

TERMS OF REFERENCE
FOR CONTRACTING LOCAL PUBLIC ASSOCIATION
TO SUPPORT THE NATION-WIDE DELIVERY OF FACILITY-BASED
MICRONUTRIENTS AND VITAMIN SUPPLEMENTATION ACTIVITIES

1. BACKGROUND

The Strengthening Resilience of the Agriculture Sector Project (SRASP) is funded by the International Development Association (IDA) grant in the amount of US\$ 58 million prepared to support Tajikistan for the purpose of building foundations for a more resilient agriculture sector referring to the availability of public agricultural services, including improved seeds, seedlings, and planting materials; agri-logistical services; agrometeorological information, soil testing, locust control, and crop protection.

The World Bank approved additional grant financing of US\$50 million equivalent grant from the IDA20 Crisis Response Window Early Response Financing (CRW ERF) as additional financing to the SRASP (SRASP AF). The Project Development Objective of the SRASP AF is to strengthen the foundations of a more sustainable agricultural sector and support emergency interventions for food security and nutrition in Tajikistan. The project will provide additional financing for the following components: strengthening seed, seedling, and planting material systems; support investment in agri-logistics centers (ALCs) for horticultural value chains; strengthening public capacity for crisis prevention and their management; improved nutrition and project management and coordination.

The nutrition activities of the project aim to contribute significantly to the attainment of the National Development Strategy for the 2030 period, particularly Strategic Development Objective 3: *Food and Nutrition Security and Ensuring People's Access to High-Quality Nutrition*. Additionally, they will bolster the implementation of key legislative frameworks such as the Health Code of the Republic of Tajikistan and the Law "On Ensuring Access of the Population to Fortified Food Products". Furthermore, the Project aligns with *the Multi-Sectoral Plan of Action for Nutrition of the Republic of Tajikistan (2021-2025)*, *the National Program for the Prevention of Micronutrient Deficiencies and Related Diseases among the Population of the Republic of Tajikistan (2022-2027) (activities 15 and 17)*, as well as *the National Communication Strategy for Social and Behavioral Change during the First 1000 Days*, along with other relevant national programs and policies.

Specifically, the SRASP will finance the procurement and distribution of micronutrients and vitamin supplements for pregnant and lactating women and children (6 to 59 months) with the established by the national clinical guidelines. This activity will be accompanied by media and communication campaign aimed at raising awareness on the importance of healthy and diverse diets and of micronutrients intake; consequences of micronutrient deficiencies; good IYCF practices; and other critical nutrition messages. Communication activities should be based on *the National Communication Strategy for Social and Behavioral Change on the First 1000 days* and other existing resources.

2. OBJECTIVE

The objective of this assignment is to provide support to the SRASP in the nationwide implementation of facility-based programs for distributing micronutrients and vitamin supplementation. This entails: (i) developing and conducting training sessions for primary healthcare workers to ensure proper administration of micronutrients and supplements to the target population; (ii) monitoring the distribution of vitamins and micronutrients to primary healthcare facilities, ensuring timely and efficient delivery; (iii) supporting MOHSPP in ensuring extensive monitoring, supervision and guidance and facilitate smooth implementation of this activity; and (iv) creating a comprehensive media package and delivery of the communication campaign aimed at raising awareness about the significance of healthy and varied diets, the importance of micronutrient intake, the consequences of micronutrient deficiencies, promoting good infant and young child feeding (IYCF) practices, and disseminating other critical nutrition-related messages.

3. SCOPE OF THE WORK

Activity 1. Developing and conducting training sessions to equip primary healthcare workers with the necessary knowledge and skills to effectively administer micronutrients and supplements to the target population.

Delivering micronutrient and vitamin supplements at the facility level requires careful planning, coordination, and adherence to best practices in healthcare delivery and will specifically include the following tasks:

- i. Conduct a comprehensive needs assessment to identify gaps in knowledge and skills among primary healthcare workers regarding the administration of micronutrients and supplements provided by the SRASP project.
- ii. Gather data on existing training materials, resources, and infrastructure available for conducting training sessions.
- iii. Develop a training curriculum tailored to the specific needs and context of primary healthcare workers as well as the strategy for the delivery of the training nationwide.
- iv. Include modules covering topics such as the importance of micronutrients, dosage guidelines, administration protocols, potential side effects, and counseling techniques to encourage compliance among patients that are based on the existing clinical guidelines and the best global practice and monitoring and evaluation of supplementation programs.
- v. Prepare training materials, including presentations, handouts, case studies, and interactive activities to facilitate learning.
- vi. Ensure availability of necessary supplies and equipment for practical demonstrations and simulations during training sessions.
- vii. Identify about 200 (70 doctors and 130 nurseries) qualified trainers with expertise in nutrition, public health, or related fields