL certification	Yes
	FCC certification	Yes
	ROHS certification	Yes
The tool to manage devices data security push device	Yes	

Mobility Management (EMM)	Policies push custom apps reports management of applications and devices for example white list or blacklist applications URLs control device functionality as camera Bluetooth WIFI	
	Admin portal to manage smart mobile phones remotely to enroll un enroll deploy and configure all mobile devices applications and security policies	Yes
	User specific application restrictions and remote actions like device lock or remote wipe	Yes
Mobile Device Management (MDM)/Enterprise	Features such as Device access password inactivity timeout storage encryption	No
	Features to disable	Yes
	Support encryption of data on the device any external storage and enable SIM card lock with PIN number	No
	Features to block the setting notification bar and application switch window	Yes
	Install or upgrade applications remotely	Yes
	Default boot or start in a kiosk mode wherein only applications which are enabled will be visible to the user	Yes

**SIM card:**

SIM card should have a minimum data capacity of 64KB and support at least 3G network

**Data Plan:**

S. No.	Description	Specification
1	Data Service	Data plan that supports 1GB data per month per user
2	Voice Service	Voice plan that supports at least 200 minutes of talk time per month per user. Free calling in closed user group
3	SMS Service	SMS plan that supports at least 100 SMSs per month per user
4	General	The network provider should have a high rate of EDGE, 2G or 3G network coverage in the respective LGAs. SIM card should support Voice, SMS and closed user groups

**CONTRACTING PLAN FOR PROVISION OF COMMUNITY-BASED BASIC PACKAGE OF NUTRITION SERVICES (BPNS) UNDER THE ACCELERATING NUTRITION RESULTS IN NIGERIA (ANRiN) PROJECT (P162069)**

**V. BACKGROUND**

10. The World Bank and GFF financed, Accelerating Nutrition Results in Nigeria (ANRiN) Project 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 12 states of Nigeria.
11. 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.
12. Chronic malnutrition 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. 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.
14. ANRiN proposes to finance performance-based contracts with Non-State Actors (NSAs) for the provision of a basic package of nutrition services in the community in each of the project states.

## VI. OBJECTIVE

15. To increase access to and utilization of a community-based BPNS in defined geography of ANRiN states (refer to **Annex 7**) according to established and agreed targets (for quality and coverage) to reduce the level of malnutrition in Nigeria:
  - i) Package 1: Abia 1 + Abia 2+ Akwa Ibom 1 + Akwa Ibom 2
  - ii) Package 2: Oyo 1 + Oyo 2+ Kwara 1 + Kwara 2
  - iii) Package 3: Niger 1 + Niger 2+ Kogi 1+ Kogi 2
  - iv) Package 4: Nasarawa 1 + Nasarawa 2+ Plateau 1 + Plateau 2 + Gombe 1 + Gombe 2
  - v) Package 5: Katsina 1 + Katsina 2
  - vi) Package 6: Kano 1 + Kano 2 + Kano 3

## VII. SCOPE OF WORK

16. The NSA will, in an equitable and sustainable manner and through a mix of counseling and service delivery, promote increased access to and utilization of the following services under BPNS:
  - x. 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.
  - xi. fifteen sachets of micronutrient powders per month among children 6-23 months to improve the quality of complementary feeding.
  - xii. 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.
  - xiii. at least three doses of intermittent preventive treatment for malaria during ante-natal care by pregnant women.
  - xiv. at least four sachets of zinc/oral rehydration solution (ORS) per year for treatment of diarrhea among children 6-59 months of age.
  - xv. semi-annual vitamin A supplementation among children 6-59 months of age.
  - xvi. semi-annual deworming among children 12-59 months of age.
17. Additionally, the NSA will propose and test an innovation in 1-2 LGAs within its defined geography of operation in a 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 overall technical proposal for the assignment provided by the NSA, should include a nested 5-page proposal for the innovation to be deployed in the half state as per the template indicated in **Annex 8**. If an NSA intends to express interest in all 11 half-states, it will have to propose an exclusive/unique innovation for each half-state. Each of these innovations will be reviewed independently and may or may not qualify as acceptable, based on the articulated review process.
18. Technical assistance towards finalization of the design, deployment and measurement of results from the proposed innovation will be provided by the supporting Power of Nutrition Trust Fund.

The independent evaluation of the innovation will be undertaken by the Project Implementation Unit (PIU), State Ministry of Health.

10. **Targets:** The NSAs are encouraged to coordinate with state PIUs to identify and prioritize underserved LGAs. To accrue efficiencies in targeting and program delivery, the NSA are expected to ensure that all eligible beneficiaries (pregnant and lactating women especially adolescents, and children <60 months of age) in a village are provided BPNS thereby saturating the village with service delivery. **Annex 1** will provide number of contacts with beneficiaries each NSA is expected to reach, per year, per service in a project state.
11. The following inputs and processes will be tracked through annual progress reports to ensure progress is being made by the NSA towards meeting its performance targets.
  - h. appropriately located and equipped premises at the community level (civil works will not be financed by the assignment) to service the contract;
  - i. culturally sensitive, qualified, experienced and trained personnel to deliver the BPNS in community;
  - j. 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 to service the contract in the reporting period;
  - k. compliance with health care waste management plan for ANRiN project; and
  - l. functional system for registering and resolving grievances from the communities being served.

### VIII. APPROACH TO CONTRACTING

26. **Performance-Based Contracts:** A performance-based contract will be established with an NSA, wherein the NSA will be paid for verified achievement results in the quality and quantity prescribed. The contract will be awarded till December 31, 2023, which is the current closing date of ANRiN project, with the possibility of an extension of the contract to a cumulative period of five years (60 months), following an extension of the project. The NSA is expected to submit a technical proposal for the provision of all services indicated in the TOR for a cumulative period of five years. Should the project be extended for a cumulative period of five years, these services are expected to continue till the new project end date. The technical proposal will be supported with a financial bid for provision of services indicated in the TOR for a cumulative period of five years. Based on the timeframe available for implementation of the contract till December 31, 2023, the contract value will be pro-rated from the five-year bid price in line with **Section O** of the TOR and the contract will be awarded. Should the project be extended beyond December 31, 2023, an amendment to the contract will be signed for the extended period at the pro-rated five-year bid price for the extension period.
27. Half-yearly results are prescribed for achievement for each service under the basic package, from the date of award of contract for a cumulative period of five years. All inputs and processes required to achieve the prescribed results will be self-defined in their technical proposal based on NSA experience and expertise and used for operationalization of the contract by the NSA. These inputs are expected to be maintained throughout to service the contract efficiently. Reporting on maintenance of inputs and processes in annual reports is expected as an exercise of due-diligence. The NSA will be fully accountable, end-to-end for achievement of prescribed results using these inputs and processes.

28. Ten percent of the five-year bid price will be paid to the NSA on submission of inception report.
29. Ten percent of the five-year bid price will be paid to NSA on the submission of annual work plan for Year 1 and the same amount will be paid annually on submission of subsequent year's work plans+progress reports.
30. Maximum of forty percent of the five-year bid price will be paid to the NSA based on their progress towards the half-yearly targets established for each of the BPNS listed above (see Scope of Work). The NSAs will enjoy considerable autonomy in approaches used to service the targeted beneficiaries but will face sanctions (described below) if they fail to deliver improvements in service delivery.
31. **Performance Measurement:** The NSA will record service delivery in prescribed reporting formats (paper-based and/or electronic); collate the reports for monthly summarization; and make the summary reports, records and other evidence available for half-yearly verification of performance by an Independent Verification Agency (IVA), contracted and managed by the Federal Ministry of Finance. Specifically,
  - a. Every half-year from the date of award of contract, the IVA will, through a desk review, assess the quantity of BPNS against half-yearly targets for each service within the BPNS. A maximum of twenty four percent of the five-year bid price will be disbursed against proportion of targets achieved in the five years of the maximum contract period (Maximum of 4% of five-year bid price in each of first two half-years of contract + Maximum of 2% of five-year bid price in each of next eight half-years of contract =  $(4\% \times 2) + (2\% \times 8) =$  Maximum of 24% of five-year bid price).
  - b. From Year 2 onwards, every half-year, the IVA will randomly select a proportion of the beneficiaries (pregnant and lactating women especially adolescents, and children <60 months of age) provided BPNS, and verify service delivery by administering a questionnaire to the beneficiary either through household visits or over a verification phone call to ascertain proportion of beneficiaries who actually received the indicated service under BPNS. A maximum of sixteen percent of the five-year bid price will be disbursed against proportion of beneficiaries verified as serviced in last four years of the maximum contract period (Maximum of 2% of five-year bid price X 8 half-years = Maximum of 16% of five-year bid price).
  - c. The NSA through the PIU, SMOH will facilitate 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. Other than providing data, records and evidence to facilitate the verification process, the NSA will not influence the independent verification process.
  - d. It is in mutual interest of the PIU, SMOH and the NSA that the half-yearly targets are verified as achieved in full, invoices raised and commensurate funds released in a timely manner to keep the contract financially viable. The over-achievement in the current half-year period will not compensate for the under-achievement in prior half-year. However, if targets for a given half-year are achieved in advance of the end of half-year, the services delivered in the remaining time (till the end of the half-year period) will count against achievements of subsequent half-year to ensure uninterrupted service delivery.
  - e. Non-achievement of half-yearly targets on account of force majeure will be considered on a case by case basis and fair payment decisions made based on merits of the case.

The NSA will also participate in the half-yearly, stock-taking, implementation support missions of the World Bank, assessment/evaluation of the innovation pilot conducted by the SMOH, as well as a planned impact evaluation/other evaluations of the ANRiN project conducted by the World Bank.

32. **Payment Criteria: Direct payment from the World Bank to NSA accounts will be made in currency of contract (up to a maximum of three currencies is permissible) and will comprise a results-based payment and a lump-sum payment:**

S. No:	Deliverable	Fixed/Performance Based	Reviewed by/approved by	Proportion	Example Five year bid price of US\$ 1000
1.	Inception Report	Fixed	PIU/World Bank	10% of five-year bid price	10% X 1000 = <b>\$100</b>
2.	Submission and acceptance of <ul style="list-style-type: none"> <li>- Year 1: Annual Workplan</li> <li>- Year 2 onwards: Annual Work plan + progress reports for previous year</li> </ul>	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	Year 1: 10% X 1000= \$100 Year 2: 10% X 1000= \$100 Year 3: 10% X 1000= \$100 Year 4: 10% X 1000= \$100 Year 5: 10% X 1000= \$100 <b>Total: \$500</b>  <b>Scenario 1:</b> total contract duration 3.5 years  Year 1 payment: 10% of five-year bid price = \$100 Year 2 payment: 10% of five-year bid price = \$100 Year 3 payment: 10% of five-year bid price = \$100 Year 4 payment: [10%/2] of five-year bid price = \$50  <b>Total payout: \$350</b>  <b>Scenario 2:</b> total contract duration 3 years 2 months  Year 1 payment: 10% of five-year bid price = \$100 Year 2 payment: 10% of five-year bid price = \$100 Year 3 payment: 10% of five-year bid price = \$100 Year 4 payment: [10%/3] of five-year bid price = \$33.3

					<b>Total payout: \$333.3</b>
3.	Bi-annual collated progress report: progress towards achievement of half-yearly 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"> <li>- Maximum of 4% of five-year bid price X 2 half-years = maximum of 8% of five-year bid price</li> <li>- Maximum of 2% of five-year bid price X 8 half-years = 16% of five-year bid price</li> <li>- Total: Maximum of 24% of five-year bid price</li> </ul> <p>For incomplete half-years, the performance payment will be pro-rated based on number of months of service delivery</p>	<p>Year 1: <math>2 \times 4\% \times 1000 = \\$80</math>  Year 2: <math>2 \times 2\% \times 1000 = \\$40</math>  Year 3: <math>2 \times 2\% \times 1000 = \\$40</math>  Year 4: <math>2 \times 2\% \times 1000 = \\$40</math>  Year 5: <math>2 \times 2\% \times 1000 = \\$40</math>  <b>Total: \$240</b></p> <p><b>Scenario 1:</b> total contract duration 3.5 years</p> <p>Year 1 payment: maximum of 8% of five-year bid price = \$80  Year 2 payment: maximum of 4% of five-year bid price = \$40  Year 3 payment: maximum of 4% of five-year bid price = \$40  Year 4 payment: maximum of 2% of five-year bid price = \$20  <b>Total: \$180</b></p> <p><b>Scenario 2:</b> total contract duration 3 years 2 months</p> <p>Year 1 payment: maximum of 8% of five-year bid price = \$80  Year 2 payment: maximum of 4% of five-year bid price = \$40  Year 3 payment: maximum of 4% of five-year bid price = \$40  Year 4 payment: maximum of [2%/3] of five-year bid price = \$6.66  <b>Total: \$166.66</b></p>
4.	Bi-annual collated progress report: progress towards	Performance-based (sample verification of	IVA/World Bank	Year 2 onwards maximum of 2% of five-year bid	<p>Year 2: <math>2 \times 2\% \times 1000 = \\$40</math>  Year 3: <math>2 \times 2\% \times 1000 = \\$40</math>  Year 4: <math>2 \times 2\% \times 1000 = \\$40</math></p>



	achievement of half-yearly targets	beneficiaries in households)		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	Year 5: $2 \times 2\% \times 1000 = \$40$ <b>Total: \$160</b>  <b>Scenario 1:</b> total contract duration 3.5 years  Year 2 payment: maximum of 4% of five-year bid price = \$40 Year 3 payment: maximum of 4% of five-year bid price = \$40 Year 4 payment: maximum of 2% of five-year bid price = \$20  <b>Total: \$100</b>  <b>Scenario 2:</b> total contract duration 3 years 2 months  Year 2 payment: maximum of 4% of five-year bid price = \$40 Year 3 payment: maximum of 4% of five-year bid price = \$40 Year 4 payment: maximum of $[2\%/3]$ of five-year bid price = \$6.66  <b>Total: \$86.66</b>
	<b>TOTAL</b>			<b>100%</b>	<b>Maximum of \$ 1000</b>

***Lumpsum: Initiation of contract and annually***

- a. An initial mobilization payment of 10% of five-year bid price within 2 weeks of signing the contract will be awarded on presentation of an inception report.
- b. A cumulative 50% of five-year bid price will be paid against annual work plans and progress reports submitted for each year of the project (i.e. 10% for each work plan and progress report submitted annually for 5 years). Only for year 1, disbursement of 10% will be made against submission of only the annual work plan. Subsequently, Year 2 onwards, the annual workplans will be submitted along with progress reports of the previous year.

***Results-based payment: Half-yearly basis of results-based payment***

Targets for incomplete half-years will be pro-rated on number of months of service delivery. For example, if a contract is awarded for 3 years 2 months, then the targets for first half-year of Year 4 (2 months), will

be pro-rated to one-third (2 months/6 months). A maximum possible payment for performance against this pro-rated target for two months, is a third of the two percent (0.66%) of the five-year bid price.

Minimum target achieved / Minimum percentage of beneficiaries verified as having received service, for every service of BPNS	Overall performance target achieved / Overall percentage of beneficiaries verified as having received service for BPNS in half-year	Proportion of five-year bid price released
70%	90%+	2.0%
70%	70-89.9%	1.75%
60%-69.9%	90%+	1.5%
60%-69.9%	70-89.9%	1.25%
60%-69.9%	60-69.9%	1.00%
<60%	90%+	0.75%
<60%	70-89.9%	0.5%
<60%	60-69.9%	0.4%
<60%	<60%	No payment

- c. **Desk Verification:** A cumulative maximum of 24% of five-year bid price will be paid for the proportion of annual targets achieved by the NSA based on desk review of their half-yearly reports (For Year 1, a maximum of 4% for performance achievement of each half-year, and for next eight subsequent half-years, a maximum of 2.0% for performance achievement of each year. Hence, maximum of 4% X 2 half-years + maximum of 2% X 8 half-years = maximum of 24% of five-year bid price).
- d. **Household verification:** A cumulative maximum of 16% of five-year bid price will be paid for the proportion of beneficiaries verified to have received a service from a random sample of beneficiaries/service (A maximum of 2.0% for overall 90%+ verified beneficiaries of BPNS in the community/half-year from Year 2 onwards. Hence, a maximum of 2% X 8 half-years = maximum of 16% of five-year bid price).

### 33. Results-based payment (RBP):

#### Example 1 of Desk Verification

	Target	Actual achieved	% achieved	Average performance target achieved for BPNS in half-year
Service 1: IYCN Counselling	8,313	7,524	90.5	89%
Service 2: Deworming	11,519	11,515	100.0	
Service 3: Vit A	15,804	11,515	72.9	
Service 4: Zn/ORS	10,333	9,283	89.8	
Service 5: MNP	5,333	4,291	80.5	
Service 6: IFA	4,268	3,856	90.3	
Service 7: IPTp	3,889	3,856	99.2	

NSA will be paid 1.75% of five-year bid price for the half-year on desk verification of throughput

**Example 2 of Desk Verification**

	Target	Actual achieved	% achieved	Average performance target achieved for BPNS in half-year
Service 1: IYCN Counselling	8,313	5,266	63.3	80%
Service 2: Deworming	11,519	8,267	71.8	
Service 3: Vit A	15,804	10,283	65.1	
Service 4: Zn/ORS	10,333	9,283	89.8	
Service 5: MNP	5,333	4,291	80.5	
Service 6: IFA	4,268	3,856	90.3	
Service 7: IPTp	3,889	3,856	99.2	

NSA will be paid 1.25% of five-year bid price for the half-year on desk verification of throughput

**Example 1 of Household verification**

	10% of beneficiaries to be verified in community/Half-year	No: of beneficiaries positively verified	% of beneficiaries positively verified as having received service	Overall percentage of beneficiaries verified as having received service for BPNS in half-year
Service 1: IYCN Counselling	5000	4851	97.0	91.27
Service 2: Deworming	1800	1766	98.1	
Service 3: Vit A	1800	1766	98.1	
Service 4: Zn/ORS	1200	880	73.3	
Service 5: MNP	990	900	90.9	
Service 6: IFA	3200	3010	94.0	
Service 7: IPTp	3200	2800	87.5	

NSA will be paid 2.0% of five-year bid price for the half-year on Household verification of randomly selected beneficiaries

**Example 2 of Household verification**

	<b>Total No: of beneficiaries to be verified in community/Half-year</b>	<b>No: of beneficiaries positively verified</b>	<b>% of beneficiaries positively verified as having received service</b>	<b>Overall percentage of beneficiaries verified as having received service for BPNS in half-year</b>
Service 1: IYCN Counselling	5000	2643	52.86	66.1
Service 2: Deworming	1800	1568	87.1	
Service 3: Vit A	1800	1200	66.6	
Service 4: Zn/ORS	1200	450	37.5	
Service 5: MNP	990	599	60.5	
Service 6: IFA	3200	2078	64.9	
Service 7: IPTp	3200	3000	93.75	

NSA will be paid 0.4% of five-year bid price for the half-year on Household verification of randomly selected beneficiaries

34. **Payment Schedule:**

Year	Deliverables	Timeline	Maximum Payment Due	Notes		
Year 1	Inception Report acceptable to PIU and the World Bank	Two weeks after signing of contract	10% of five-year bid price	Structure of inception report provided in <b>Annex 4</b>		
Years 1, 2, 3, 4 and 5	Year 1: only Annual Work Plan; Year 2 onwards: Annual workplan + progress report of previous year acceptable to the PIU and the World Bank	<ul style="list-style-type: none"> <li>▪ Year 1: within six weeks of signing of contract</li> <li>▪ Year 2: before October 31, Year 1</li> <li>▪ Year 3: before October 31, Year 2</li> <li>▪ Year 4: before October 31, Year 3</li> <li>▪ Year 5: before October 31, Year 4</li> </ul>	10% of total contract value X 5 annual work plans + progress reports = 50% of five-year bid price	Content of workplan indicated in <b>Section N</b> of TOR. The Work plan will be reviewed by the SMOH and provided 'No Objection' to by the World Bank		
Years 1, 2, 3, 4 and 5	<ul style="list-style-type: none"> <li>▪ Half-yearly (months 1-6) performance report acceptable to PIU and World Bank</li> <li>▪ Half-yearly (months 7-12) performance report acceptable to PIU and the World Bank</li> </ul>	<ul style="list-style-type: none"> <li>▪ 10th day of month 7, Year 1/2/3/4/5</li> <li>▪ 10<sup>th</sup> day of month 1, Year 2/3/4/5/6</li> </ul>	<ul style="list-style-type: none"> <li>▪ Maximum of 4.0% of five-year bid price per half-year X 1<sup>st</sup> year on <b>validated desk review of data by IVA</b> = Maximum of 8% of five-year bid price</li> <li>▪ Maximum of 2.0% of five-year bid price per half-year X 8 half-years on validated desk review of data by IVA = Maximum of 16% of five-year bid price</li> </ul> Total = Maximum of 24%	<b>Minimum target achieved for every service of BPNS</b>	<b>Overall performance target achieved for BPNS in half-year</b>	<b>Proportion of five-year bid price released</b>
				70%	90%+	2.0%
				70%	70-89.9%	1.75%
				60%-69.9%	90%+	1.5%
				60%-69.9%	70-89.9%	1.25%
				60%-69.9%	60-69.9%	1.00%
				<60%	90%+	0.75%
				<60%	70-89.9%	0.5%
				<60%	60-69.9%	0.4%
				<60%	<60%	No payment

			of five-year bid price			
	<ul style="list-style-type: none"> <li>▪ Semi-annual (months 1-6) performance report acceptable to PIU and the World Bank</li> <li>▪ Semi-annual (months 7-12) performance report acceptable to PIU and the World Bank</li> </ul>	<ul style="list-style-type: none"> <li>▪ 10th day of month 7, Year 1/2/3/4/5</li> <li>▪ 10th day of month 1, Year 2/3/4/5/6</li> </ul>	Year 2 onwards, maximum of 2.0% of five-year bid price per half-year X 8 half-years on <b>validated delivery to a sample of beneficiaries per service of BPNS, every half-year, through household visits/phone verification by IVA</b> = 16% of five-year bid price	<b>Minimum percentage of beneficiaries verified as having received service, for every service of BPNS</b>	<b>Overall percentage of beneficiaries verified as having received service for BPNS in half-year</b>	<b>Proportion of five-year bid price released</b>
				70%	90%+	2.0%
				70%	70-89.9%	1.75%
				60%-69.9%	90%+	1.5%
				60%-69.9%	70-89.9%	1.25%
				60%-69.9%	60-69.9%	1.00%
				<60%	90%+	0.75%
				<60%	70-89.9%	0.5%
				<60%	60-69.9%	0.4%
				<60%	<60%	No payment

35. **Selection of NSAs:** NSAs will be selected using a two-stage, quality and cost-based selection (QCBS) approach for consulting services. Only NSAs which meet the technical criteria will have their financial proposals opened and assessed. Both the technical feasibility and financial viability of the proposals will be assessed to identify the highest ranked NSAs for award of contract.

- a. **Stage 1:** The Federal Project Management Unit (PMU) of ANRiN housed within the Federal Ministry of Health (FMOH), following standard World Bank procurement procedures for Quality and Cost Based Selection (QCBS) for consulting services, will request for Expressions of Interest from competent NSAs/JVs/consortia of agencies coming together as an NSA for this assignment, on the approved Terms of Reference. An NSA is mandatorily required to fulfill the qualification criteria for the assignment, irrespective of its legal status (profit/non-profit/community-based organization/academic institution etc.)

A single REOI will be published for the six packages. The PMU will advertise the REOI in at least two national newspapers on a working week day. The REOI will also be published on UNDB and dgMarket. Interested NSAs (firm/JV/Consortia) will submit an EOI spanning not more than 20-25 A4 size pages, providing documentary evidence of its qualification for the package/s bid for.

A firm/JV/Consortia will have to express interest in a half state, for each of the states, in a package. For example, in Package 1: a firm/JV/Consortia will have to bid for Abia 1 or 2 + Akwa Ibom 1 or 2, while for Package 4: a firm/JV/Consortia will have to bid for Nasarawa 1 or 2 + Plateau 1 or 2 + Gombe 1 or 2.

A firm/JV/Consortia may express interest in 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.

Should a firm/JV/consortia be interested in bidding for more than one package, its EOI should indicate clearly, which packages it is bidding for and provide evidence of meeting qualifications for independently servicing the contracts for each half state within the packages of interest.

The following three qualifications pertaining to (i) technical and management skills; (ii) demonstrated experience of having undertaken at least three assignments of similar nature, geographical scope and scale in last five years; (iii) demonstrated experience of having undertaken procurement, drug logistics and supply chain management of nutrition products, supplies and pharmaceuticals or having a legally binding collaboration with a firm qualified to do the same, allow a firm/JV/consortia to bid for 1-11 half state contracts. The qualifications pertaining to financial turnover, financial management capabilities and mandatory skill set availability should be met for each of the half state contracts within every package bid for. Specific financial turnover and financial management capabilities will be indicated for each package in the EOI and substantiated with audited statements of accounts for the firm or all members of the JV for a period of last three years. Note that at EOI stage, only names and qualifications in brief of key personnel must be included. Detailed CVs of personnel will only be submitted at the RFP stage.

For a JV, the EOI should provide evidence of a legally binding partnership to execute the contract as well as independent qualifications of the firms forming the partnership, which together will technically qualify the JV to fully execute the contract. All partners

of the JV firm should independently possess the legal and financial status to qualify for executing the contract in their sole capacity. An entity can be a partner in multiple JVs.

For a consortia, while the EOI should indicate the technical qualifications of the lead partner and sub-contractors to execute the full contract, only the legal and financial qualification of the lead partner will be assessed. A sub-contractor can participate in multiple consortia.

Based on a World Bank approved criteria, a shortlisting committee comprising members from FMOH, representatives from development partners will evaluate EOIs and prepare a shortlist of NSAs, which will be provided PIUs of each project state. It is possible at the short-listing stage a firm/JV/consortia may be advised to express interest following Consultant's Qualification based Selection procedures to bid for a contract where sub-optimal interest has been expressed.

- b. **Stage 2:** Requests for Proposals will be invited from ONLY the shortlisted NSAs (firms/JVs/Consortia) on state specific TORs for this assignment by the Project Implementation Unit (PIU) of the SMOH for each ANRiN project state, following standard World Bank procurement procedures for QCBS. For example, if a firm expressed interest in all six packages and was shortlisted for only five packages, it is expected to prepare and submit technical and financial proposals for only those five packages. NSAs will have 60 working days to respond. As part of its technical proposal, each NSA is also encouraged to provide a nested 5-page proposal for an innovation to be deployed in 1-2 LGAs of the half state, to expand the knowledge on new implementation modalities for nutrition specific interventions that are cost effective and scalable, with an investment of not more than US\$ 150,000 over a two year period.
  - i. **Scoring for overall proposal:** The minimum technical score to qualify for the assignment is 70%. The quality of the technical proposal will be allocated 75% of the overall score; while the bid price will be allocated 25% of the overall score (see table 5). This ensures that there is enough price competition to result in efficient use of resources.
  - ii. **Scoring for innovation proposal:** the nested innovation proposal will be separately evaluated based on the criteria indicated in Annex 8. The cost proposed for the innovation (capped at US\$ 150,000) will be exclusive of the bid price. If the technical proposal for the innovation scores a minimum of 70%, the innovation is acceptable in principle and may be deployed at the cost proposed for the innovation (capped at US\$ 150,000). The detailed design, operational plan, reporting mechanism and evaluation plan for the innovation will be finalized by the NSA in consultation with the ANRiN Innovation Working Group. If the technical proposal for the innovation scores below 70%, the innovation will not be acceptable for deployment.
  - iii. The acceptability or the non-acceptability of the innovation for deployment will NOT influence the technical scoring of the overall technical proposal for the assignment submitted by the NSA.
  - iv. Should the highest ranked NSA in the QCBS process propose an innovation which is technically assessed to be acceptable, the proposed price of the innovation will be added to the overall bid price of the NSA and a contract



issued in the cumulative amount. And should the innovation proposal be rejected; the NSA will lose the US\$ 150,000 allocated to the innovation.

**Table 5: Comparison of Different Approaches to QCBS**

QCBS 75/25					
Bidder	Technical Score	Weighted Technical Score	Financial Bid	Weighted Financial Score	Total Score
A	90	$0.90 \times 0.75 = 0.675$	\$ 2,400,000	$\frac{1,000,000}{2,400,000} \times 0.25 = 0.1$	77.5%
B	86	$0.86 \times 0.75 = 0.645$	\$ 1,800,000	$\frac{1,000,000}{1,800,000} \times 0.25 = 0.138$	78.3%
C	82	$0.82 \times 0.75 = 0.615$	\$ 1,400,000	$\frac{1,000,000}{1,400,000} \times 0.25 = 0.178$	<b>79.3%</b>
D	72	$0.72 \times 0.75 = 0.54$	\$ 1,000,000	$\frac{1,000,000}{1,000,000} \times 0.25 = 0.25$	79.0%

36. **NSAs will bid for delivering stated services in the quantity and quality specified for each half state:** In doing so, the NSA is expected to comply with technical guidelines, standards and laws of the Government of Nigeria as well as World Bank’s statutory fiduciary and safeguards policies. The NSA will be fully responsible for procurement of NAFDAC registered nutrition related products, supplies and pharmaceuticals (on the FMOH essential drug list) of acceptable quality from reputed suppliers as per the specifications prescribed in **Annex 5** to deliver BPNS in communities. The cost of the procurement, supply and storage of required NAFDAC registered nutrition related products, supplies and pharmaceuticals will be included in the bid price. To leverage efficiencies and economies of scale, the NSAs have flexibility to explore, organize and manage coordinated and/or collaborative mechanisms for procurement of NAFDAC registered nutrition related products, supplies and pharmaceuticals (on the FMOH essential drug list) of acceptable quality and as per the specification prescribed in **Annex 5** to deliver BPNS in the communities. Note that failure to meet the prescribed performance targets due to procurement and logistics of NAFDAC registered nutrition related products, supplies and pharmaceuticals (on the FMOH essential drug list) will be the sole responsibility of the NSA.
37. The proposed technical selection criteria for the bidders will include:
38. **Experience: 10 Points:**
- Experience in delivering primary health care services, including preventive and curative nutrition related services using community -based approaches: 5 points
  - Experience working in the same state or same region: 2 points
  - Experience with the procurement and distribution of health commodities: 3 points
39. **Technical design - 50 Points:** 10 points for an overall summary of the technical approach to accomplishing the scope of work (maximum 1,000 words). Another 40 points will be awarded based on answers to the following questions:
- Describe how you will monitor and analyze your organization’s performance for continuous improvement? (300 words) **max 5 points**
  - How will you ensure accurate performance reporting? (300 words) **max 5 points**

- xi) How will the NSA take advantage of community structures (including traditional institutions) in delivering services? (400 words) **max 5 points**
- xii) How will you manage and improve the performance of your staff? How will you reward high performance? How will you address underperformance? (400 words) **max 5 points**
- xiii) How will you improve process of care and outcomes, including beneficiary satisfaction? (400 words) **max 5 points**
- xiv) How will you ensure that your services are responsive to the local community? (300 words) **max 5 points**
- xv) How will you ensure services to the poorest and the most vulnerable in the community? (300 words) **max 5 points**
- xvi) What will be your complaints handling procedure (grievance redress mechanism) and how will it be audited? (300 words) **max 5 points**

The answer to each question will be scored individually by panel members from 0 to 5 (unacceptable or no answer=0, poor=1 mediocre=2, good=3, very good=4, excellent=5) based on: clarity, specificity, creativity, and practicality.

40. **Key Personnel – 35 Points:** Each key staff will be assessed on the basis of their: (a) education (30%); (b) experience in the proposed role (60%); and (c) knowledge of the context (experience in Nigeria and in the concerned geo-political zone (10%)
- vii. Project Director: 10 points
  - viii. Nutrition Specialist: 6 points
  - ix. Manager-Finance and Administration: 6 points
  - x. Manager-Procurement and Logistics: 7 points
  - xi. Manager-M&E: 6 points

Note that the full-time, exclusive availability of a team of the above-mentioned five personnel is mandatory for each state contract that an NSA may bid for. A single team cannot be presented as key personnel for multiple state contracts. If an NSA proposes to bid for five half-state contracts, it must have on its permanent rolls 5 separate Project Directors, 5 Nutrition Specialists, 5 Finance and Administration Managers, 5 Procurement and Logistics Managers and 5 M&E Managers. Five separate teams comprising each of these personnel will have to be deployed, one to each state.

41. **National presence – 5 points:** National participation is assessed based on the percentage share of national consultants covering key staff positions in staff-months over the total staff-months of key staff proposed for the assignment. Foreign consultants may satisfy national participation requirements either by associating (joint venture or subcontract) with their local branch, if one exists, or with other national firms, or by incorporating national individual experts into their work team. In all cases, for national participation to be rewarded in the evaluation of proposals, national experts should be part of the key staff, not just support staff.
42. **Size of the contracts (“lot size”):** A total of six packages will be bid out. Three of these packages will have two state schedules, with two contracts per state. Therefore, each package will comprise four contracts. One package will have three state schedules, each state schedule having two contracts, one per half project state, totaling to 6 contracts. 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. Each state will be serviced by two NSAs responsible for half the number of LGAs in the state based on the equitable distribution of population between the two half states, except for Kano. Due to its large size, Kano will be serviced by three NSAs, one per senatorial district. Having more than one contract per state has the advantage that if one NSA performs poorly there is a credible threat of termination because there is an NSA right at hand who could take over with minimal disruption. An NSA may be expected to take over other half of the state in the event of termination of contract of the NSA operating in the other half state.

43. **Maximizing NSA Participation and Enhancing Competition:** The Federal PMU, State PIUs and the Bank will convene meetings prior to and during the bidding process and advertise these widely to attract maximum participation of NSAs. The NSAs may comprise single firms, Joint Ventures or a consortia with a lead partners and multiple sub-partners, representing non-profit and for-profit sectors.

44. **Contract Management:**

- a. The Project Coordinator supported by the Contract Management Officer, with qualifications and expertise enumerated in the Terms of Reference approved by the World Bank for the said function, and deputed to the PIU by the State Government, will be the focal point for managing the contract with the NSA. The Project Coordinator will be supported in his/her functioning by the Procurement Officer, Contract Management Officer and M&E Officer, with qualifications and expertise enumerated in the Terms of Reference approved by the World Bank for the said functions and deputed to the PIU by the State Government. The PIU may recruit consultants on Terms of Reference agreed with the World Bank and following World Bank procurement guidelines for selection of individual consultants to support the contract management function. This Contract Management Task Force will comprise Project Coordinator, Contract Management Officer, Procurement Officer and M&E Officer. The Project Coordinator of the ANRiN PIU will be accountable to the Commissioner Health of the State.
- b. Ongoing technical assistance and periodic trainings will be provided to the Contract Management Task Force to enhance its capacity to efficiently and effectively manage the contracts, through the World Bank managed multi-donor trust funds.
- c. Direct payments in currency defined in contract (a maximum of three different currencies is permissible) will be made to the NSA via a withdrawal application rather than through a special account.
- d. The PIU, SMOH is incentivized through monetized disbursement linked indicators to ensure payment to NSAs within 45 days of raising of invoice towards the performance-based payments. This fund flow will be closely monitored by the Federal Ministry of Finance and the World Bank.
- e. The standard contract documents for this assignment will specify liabilities of the PIU, SMOH for delayed approval of invoices against deliverables assessed to be acceptable by the World Bank.

45. **Reporting and Supervision:**

- i. The NSAs will be expected to record service delivery through a mobile-based platform that will be developed and managed with the Technical Assistance of the World Bank's multi-donor trust funds. Towards this, the NSA is expected to equip its community-based service providers with mobile hardware of specified technical

specifications (**Annex 9** provides an preliminary specifications for mobile phone, sim card and data plans that will be required for the NSA to deploy to its community-based service providers). The mobile application and its upgrades will be provided to the NSA team at zero cost with TA from World Bank's multi-donor trust funds. The NSA team will be trained in the use of the mobile platform to report on its performance at zero cost with TA World Bank's multi-donor trust funds. Data from the mobile platform may be maintained/managed by an external vendor/Government of Nigeria and will be used for monitoring NSA performance as well as for half-yearly verification of throughput. The NSAs are expected to record service delivery ONLY directly attributable to their providers. Mis-reporting of efforts of any other agency providing any of the services under the basic package as its own, and such validation during supervision/verification of NSA service delivery, will be considered willful fraud and corruption on part of the NSA.

- ii. Annual Progress Reports: Year 2 onwards, the NSA will submit a Progress Report of the previous year along the Annual Work plan for the calendar year and will include:
  - Progress against previous year's Annual Work Plan.
  - Data on annual 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.
  - Monthly performance reports in the format provided in **Annex 2**.
- iii. Half-yearly progress reports will be submitted by the 10<sup>th</sup> day of month 7 for the first six months of contract execution and 10<sup>th</sup> day of month 1 of the next year for the second six months of contract execution; this cycle being repeated over the life of the contract.

#### 46. Review of Results:

- a. The Annual Workplans and annual progress reports will be reviewed by PIU and provided No Objection to by the World Bank for release of lumpsum payments via a withdrawal application.
- b. Every six months, the IVA contracted by the FMOF will undertake (i) desk review of NSA performance, and (ii) verification of a proportion of randomly selected beneficiaries of each service in the community, for partial release of results-based payment to NSAs. These reports will be due within six weeks of having initiated the verification process in

each state and will be provided No Objection to by the Bank for release of results-based payments via a withdrawal application.

47. **Authority and Responsibilities:** The NSA will have substantial autonomy of how it implements the contracted services, including the way it organizes services, the staff it hires, management of its staff, procurement, and how it deploys resources provided under the contract or purchased with contract funds. In keeping with Bank's guidelines on fraud and corruption, the NSA will be prohibited from making any payments or providing goods or services (such as the use of cars) to any government officials, their relatives, or acquaintances etc. Similarly, government officials cannot request any payments, goods or services for themselves, their relatives, or acquaintances etc.
48. **Dispute resolution:** All attempts will be made to handle any disputes pertaining to the contract amicably and expeditiously within two calendar weeks.
- a. The NSA Manager/PIU Project Coordinator is expected to communicate in writing to the PIU Project Coordinator/NSA Manager with a copy to the World Bank Task Team the nature of dispute with evidence and potential solutions
  - b. The Project Coordinator will organize for a meeting of the NSA and amicably attempt to resolve the dispute. Following the resolution, the agreement taken will be communicated in writing by the Project Coordinator to the NSA copied to the World Bank within two weeks of the meeting.
  - c. If the proposed solution is not to the satisfaction of both parties, the Project Coordinator will organize a meeting within two weeks with the Commissioner Health requesting participation of the World Bank Task Team for discussion and resolution.
  - d. Following the resolution, the Project Coordinator will communicate to the NSA copied to the World Bank within two weeks of the meeting, the agreements made to resolve the dispute.
  - e. If the disputes are not settled with the intervention of the Commissioner Health, the SMOH/NSA can seek remedial action following standard remedies articulated in World Bank contract documents.
49. **Sanctions:**
- a. There will be a cascade of sanctions for NSAs whose performance falls below the standards set out in the contract, up to and including termination if sanctions are merited in more than two consecutive half-year review periods. The sanctions cascade would include:
    - i. Letter of concern from PIU to the NSA Project Director;
    - ii. Letter of concern from PIU to the chair of the board of the NSA in response to which the NSA must develop and implement a 6-month improvement plan;
    - iii. Replacement of NSA Project Director and/or other key officers; and
    - iv. Termination of the contract following continued poor performance in the third review period despite the above-remedial measures.
  - b. Sanctions will also be imposed on the PIU if the invoices towards World Bank approved NSA outputs (annual reports, progress reports, performance reports towards results-based payment) are not submitted through withdrawal application to the World Bank for processing of payment within 60 days of the World Bank's approval of outputs. These will include
    - i. Letter of concern from the World Bank to the Project Coordinator;

- ii. Letter of concern from the World Bank to the Commissioner Health; and
- iii. Replacement of Project Coordinator/Procurement Officer/Contract Management Officer.

**50. Expansion of services to additional half-state/s on termination of contract of NSA in other half state:**

- a. Should an NSA not meet its targets (minimum 60%) for three half-years consecutively, regardless of full efforts to resolve performance issues, its contract will be terminated.
- b. The NSA performing in the other half state will be informed of the imminent take-over of the entire state, at least six months in advance of the termination of contract
- c. The performing NSA will be approached at least three months ahead of the termination of the contract to propose its existing technical approach and appropriately pro-rated financial proposal to meet the remaining performance targets in the other half state.
- d. In such a case, the NSA will only be required to provide evidence for meeting the additional financial turnover and financial management capacities for this additional geographic scope as indicated in the EOI.
- e. In such a case, the NSA will be allowed to maintain only ONE team of key personnel servicing both the half states.

## ANNEX 1

### ANNUAL AND SEMI-ANNUAL PERFORMANCE TARGETS FOR DELIVERY OF THE BASIC PACKAGE OF NUTRITION SERVICES TO BE ACHIEVED BY EACH CONTRACTED NSA IN EACH ANRiN PROJECT STATE

Each NSA will be held accountable for achieving the semi-annual and annual targets (number of contacts) detailed in Table 1 for each service under the BPNS in the respective ANRiN project state. Forty percent of the NSA five-year bid price is linked to the performance against these targets. By end of Year 5, it is expected that the targets specified in Table 1 will be fully achieved by the NSAs.

**Table 1. Semi-annual and annual performance targets (number of contacts) for Basic Package of Nutrition Services**

<b>MIYCN counseling contacts for pregnant and lactating women (@5 contacts per pregnant and lactating woman per year)</b>											
	<b>Half-year 2020</b>	<b>2020</b>	<b>Half-year 2021</b>	<b>2021</b>	<b>Half-year 2022</b>	<b>2022</b>	<b>Half-year 2023</b>	<b>2023</b>	<b>Half-year 2024</b>	<b>2024</b>	<b>Total</b>
Abia	41,564	83,128	83,959	167,918	127,198	254,396	171,293	342,586	216,257	432,515	1,280,542
Akwa-Ibom	56,999	113,998	115,138	230,277	174,434	348,869	234,905	469,810	296,568	593,135	1,756,089
Gombe	34,547	69,095	69,786	139,571	105,725	211,450	142,376	284,753	179,750	359,500	1,064,369
Kano	91,553	183,106	184,937	369,873	280,179	560,358	377,308	754,615	476,351	952,702	2,820,654
Katsina	84,747	169,493	171,188	342,376	259,350	518,700	349,258	698,516	440,938	881,876	2,610,960
Kogi	48,410	96,820	97,788	195,576	148,149	296,297	199,507	399,014	251,877	503,755	1,491,461
Kwara	34,552	69,104	69,795	139,589	105,739	211,478	142,395	284,790	179,774	359,548	1,064,510
Nasarawa	27,307	54,614	55,160	110,320	83,567	167,135	112,537	225,075	142,078	284,157	841,299
Niger	57,769	115,539	116,694	233,388	176,791	353,583	238,079	476,158	300,575	601,149	1,779,816
Oyo	81,523	163,046	164,676	329,352	249,484	498,969	335,972	671,944	424,165	848,330	2,511,640
Plateau	46,839	93,679	94,615	189,231	143,342	286,685	193,035	386,069	243,706	487,412	1,443,076
<b>Total</b>	<b>695,113</b>	<b>1,392,247</b>	<b>1,404,128</b>	<b>2,810,275</b>	<b>2,127,252</b>	<b>4,256,528</b>	<b>2,864,700</b>	<b>5,731,423</b>	<b>3,616,684</b>	<b>7,235,391</b>	<b>21,415,753</b>
<b>Deworming contacts for children 12-59 months (@2 contacts per child per year)</b>											
	<b>Half-year 2020</b>	<b>2020</b>	<b>Half-year 2021</b>	<b>2021</b>	<b>Half-year 2022</b>	<b>2022</b>	<b>Half-year 2023</b>	<b>2023</b>	<b>Half-year 2024</b>	<b>2024</b>	<b>Total</b>
Abia	23,037	46,075	46,744	93,487	71,101	142,201	96,236	192,472	122,232	244,464	718,699
Akwa-Ibom	53,849	107,699	109,262	218,523	166,195	332,391	224,949	449,898	285,713	571,426	1,679,937

Gombe	47,543	95,085	96,465	192,930	146,731	293,462	198,603	397,207	252,251	504,502	1,483,186
Kano	121,037	242,075	245,588	491,176	373,558	747,116	505,619	1,011,237	642,198	1,284,397	3,776,001
Katsina	113,279	226,557	229,845	459,690	349,612	699,224	473,207	946,414	601,032	1,202,064	3,533,949
Kogi	65,133	130,266	132,156	264,313	201,020	402,040	272,085	544,170	345,582	691,163	2,031,952
Kwara	30,268	60,535	61,414	122,827	93,415	186,830	126,439	252,878	160,593	321,187	944,257
Nasarawa	36,421	72,841	73,898	147,796	112,405	224,810	152,142	304,285	193,240	386,479	1,136,212
Niger	76,458	152,917	155,136	310,272	235,974	471,947	319,395	638,791	405,672	811,343	2,385,270
Oyo	66,884	133,768	135,709	271,418	206,424	412,848	279,399	558,798	354,872	709,743	2,086,576
Plateau	53,362	106,723	108,272	216,544	164,690	329,379	222,911	445,822	283,125	566,249	1,664,717
<b>Total</b>	<b>805,987</b>	<b>1,613,992</b>	<b>1,635,367</b>	<b>3,272,751</b>	<b>2,487,518</b>	<b>4,977,056</b>	<b>3,366,906</b>	<b>6,735,836</b>	<b>4,276,391</b>	<b>8,554,803</b>	<b>25,144,334</b>
<b>Vitamin A supplementation contacts for children 6-59 months (@2 contacts per child per year)</b>											
	<b>Half-year 2020</b>	<b>2020</b>	<b>Half-year 2021</b>	<b>2021</b>	<b>Half-year 2022</b>	<b>2022</b>	<b>Half-year 2023</b>	<b>2023</b>	<b>Half-year 2024</b>	<b>2024</b>	<b>Total</b>
Abia	31,608	63,216	64,134	128,267	97,552	195,104	132,039	264,078	167,706	335,412	986,078
Akwa-Ibom	26,174	52,349	53,109	106,217	80,782	161,565	109,341	218,681	138,876	277,752	816,564
Gombe	46,077	92,155	93,492	186,985	142,209	284,418	192,483	384,966	244,477	488,954	1,437,477
Kano	107,782	215,565	218,693	437,385	332,648	665,297	450,247	900,493	571,869	1,143,738	3,362,478
Katsina	100,389	200,778	203,692	407,384	309,831	619,662	419,363	838,726	532,643	1,065,286	3,131,837
Kogi	27,328	54,655	55,448	110,896	84,341	168,682	114,157	228,315	144,994	289,988	852,536
Kwara	10,409	20,818	21,121	42,241	32,126	64,252	43,483	86,966	55,229	110,458	324,736
Nasarawa	30,870	61,739	62,635	125,270	95,273	190,546	128,954	257,908	163,788	327,575	963,039
Niger	40,806	81,612	82,796	165,593	125,940	251,879	170,462	340,924	216,508	433,015	1,273,023
Oyo	44,589	89,179	90,473	180,945	137,616	275,232	186,266	372,532	236,581	473,162	1,391,051
Plateau	43,840	87,680	88,952	177,905	135,303	270,607	183,136	366,272	232,606	465,211	1,367,675
<b>Total</b>	<b>622,189</b>	<b>1,246,398</b>	<b>1,262,438</b>	<b>2,526,894</b>	<b>1,920,264</b>	<b>3,842,550</b>	<b>2,599,119</b>	<b>5,200,259</b>	<b>3,301,204</b>	<b>6,604,429</b>	<b>19,410,430</b>
<b>Two sachets of Zinc/ORS for children 6-59 months for diarrhea with counseling to use (@2 contacts per child per year)</b>											
	<b>Half-year 2020</b>	<b>2020</b>	<b>Half-year 2021</b>	<b>2021</b>	<b>Half-year 2022</b>	<b>2022</b>	<b>Half-year 2023</b>	<b>2023</b>	<b>Half-year 2024</b>	<b>2024</b>	<b>Total</b>
Abia	20,667	41,334	41,934	83,867	63,784	127,568	86,333	172,666	109,654	219,308	644,743
Akwa-Ibom	28,342	56,684	57,506	115,012	87,471	174,942	118,394	236,788	150,375	300,751	884,177
Gombe	17,178	34,356	34,855	69,709	53,016	106,033	71,759	143,518	91,143	182,285	535,901



Kano	45,523	91,046	92,367	184,734	140,497	280,995	190,166	380,333	241,535	483,070	1,420,177
Katsina	42,139	84,277	85,500	171,001	130,053	260,105	176,029	352,058	223,579	447,157	1,314,598
Kogi	24,071	48,142	48,840	97,681	74,290	148,580	100,553	201,106	127,715	255,430	750,939
Kwara	17,180	34,361	34,859	69,718	53,023	106,047	71,768	143,537	91,155	182,310	535,972
Nasarawa	13,578	27,156	27,550	55,100	41,905	83,811	56,720	113,440	72,041	144,082	423,588
Niger	28,725	57,449	58,283	116,566	88,653	177,306	119,994	239,988	152,407	304,814	896,124
Oyo	40,536	81,071	82,248	164,496	125,105	250,211	169,333	338,666	215,074	430,147	1,264,591
Plateau	23,290	46,580	47,256	94,512	71,880	143,760	97,291	194,582	123,572	247,143	726,577
<b>Total</b>	<b>345,633</b>	<b>693,283</b>	<b>701,295</b>	<b>1,404,610</b>	<b>1,066,722</b>	<b>2,135,469</b>	<b>1,443,833</b>	<b>2,889,690</b>	<b>1,833,849</b>	<b>3,669,718</b>	<b>10,782,664</b>
<b>Thirty sachets of micronutrient powders per month for children 6-23 months with counseling to use (@3 contacts per child per year)</b>											
	<b>Half-year 2020</b>	<b>2020</b>	<b>Half-year 2021</b>	<b>2021</b>	<b>Half-year 2022</b>	<b>2022</b>	<b>Half-year 2023</b>	<b>2023</b>	<b>Half-year 2024</b>	<b>2024</b>	<b>Total</b>
Abia	21,333	42,665	43,247	86,494	65,752	131,503	89,346	178,692	113,709	227,417	666,772
Akwa-Ibom	29,255	58,510	59,308	118,615	90,169	180,339	122,526	245,052	155,936	311,872	914,387
Gombe	17,731	35,463	35,946	71,893	54,652	109,304	74,263	148,526	94,513	189,026	554,212
Kano	46,989	93,979	95,261	190,521	144,831	289,663	196,803	393,605	250,466	500,933	1,468,701
Katsina	43,496	86,992	88,179	176,357	134,064	268,128	182,172	364,344	231,846	463,693	1,359,515
Kogi	24,846	49,693	50,370	100,741	76,582	153,163	104,062	208,124	132,438	264,875	776,597
Kwara	17,734	35,467	35,951	71,902	54,659	109,318	74,273	148,546	94,526	189,051	554,285
Nasarawa	14,015	28,030	28,413	56,826	43,198	86,396	58,699	117,398	74,705	149,410	438,061
Niger	29,650	59,300	60,109	120,218	91,388	182,775	124,181	248,363	158,043	316,086	926,742
Oyo	41,842	83,683	84,824	169,649	128,964	257,929	175,242	350,485	223,027	446,054	1,307,799
Plateau	24,040	48,081	48,736	97,473	74,097	148,194	100,686	201,373	128,141	256,283	751,403
<b>Total</b>	<b>356,766</b>	<b>715,551</b>	<b>723,264</b>	<b>1,448,548</b>	<b>1,099,628</b>	<b>2,201,277</b>	<b>1,494,219</b>	<b>2,990,463</b>	<b>1,901,661</b>	<b>3,805,346</b>	<b>11,151,082</b>
<b>Thirty IFA supplementation tablets for pregnant women with counseling to use (@3 contacts per pregnant woman per year)</b>											
	<b>Half-year 2020</b>	<b>2020</b>	<b>Half-year 2021</b>	<b>2021</b>	<b>Half-year 2022</b>	<b>2022</b>	<b>Half-year 2023</b>	<b>2023</b>	<b>Half-year 2024</b>	<b>2024</b>	<b>Total</b>
Abia	12,805	25,610	25,866	51,732	39,187	78,374	52,772	105,544	66,625	133,250	394,511
Akwa-Ibom	18,576	37,151	37,523	75,045	56,847	113,693	76,553	153,107	96,649	193,297	572,294
Gombe	11,003	22,007	22,227	44,454	33,674	67,348	45,348	90,695	57,251	114,503	339,007

Kano	29,442	58,885	59,473	118,947	90,102	180,205	121,338	242,676	153,189	306,378	907,090
Katsina	26,713	53,426	53,960	107,920	81,749	163,499	110,089	220,178	138,988	277,975	822,998
Kogi	15,119	30,238	30,540	61,081	46,269	92,537	62,308	124,617	78,664	157,328	465,801
Kwara	10,934	21,869	22,088	44,175	33,463	66,925	45,063	90,126	56,892	113,784	336,879
Nasarawa	8,593	17,185	17,357	34,714	26,296	52,592	35,412	70,824	44,708	89,415	264,730
Niger	18,718	37,436	37,810	75,620	57,282	114,565	77,140	154,280	97,389	194,779	576,679
Oyo	26,495	52,990	53,520	107,041	81,083	162,166	109,192	218,384	137,855	275,710	816,291
Plateau	14,363	28,725	29,012	58,025	43,954	87,908	59,191	118,382	74,729	149,457	442,497
<b>Total</b>	<b>220,737</b>	<b>443,494</b>	<b>445,888</b>	<b>893,798</b>	<b>675,522</b>	<b>1,353,065</b>	<b>909,702</b>	<b>1,821,427</b>	<b>1,148,501</b>	<b>2,299,022</b>	<b>6,800,702</b>
<b>One dose of SP/Fansidar (IPTp) for malaria for pregnant women (@ 3 contacts per pregnant woman per year)</b>											
	<b>Half-year 2020</b>	<b>2020</b>	<b>Half-year 2021</b>	<b>2021</b>	<b>Half-year 2022</b>	<b>2022</b>	<b>Half-year 2023</b>	<b>2023</b>	<b>Half-year 2024</b>	<b>2024</b>	<b>Total</b>
Abia	11,667	23,334	23,567	47,134	35,704	71,408	48,081	96,163	60,703	121,405	359,443
Akwa-Ibom	16,924	33,849	34,187	68,374	51,794	103,587	69,749	139,497	88,058	176,115	521,423
Gombe	10,025	20,051	20,251	40,503	30,681	61,361	41,317	82,633	52,162	104,325	308,873
Kano	26,825	53,650	54,187	108,374	82,093	164,187	110,552	221,104	139,572	279,144	826,460
Katsina	24,338	48,677	49,164	98,327	74,483	148,965	100,303	200,607	126,633	253,266	749,842
Kogi	13,775	27,550	27,826	55,651	42,156	84,312	56,770	113,540	71,672	143,344	424,396
Kwara	9,962	19,925	20,124	40,248	30,488	60,976	41,057	82,115	51,835	103,670	306,935
Nasarawa	7,829	15,658	15,814	31,628	23,959	47,917	32,264	64,528	40,734	81,467	241,199
Niger	17,054	34,108	34,449	68,898	52,190	104,381	70,283	140,566	88,733	177,465	525,419
Oyo	24,140	48,280	48,763	97,526	73,876	147,752	99,486	198,972	125,601	251,202	743,732
Plateau	13,086	26,172	26,434	52,867	40,047	80,094	53,930	107,859	68,086	136,172	403,164
<b>Total</b>	<b>201,115</b>	<b>404,252</b>	<b>406,255</b>	<b>814,528</b>	<b>615,477</b>	<b>1,232,972</b>	<b>828,840</b>	<b>1,659,701</b>	<b>1,046,412</b>	<b>2,094,843</b>	<b>6,196,195</b>

## ANNEX 2

### Reporting formats for basic package of nutrition services provided by Non-State Actors (NSAs)

1A. Reporting format for provision of MIYCN counseling for pregnant/lactating women using approved counseling tools/job aids; 30 IFA tablets with counseling for use; and IPTp (one dose/month of SP/Fansidar) for malaria to pregnant women in community (compiled by NSA)

**NOTE: DATA CAPTURED IN THIS REPORTING FORMAT IS CONFIDENTIAL AND WILL ONLY BE USED FOR VERIFICATION OF SERVICE PROVISION**

ACCELERATING NUTRITION RESULTS IN NIGERIA PROJECT									
[day/month/year] [Name of NSA 1/ NSA 2 NSA daily register									
Name of State/LGA/Ward/Village/Commune: Signature of Village Head:									
Services for pregnant/lactating women									
S. No.	Name of woman	Age of woman in years & months	Pregnant (P)/Lactating (L)	MIYCN counselling	30 IFA tablets with counselling to use provided	IPTp (one dose/month of SP/Fansidar) provided	Name of husband/partner or contact person	Mobile number of self or husband or partner or contact person	House # and Street address of pregnant/lactating woman
Summary for XX, 20XX									
Total number of pregnant women provided MIYCN counselling (A):									
Of which, total number of pregnant adolescents (15-19 years of age) provided MIYCN counselling (B):									
Total number of lactating women provided MIYCN counselling (C):									
Of which, total number of lactating adolescents (15-19 years of age) provided MIYCN counselling (D):									
Total number of pregnant and lactating women provided MIYCN counselling (E = A+C):									
Of which, total number of pregnant and lactating adolescents (15-19 years of age) provided MIYCN counselling (F = B+D):									
Total number of pregnant women provided 30 IFA tablets with counselling to use (G):									
Of which, total number of pregnant adolescents (15-19 years of age) provided 30 IFA tablets with counselling to use (H):									
Total number of pregnant women provided IPTp (one dose/month of SP/Fansidar) for malaria (I):									
Of which, total number of pregnant adolescents (15-19 years of age) provided IPTp (one dose/month of SP/Fansidar) for malaria (J):									

1B. Reporting format on provision of 30\* sachets of micronutrient powders (MNP) with counseling to use \*15 sachets/month for children 6-23 months of age; 2 sachets of Zinc/ORS with counseling to use to children 6-59 months for treatment of diarrhea; one dose of Vitamin A supplementation of children 6-59 months; and deworming of children 12-59 months in community (compiled by NSA)

***NOTE: DATA CAPTURED IN THIS REPORTING FORMAT IS CONFIDENTIAL AND WILL ONLY BE USED FOR VERIFICATION OF SERVICE PROVISION***

**ACCELERATING NUTRITION RESULTS IN NIGERIA PROJECT**

[day/month/year] [Name of NSA 1/ NSA 2] NSA daily register

Name of State/LGA/Ward/Village/Commune

Signature of Village Head:

**Nutrition Services for children 6-59 months of age**

S. No.	Name of Mother	Age of Mother in years and months	Name of child	Sex of child (Male/Female)	Age of child (in months) from DOB on child health record	If child is 6-23 months	If child is 6-59 months		If child is 12-59 months	Name of husband or partner or contact person	Mobile number of self, husband, partner or contact person	Address of mother
						30* MNP sachets with counselling to use (*15 sachets/month) provided	2 sachets of Zn/ORS with counselling to use provided	One dose of Vit. A	Deworming			

**Summary for XX, 20XX**

Total number of lactating women with children 6-23 months of age provided with 30\* sachets of micronutrient powders (MNP) with counselling to use (\*15 sachets per month) (K):

Of which, total number of lactating adolescents (15-19 years of age) with children 6-23 months of age provided with 30\* sachets of micronutrient powders (MNP) with counselling to use (\*15 sachets per month) (L):

Total number of children 6-59 months provided with 2 sachets of Zinc/ORS with counselling to use for treatment of diarrhea (M):

Of which, total number of children 6-59, of adolescents (15-19 years of age) provided with 2 sachets of Zinc/ORS with counselling to use for treatment of diarrhea (N):

Total number of children 6-59 months administered one dose of Vitamin A supplementation (O):

Of which, total number of children 6-59 months of adolescents (15-19 years of age) administered one dose of Vitamin A supplementation (P):

Total number of children 12-59 months dewormed (Q):

Of which, total number of children 12-59 months of adolescents (15-19 years of age) dewormed (R):

### The methodology of verification of BPNS services delivered by NSAs

The independent verification of the NSA throughput will be done by an agency competitively procured and managed by the Federal Ministry of Finance. Other than the provision of data, records and evidence in support of verification, the NSA will not influence the verification process in any way.

#### IV. Principles of verification for ANRIN:

6. Verification will take place with primary beneficiaries.
7. Verification will also take place at all levels of the supply chain of commodities and service provision. This includes verification at the point of dispensing commodity / providing the service.
8. Verification will be based on a person-based approach to assess the entire range of services that a person received, based on their need at the time.
9. Verification could be both face-to-face and phone-based.
10. Verifications will be based on a person being identified with a biometric-based unique identifier – this requires all beneficiaries to register into the information system.

#### V. The following services are to be provided by the NSA in the community as part of Basic Package of Nutrition Services:

10. MIYCN counseling
11. Half-yearly deworming of children 12-59 months of age
12. Micronutrient powders (MNP) (at least 15 sachets per month) to children 6-23 months of age
13. Half-yearly Vitamin A supplementation to children 6-59 months of age
14. Therapeutic zinc with ORS for diarrhea for children 6-59 months of age
15. IFA supplementation for pregnant women
16. IPTp for malaria for pregnant women

#### VI. For verification of services provided by each NSA, the IVA is required to undertake

##### Desk review:

- ix) Validate data for the month reported on format 1C is a correct collation of the data for the month reported on formats 1A and 1B by the NSAs
- x) Validate data for the month reported on format 3B is a correct collation of the data for the month reported on format 3A by the NSAs
- xi) Calculate the proportion of beneficiaries serviced against the targeted beneficiaries for the half-year period ending six months/twelve months of each year for each service.

**Technology based verification:** The World Bank will select households, beneficiaries, NSAs and Community Health Workers for Tier 1, Tier 2, Tier 3 and Tier 4 monitoring, using a build-in anomaly and randomized selection algorithm.

- xii) **Tier 1 verification** will take place during year 1 when all beneficiaries are registered. Tier 1 verification will involve ground truthing the beneficiary registration by using computer vision to assess the household locations of beneficiaries as per GPS data and as per the

- latest satellite image data showing locations of physical housing structures. Tier 1 verification will be done for 20% of all beneficiaries registered in year 1 and for 50% of beneficiaries registered every year after that.
- xiii) **Tier 2 verification** will take place when CHWs dispense commodities, through pill boxes, and when beneficiaries receive the service, through scanning a CHW's identification barcode.

**Tier 3-routine verification**

- xiv) For each service of BPNS, Year 2 onwards, for every six-months review period, using a random sampling methodology acceptable to the World Bank, pick XX beneficiaries for verification of quality and quantity of service provision indicated.

**Machine-learning directed verification:**

- xv) An additional proportion of NSAs' service provision will be verified after the NSAs and service delivery by Community Health Workers (CHW) were identified through anomaly detection (**Tier 4 verification**) of data from CHW— i.e. all beneficiaries of a certain CHW will be subject to Tier 4 verification. Anomaly detection will be performed at the NSA level and at the CHW level. Second year onwards, every half-year, up to XX anomalous NSAs will be selected, and of these NSAs, up to XX% of their CHWs. All the beneficiaries visited by these CHWs, will be verified, (excluding the beneficiaries already verified under Tier 3 verification), telephonically or face-to-face or using SMS.

**Content of Inception Report**

6. Purpose of the inception report
7. About the assignment
  - a. Background
  - b. Overall objective
  - c. Scope of services
  - d. Deliverables
  - e. Challenges envisaged
  - f. Measures proposed to address challenges
8. Activities during inception, including plans for establishing a community-based set-up including
  - a. infrastructure,
  - b. culturally sensitive, qualified and experience personnel with names, designations, terms of reference, and contact details,
  - c. work plans for operationalizing community-sensitive service delivery,
  - d. standard operating procedures and/or operational manual for delivering on contract,
  - e. procurement of consumables and commodities,
  - f. quality assurance mechanisms for procured goods,
  - g. logistics, supply chain management and inventory systems,
  - h. reporting systems,
  - i. monitoring and supervision mechanisms,
  - j. training and orientation of personnel in program, SOPs, reporting, etc.
  - k. grievance redressal systems for beneficiaries, and
  - l. systems for compliance with healthcare waste management amongst others to deliver the stated nutrition services and progress towards these, if any.
9. Approach and Methodology for delivering on assignment
10. Work plan schedule to ensure initiation of service delivery within three months of signing of contract.

**Technical Specifications of nutrition products, commodities and pharmaceuticals dispensed under contract**

Name of Drug	Dosage	Additional information
Micronutrient powders to be provided for children 6-24 months to improve the quality of their complementary feeding	<ul style="list-style-type: none"> <li>▪ At least 90 sachets/doses over a 6 month period @ of at least 15 sachets per month</li> <li>▪ Iron: 10 to 12.5 mg of elemental iron<sup>a</sup></li> <li>▪ Vitamin A: 300 µg of retinol</li> <li>▪ Zinc: 5 mg of elemental zinc</li> <li>▪ With or without other micronutrients to achieve 100% of the RNI<sup>b,c</sup></li> </ul>	<p><sup>a</sup>12.5 mg of elemental iron equals 37.5 mg of ferrous fumarate or 62.5 mg of ferrous sulfate heptahydrate or equivalent amounts in other iron compounds. In children aged 6–12 months, sodium iron EDTA (NaFeEDTA) is generally not recommended. If NaFeEDTA is selected as a source of iron, the EDTA intake (including other dietary sources) should not exceed 1.9 mg EDTA/kg/day.</p> <p><sup>b</sup> Recommended nutrient intake (RNI). Multiple micronutrient powders can be formulated with or without other vitamin and minerals in addition to iron, vitamin A and zinc to achieve 100% of the RNI (1), and also taking into consideration the technical and sensory properties.</p> <p><sup>c</sup> Where feasible, likely consumption from other sources, including home diet and fortified foods, should be taken into consideration for establishing the composition of the sachet.</p>
Vitamin A supplementation for children 6-59 months	<ul style="list-style-type: none"> <li>▪ 100,000 IU for infants 6-11 mo once a year;</li> <li>▪ 200,000 IU for children 12-59 mo twice yearly</li> </ul>	<p>Oral liquid, oil-based preparation of retinyl palmitate or retinyl acetate<sup>a</sup></p> <p><sup>a</sup> An oil-based vitamin A solution can be delivered using soft gelatin capsules, as a single-dose dispenser or a graduated spoon (2). Consistent color coding for the different doses in soft gelatin capsules, namely red for the 200 000 IU capsules and blue for the 100 000 IU capsules is mandated.</p>
Deworming drug for children 12-59 months	Annual or bi-annual single dose albendazole (400 mg) or mebendazole (500 mg)	<p><sup>a</sup> Biannual administration is recommended where the baseline prevalence is more than 50%.</p> <p><sup>b</sup> A half-dose of albendazole (i.e. 200 mg) is recommended for children younger than 24 months of age.</p>
Zinc/ORS for children < 59 months presenting with diarrhea	<ul style="list-style-type: none"> <li>▪ 20mg therapeutic zinc/day for children six months and older for 10–14 days for children with diarrhea along with standard treatment including oral rehydration solution</li> <li>▪ 10mg therapeutic zinc/day for children less than 6 months for 10–14 days for children with diarrhea, along with standard treatment including oral</li> </ul>	



	rehydration solution	
IFA supplementation for pregnant women	<ul style="list-style-type: none"> <li>▪ At least 90 doses</li> <li>▪ Daily oral iron and folic acid supplementation with 30 mg to 60 mg of elemental iron* and 400 µg (0.4 mg) folic acid** is recommended for pregnant women to prevent maternal anaemia, puerperal sepsis, low birth weight, and preterm birth.</li> </ul>	<p>*The equivalent of 60 mg of elemental iron is 300 mg ferrous sulfate heptahydrate, 180 mg ferrous fumarate or 500 mg of ferrous gluconate.</p> <p>** Folic acid should be commenced as early as possible (ideally before conception) to prevent neural tube defects.</p>
Intermittent preventive treatment of malaria in pregnancy (IPTp)	At least 3 doses of sulfadoxine-pyrimethamine (Fansidar)	Dosing should start in the second trimester and doses should be given at least 1 month apart, with the objective of ensuring that at least three doses are received.

### Authority, roles and responsibilities of Federal and State-level Implementing Agencies of ANRiN

- H. **The Project Implementation Unit, State Ministry of Health (PIU, SMOH)** has the following responsibilities:
- Development of an annual work plan and budget for the ANRiN project in the State through a participatory process.
  - Mobilize the approved budget to implement all activities in the approved work plan for ANRiN for the year in the State.
  - Timely and high-quality implementation of the approved annual work plan for ANRiN approved by the Project Steering Committee.
  - Award of contract to the highest qualified bidder in full compliance with World Bank procurement guidelines.
  - Review through desk review and field visits, the monthly performance reports of the NSA and provide feedback to the NSA within two weeks from date of receipt of performance report for improved, sustained performance.
  - Supervise the implementation of the policies, strategies and plans for nutrition of the Federal Ministry of Health in the state.
  - Ensure principles of cost-effectiveness, equitable distribution of nutrition services and equal access are respected and implemented. The emphasis should be on community participation and sustainable approaches.
  - Based on the latest policies of the FMOH, recommend actions for assignment, relocation and promotion of facility-based and community-based human resources (including CHIPS and CHEWS in the state).
  - Effective coordination of all providers who are addressing malnutrition (SMOH, NGOs, private sector) in the State.
  - Work closely with State Primary Health Care Development Agency (SPHCDA) to ensure the Primary Health Care Centers in the State deliver nutrition interventions as a core activity and complementing the interventions of the NSA.
  - Coordinate effectively with the SPHCDA and all other nutrition sensitive sectors at the State level for harmonized action towards concerted nutrition results.
  - Lead and participate in multi-sectoral coordination meetings for nutrition in the state, ensure the proceedings are minuted and routine follow-up for completion of assigned responsibilities as per schedule.
  - Overall reporting on ANRiN to the PMU, FMOH and the World Bank, in coordination with the SPHCDA.
  - **Not seek from the NSA any payments, benefits, or other material resources for the PIU, SMOH, their staff or their families.**
- I. **The Project Management Unit, Federal Ministry of Health (PMU, FMOH)** has the following responsibilities:
- Pre-qualifying NSAs for delivery of basic package of nutrition services in the ANRiN states in full compliance with World Bank procurement guidelines.
  - Supporting PIU, SMOH to secure timely approvals of the annual work plans and budgets for implementing ANRiN.
  - Coordinating, networking and communicating with all State PIUs to take stock of implementation progress of ANRiN.
  - Ensuring orientation to all implementing agencies in (i) ANRiN operational manual, (ii) reporting formats, (iii) performance verification mechanisms, (iv) financial procedures manual, (v) Work Bank procurement procedures, (vi) Healthcare Waste Management Plan, (vii) technical guidance on implementing ANRiN, by liaising with Nutrition Division of FMOH and the NPHCDA, wherever required.

- Supporting PIU, SMOH with contract management of NSAs, wherever required.
  - Supportive supervision of state performance on ANRiN through desk reviews and field visits.
  - Liaising between the Federal Ministry of Finance and the PIUs, SMOHs for verification of NSA performance and results of Disbursement Linked Indicators.
  - Coordinating with the Federal Ministries of Budget and National Planning for actualization of the results associated with the DLI 2: multi-sectoral coordination and accountability for nutrition results.
- J. The **Nutrition Division, FMOH** and the **National Primary Health Care Development Agency (NPHCDA)** have the following responsibilities
- Setting standards for nutrition service delivery and communicating it to PIU, SMOH and SPHCDA through the PMU, FMOH.
  - Developing tools to assist the states in implementing ANRiN.
  - The NPHCDA will work closely with the SPHCDA to develop annual work plans and budgets for implementation of activities towards achievement of results of DLI 5: Service delivery through primary health care centers for improved nutrition and health outcomes.
  - The NPHCDA will liaise closely with the PMU, FMOH to ensure the costed annual work plans for the SPHCDA are approved in a timely manner by the Project Steering Committee.
  - The NPHCDA will facilitate mobilization of the approved budget for SPHCDA to implement all activities in the approved work plan for ANRiN for the year in the State.
  - Technical Assistance, as requested.
  - Facilitate participation of PIUs, SMOHs; SPHCDA and NSAs in the annual results conference and in the Knowledge Management Learning Platform of ANRiN.
  - Assessments, evaluations and studies concerning ANRiN.
- K. The **Federal Ministry of Finance (FMOF)** has the following responsibility
- Ensuring timely, high-quality and objective verification of NSA performance through qualified Independent Verification Agency and sharing the findings of the verification exercise with the PMU, FMOH and the World Bank for necessary action.
  - Every six months, the IVA recruited by the FMOF has the responsibility of (i) undertaking a desk review of the monthly performance data reported by the NSA to the PIU with data on the reporting formats maintained by the NSA; (ii) for a randomly selected sample of beneficiaries of each service of the BPNS, validating the provision of service; and (iii) confirming functionality of the following quality improvement mechanisms prescribed in the contract, namely (a) compliance with healthcare waste management plan for ANRiN; and (b) grievance redressal mechanism
- L. The **Independent Verification Agency** has the following responsibility
- Finalize the design of the verification plan acceptable to the Bank for performance of NSAs in twelve ANRiN states.
  - Undertake an independent third-party verification of performance of NSAs every six months, leveraging mobile tool developed for the purpose, in line with Bank approved verification methodology, sampling strategy, plan and questionnaires.
  - Prepare a verification reports and submit to the SMOF within six weeks of the end of each half-year of service delivery.
- M. The **Ministry of Budget and National Planning (MBNP)** has the following responsibility
- Leading all interventions pertaining to and liaising with key stakeholders to ensure timely achievement of results under DLI 2: multi-sectoral coordination and accountability for nutrition results.

N. The **NSA** has the following responsibilities:

- Ensuring all terms and conditions of the contract are fully complied with in letter and spirit.
- Sole discretion in the procurement of drugs, supplies, equipment, and other resources needed to meet contractual obligations and also in the use of resources purchased or provided under the PBC contract.
- Ensuring service delivery on the BPNS is initiated within 3 months of signing of contract.
- In the case of partnership (joint venture or sub-contracts) the partners will complement each other's capacities for better service delivery. The partnership arrangement should ensure full coverage along the following three dimensions: (i) range of community-based nutrition services; (ii) equity (social and gender inclusion, income/wealth levels); and (iii) geographic coverage.
- Maintenance of complete, high quality performance reports in the formats prescribed for service delivery and sharing these within specified timelines with PIU, SMOH for review and onward transmission.
- Participating actively in the annual nutrition results conferences organized by the Nutrition Division of FMOH and NPHCDA and interventions under the Knowledge Management and Learning platform of ANRiN.
- Ensuring proper maintenance and repair of any physical assets procured with funds provided under this contract.
- Cooperating with all monitoring, evaluation and verification processes authorized by the FMOF/FMOH/SMOH. The verification protocol for assessing the performance of the NSA by the Independent Verification Agency is provided in **Annex 3**.
- Quickly resolving such performance-related deficiencies that are reasonably pointed out by the FMOH/SMOH.
- **Not providing any payments, benefits, or other material resources to the FMOH or SMOH, their staff, or their families. Any resources needed by the SMOH will be provided by the Government.**

## State-wise bifurcation of LGAs for NSAs to provide BPNS

*Abia*

NSA 1	POPULATION	NSA 2	POPULATION
Umuahia North	223,134	Ukwa East	58,139
Umuahia South	139,058	Ukwa West	87,367
Bende	192,621	Aba North	106,844
Ohafia	245,987	Aba South	427,421
Arochukwu	169,339	Osisioma	221,662
Umunneochi	163,911	Ugwunagbo	85,371
Isikwuato	115,794	Obi ngwa	181,894
Ikwuano	137,897	Isiala Ngwa South	136,650
		Isiala Ngwa North	154,083
<b>TOTAL</b>	<b>1,387,741</b>	<b>TOTAL</b>	<b>1,459,431</b>

*Akwa-Ibom*

NSA 1	POPULATION	NSA 2	POPULATION
Eket	172,856	Abak	139,069
Esit Eket	63,358	Essien Udim	63,358
Uyo	305,961	Etim Ekpo	305,961
Uruan	117,169	Ika	117,169
Ibena	74,840	Ikono	131,673
Ibesikpo Asutan	137,127	Ikot Ekpene	141,408
Nsit Ibom	108,095	Ini	99,084
Mbo	102,173	Obot Akara	147,286
Okobo	102,753	Oruk Anam	171,839
Oron	87,209	Ukanafun	125,473
Udung Uko,	53,060	Ikot Abasi	132,608
Urue Offong/Oruko	70,740	Mkpat Enin	177,293
Nsit Ibom	108,095	Eastern Obolo	59,970
Nsit Ubium	127,083	Onna	123,193
Nsit Atai	73,395	Etinan	168,924
Itu	127,856		
Ibiono Ibom	188,605		
<b>TOTAL</b>	<b>2,020,375</b>	<b>TOTAL</b>	<b>2,104,308</b>

*Gombe*

NSA 1	POPULATION	NSA 2	POPULATION
Nafada	140,185	Gombe	266844
Dukku	207,658	Yamaltu/Deba	255,726
Funakaye	237,687	Billiri	202,680
Kwami	193,995	Kaltungo	160,392
Akko	337,435	Balanga	211,490
		Shomgom	150,948
<b>TOTAL</b>	<b>1,116,960</b>	<b>TOTAL</b>	<b>1,248,080</b>

**Kano**

NSA 1	POPULATION	NSA 2	POPULATION
Doguwa	150,645	Gabasawa	211,204
Sumaila	250,379	Rimin Gado	103,371
Takai	202,639	Gwarzo	183,624
Ajingi	172,610	Shanono	139,128
Gaya	207,419	Bagwai	161,533
Albasu	187,639	Tofa	98,603
Garko	161,966	Dawakin Tofa	246,197
Kibiya	138,618	Bichi	278,309
Rano	148,276	Tsanyawa	157,730
Tudun Wada	228,658	Kunchi	110,170
Bebeji	191,916	Makoda	220,094
Kiru	267,168	Dambatta	210,474
Kura	143,094	<b>TOTAL</b>	<b>3,329,765</b>
Dawakin kudu	225,497		
Garum Mallam	118,622		
Madobi	137,685	<b>NSA 3</b>	<b>POPULATION</b>
Warawa	131,858	Nasarawa	596,411
<b>TOTAL</b>	<b>3,064,689</b>	Kano municipal	371,243
		Fagge	200,095
<b>NSA 2</b>	<b>POPULATION</b>	Gwale	357,827
Ungongo	365,737	Tarauni	221,844
Gezawa	282,328	Kumbotso	294,391
Minjibir	219,611	Dala	418,759
Kabo	153,158	Bunkure	174,467
Karaye	114,045	Wudil	188,639
Rogo	227,607	<b>TOTAL</b>	<b>2,823,676</b>

**Katsina**

NSA 1	POPULATION	NSA 2	POPULATION
Sabuwa	140,679	Baure	202,941
Dandiume	145,323	Zango	156,052
Funtua	225,156	Safana	185,207
Danja	125,481	Daura	224,884
Bakori	149,516	Mai Adua	201,800
Kafur	209,360	Dutsi	120,902
Faskari	194,400	Ingawa	169,148
Malum Fashi	182,891	Bindawa	151,002
Kankara	243,259	Mashi	171,070
Musawa	170,006	Mani	176,301
Matazu	113,814	Kaita	182,405
Dan Mua (Dan Musa)	113,190	Katsina	318,132
Sandamu	136,944	Batagarawa	189,059
Dutsin Ma	169,829	Jibia	167,435
Charanchi	136,989	Kankia	151,395
Batsari	207,874	Kusada	98,348
Kurfi	116,700		
Rimi	154,092		
<b>TOTAL</b>	<b>2,935,503</b>	<b>TOTAL</b>	<b>2,866,081</b>

**Kogi**

NSA 1	POPULATION	NSA 2	POPULATION
Omala	107,968	Kogi	115,100
Ankpa	266,176	Lokoja	196,643
Olamaboro	158,490	Okehi	223,574
Igalamela-odolu	147,048	Adavi	217,219
Ibaji	127,572	Okene	325,623
Idah	79,755	Ogori-Magongo	39,807
Dekina	260,968	Kaba/Bunu	144,579
Bassa	139,687	Ijumu	118,593
Ofu	191,480	Mopa/Muro	43,760
Ajaokuta	122,432	Yagba East	147,641
		Yagba West	139,928
<b>TOTAL</b>	<b>1,601,576</b>	<b>TOTAL</b>	<b>1,712,467</b>

**Kwara**

NSA 1	POPULATION	NSA 2	POPULATION
Ilorin East	207,462	Kiama	124,015
Ilorin West	365,221	Baruten	206,679
Ilorin South	209,251	Moro	108,715
Oke-Ero	56,970	Edu	201,642
Ekiti	54,399	Patigi (pategi)	110,852
Isin	59,481	Ifelodun	204,975
Irepodun	147,594	Asa	124,668
Offa	88,975	Oyun	94,454
<b>TOTAL</b>	<b>1,189,353</b>	<b>TOTAL</b>	<b>1,176,000</b>

**Nasarawa**

NSA 1	POPULATION	NSA 2	POPULATION
Awe	113,083	Kokona	108,558
Obi	148,977	Keffi	92,550
Keana	81,809	Karu	216,230
Lafia	329,922	Nasarawa	187,220
Nasarawa Eggon	148,405	Toto	119,051
Wamba	72,687	Doma	138,991
		Akwanga	111,902
<b>TOTAL</b>	<b>894,883</b>		<b>974,502</b>

**Niger**

NSA 1	POPULATION	NSA 2	POPULATION
Agai	132,098	Borgu	172,835
Bosso	148,136	Kontagora	151,968
Gbako	126,485	Mariga	199,600
Gurara	90,879	Rijau	176,199
Katcha	120,893	Wushishi	81,756
Suleja	215,075	Agwara	57,347
Lavun	209,777	Mashegu	215,075
Mokwa	242,858	Magama	181,470
Tafa	83,874	Rafi	186,118

Bida	185,553	Shiroro	235,665
Chanchaga	202,151	Muya	103,461
Edati	158,818	Bosso	148,136
Lapai	117,021	Pailoro (paikoro)	158,178
Muya	103,461		
<b>TOTAL</b>	<b>2,137,079</b>	<b>TOTAL</b>	<b>2,067,808</b>

### **Oyo**

<b>NSA 1</b>	<b>POPULATION</b>	<b>NSA 2</b>	<b>POPULATION</b>
Irepo	121,240	Iseyin	255,619
Orelope	104,004	Ibarapa East	117,182
Olorunsogo	81,339	Ibarapa Central	103,243
Saki East	108,957	Ido, Akinyele	104,087
Saki West	273,268	Lagelu	148,113
Ori-Ire	149,408	Ona Ara	265,571
Atiba	168,246	Oluyole	203,461
Itesiwaju	127,391	Ibadan North	308,119
Atigbo (Atisbo)	109,965	Ibadan North West	154,029
Ogbomosho South	100,379	Ibadan South West	283,098
Surulere	140,339	Egbeda	283,643
Ogo-Oluwa	65,198	Ibadan South East	266,457
Oyo East	124,095		
Oyo West	136,457		
Afijio	132,184		
Iwajowa	102,847		
Kajola	200,528		
Ibarapa North	100,293		
<b>TOTAL</b>	<b>2,346,138</b>	<b>TOTAL</b>	<b>2,492,622</b>

### **Plateau**

<b>NSA 1</b>	<b>POPULATION</b>	<b>NSA 2</b>	<b>POPULATION</b>
Barkin Ladi	179,805	Mikang	96,388
Bassa	189,834	Kanam	167,619
Bokkos	179,550	Shendam	205,119
Jos North	437,217	QuaanPan	197,276
Jos South	311,392	Langtang North	142,316
Jos East	88,301	Langtang South	105,173
Riyom	131,778	Wase	159,861
		Mangu	300,520
		Pankshin	190,114
		Kanke	124,268
<b>TOTAL</b>	<b>1,517,877</b>	<b>TOTAL</b>	<b>1,688,654</b>



## Guidance Note on Proposal for Innovation

### 6. WHAT KIND OF 'INNOVATIONS' MAY BE CONSIDERED APPROPRIATE?

**Defining and Characterizing Innovation:** The adopted definition of innovation will form the basis for selection and characterization of innovations proposed by non-state actors. Innovations will be defined thus: *“to develop and deliver new or improved health policies, systems, products and technologies, and services and delivery methods that improve people’s health”*<sup>3</sup>.

Given the nature of NSA contracts, Terms of Reference and the urgency associated with increasing the coverage of essential nutrition services in high burden states, priority will be given to innovations that are *“products and technologies, and services and delivery methods”* that enhance business or medical processes used by NSA in the course of service delivery.

Innovations will be funded in various phases of development whether at ideation, proof-of-concept stage or ready-to-scale.

### 7. GUIDING PRINCIPLES FOR FORMULATING INNOVATION

The following guiding principles should help in the formulation of proposed innovation.

#### g. **Problem-Driven:**

- Does the innovation proposed respond to an existing challenge in the proposed geography and along the service delivery value chain?
- Is the problem/bottleneck to be addressed clearly articulated? [NSA should clearly define the problem statement that the innovative solution proposes to address].

#### h. **Conceptual clarity and relevance:**

- Is there a coherent theory of change that links inputs to results?
- Is the proposed innovation likely to lead to new knowledge or significantly better implementation modalities?
- Are the targeted results relevant to the project?

#### i. **Contextual specificity and user-centeredness:**

- Is the proposal clear about the circumstances or the context in which the proposed innovation is likely to work?
- How appropriate is the proposed innovation for the proposed context [socio-economic and geographical]?
- Does the design of the innovation reflect the needs and peculiarities of a specific target group and is this in line with overall project objectives?

#### j. **Scalability:**

- If proven effective, is the innovation likely to be scalable across the program, in terms of budgets, levels of staff, competence and required level of effort?

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<sup>3</sup> The World Health Organization Innovation Group: <https://www.who.int/life-course/about/who-health-innovation-group/en/>

- Is the innovation simple enough to be scalable while being rigorous enough to be effective?

k. **Responsible Innovation:**

- Has the innovation duly considered ethical, social and environmental issues and other matters of public interest?

l. **Convergence / multi-sectorality:**

- Does the proposed pilot seek to create convergence with other sectors that are required to achieve the intended outcome?
- Are the institutional arrangements for the convergence clearly articulated? Are they realistic?

8. **WHAT SHOULD THE INNOVATION PROPOSAL CONSIST OF?**

At the point of submitting technical proposals for the delivery of BPNS in ANRiN states or BPNS and AHS services in Kaduna State, shortlisted entities interested in piloting innovations will also be required to submit a concept note not exceeding 5 A4 sized pages. Concept notes should address the following key questions while being underpinned by the guiding principles afore stated:

<i>Problem statement:</i>	<ul style="list-style-type: none"> <li>• What problem / bottleneck will the proposed innovation address? What are the key research questions? (10 points)</li> </ul>
<i>Theory of Change:</i>	<ul style="list-style-type: none"> <li>• What is the Theory of Change driving results of the innovation? (15 points)</li> </ul>
<i>Targeted outcome:</i>	<ul style="list-style-type: none"> <li>• What new knowledge or implementation modalities will the proposed innovation improve? (5 points)</li> </ul>
<i>Brief description of the innovation:</i>	<ul style="list-style-type: none"> <li>• What process/approach is being proposed as an innovation?</li> <li>• Which existing part of the service delivery will it change or value-add to?</li> <li>• How will you ensure acceptability of the innovation amongst: (a) beneficiaries (b) actors within the public health system? (15 points)</li> </ul>
<i>Operational Plan for Pilot:</i>	<ul style="list-style-type: none"> <li>• Briefly describe the implementation process for the innovation             <ul style="list-style-type: none"> <li>▪ How will you roll it out?</li> <li>▪ How many villages/wards/LGAs will the innovation cover? Who are the primary and secondary beneficiaries? Will there be any control or comparison group?</li> </ul> </li> <li>• What other resources are available at your disposal to ensure success?             <ul style="list-style-type: none"> <li>▪ Technical resources/capacity</li> <li>▪ Partnerships</li> <li>▪ Any other</li> </ul> </li> <li>• What risks (operational, ethical and/or social) have been identified and what are the plans to mitigate them? (15 points)</li> </ul>
<i>Monitoring and Evaluation:</i>	<ul style="list-style-type: none"> <li>• What measures will be used to assess: a) outcomes; b) implementation</li> <li>• How will you measure these? (15 points)</li> </ul>

<i>Regulatory Requirements</i>	<ul style="list-style-type: none"> <li>• Are there any government approvals required for the implementation of this innovation? What are your plans for obtaining them? (5 points)</li> </ul>
<i>Action Plan with Timelines:</i>	<ul style="list-style-type: none"> <li>• Details of start and end of implementation and measurements. (10 points) <i>(Maximum 2 years of implementation)</i></li> </ul>
<i>Plan for Scale</i>	<ul style="list-style-type: none"> <li>• What plan is there in place to catalyze the move from pilot phase to full scale?</li> <li>• What elements of the innovation enable this move? (10 points)</li> </ul>
<i>Costs:</i>	<ul style="list-style-type: none"> <li>• Budget breakdown including costs of implementation <i>(Maximum of US\$ 150,000 over two years of implementation)</i></li> </ul>

## 9. SELECTION AND EVALUATION PROCESS

Innovations will be reviewed and assessed by an Innovation Working Group comprising of a total of not more than 5-7 members that include, representatives from the State Program Management Unit, National Program Management Unit, World Bank and one development partner operating in the proposed state. Concept notes will be evaluated no later than 45 days following submission of technical proposals.

Concept notes scoring more than 70 points as per the outlined criteria will be invited to finalize the detailed operational plans and budget for innovation in consultation with the Innovation Working Group within 60 days of submission of proposal. The primary purpose of full proposals will be to ensure that implementation plans reflect operational realities and that budgets are reasonable and provide optimal value for money.

## 10. DEPLOYING AND SCALING INNOVATIONS

Once an innovation is deemed ‘fit-for-purpose’ and “awarded”, the NSA will have six months from award of contract, to fine-tune plans and commence operationalization of the innovation. All innovation pilots should commence no later than 6 months from award of contract. A period of 18-24 months will be provided for running the innovation, following which results be assessed to determine whether innovation can be recommended for scale-up.

## Preliminary Specification for Mobile Phone/SIM card/Data Plan for Mobile-based project reporting

### Mobile Phone:

Specification	Specification Name	Values
<b>GENERIC</b>	Technology	GSM
	Processor core	Quad core
	Processor speed (in GHz) Minimum	Minimum 1.3 or higher
	Operating system	Android 7.x Neuget GMS certified
	Chipset	Qualcomm/Mediatek/Apple /Exynos/Snapdragon/ Spreadtrum
	Operating System auto upgradable to next level	Yes
<b>MEMORY</b>	RAM Size (in GB) Minimum	Minimum 2 or higher
	Internal Storage (in GB)	Minimum 16 or higher
	Storage Expandable up to (in GB)	Minimum 128 or higher
<b>DISPLAY</b>	Display size (in inch)	Minimum 5 or higher
	Display type	LCD Touch Screen/LED Backlit Touch Screen/ AMOLED Touch Screen/ Retina/Retina HD/IPS Touch/Super AMOLED Touch Screen
	Display Resolution (Horizontal x Vertical) (Pixel)	HD (Minimum 1280 x 720) or higher
	Display Resolution @ Pixel Density - Minimum	Minimum 230 or higher
	Aspect ratio	16:9
	Sun light readability (Nits) - Minimum	Minimum 300 or higher
	Display protection	Ion - Strengthened Glass
<b>FEATURES</b>	Response time of touch screen (in milli seconds) - Maximum	35
	Life of touch screen Minimum 10 lakhs touches	Yes
	Touch support	Multi touch
	Rear Camera Resolution (Mega Pixel) - Minimum	Minimum 5 or higher
	Front Camera Resolution (Mega Pixel) - Minimum	Minimum 2 or higher
	SIM Card Slots	Dual (SIM+SIM+Memory card slot)
	Type of SIM	Micro
	SAR Value (Watt/Kg) - Maximum	1.6 Watt/Kg
	Unicode support for Indian Regional languages	Yes
	OTG support	Yes with cable
	Sensors	Accelerometer

	Smart Phone shall support/preloaded installation of all kind of application software provided by ANRiN project	Yes
<b>CONNECTIVITY</b>	Connectivity	Minimum 4G VoLTE or higher
	Wi-fi Connectivity	Minimum 802.11b/g/n or higher
	Bluetooth Connectivity	4.1 or higher
	GPS	GPS with AGPS
<b>BATTERY</b>	Battery Capacity (mAH) Minimum	Minimum 2800 or higher
	Type of Battery	Lithium-ion / Lithium Polymer / Nickel Cadmium (NiCd)
	Battery removable	Yes
	Weight (With Battery) (in grams) - Up to	-
<b>ACCESSORIES</b>	Accessories: One wall charger with USB/Data transfer cable	Yes
	Accessories: One ear phone	Yes
	Accessories: Mobile cover	Back cover
	Accessories: Tempered glass	Yes
	Accessories: Carry pouch	Yes
<b>CERTIFICATIONS</b>	OEM warranty for smart phone (in Years)	2
	OEM warranty for battery (in Months)	24
	Availability of service centers in project states	Yes
	Warranty service	Carry-in
	CE certification	Yes
	CB/UL certification	Yes
	FCC certification	Yes
	ROHS certification	Yes
	The tool to manage devices data security push device	Yes
Mobility Management (EMM)	Policies push custom apps reports management of applications and devices for example white list or blacklist applications URLs control device functionality as camera Bluetooth WIFI	
	Admin portal to manage smart mobile phones remotely to enroll un enroll deploy and configure all mobile devices applications and security policies	Yes
	User specific application restrictions and remote actions like device lock or remote wipe	Yes
Mobile Device Management (MDM)/Enterprise	Features such as Device access password inactivity timeout storage encryption	No

	Features to disable	Yes
	Support encryption of data on the device any external storage and enable SIM card lock with PIN number	No
	Features to block the setting notification bar and application switch window	Yes
	Install or upgrade applications remotely	Yes
	Default boot or start in a kiosk mode wherein only applications which are enabled will be visible to the user	Yes

***SIM card:***

SIM card should have a minimum data capacity of 64KB and support at least 3G network

***Data Plan:***

S. No.	Description	Specification
1	Data Service	Data plan that supports 1GB data per month per user
2	Voice Service	Voice plan that supports at least 200 minutes of talk time per month per user. Free calling in closed user group
3	SMS Service	SMS plan that supports at least 100 SMSs per month per user
4	General	The network provider should have a high rate of EDGE, 2G or 3G network coverage in the respective LGAs. SIM card should support Voice, SMS and closed user groups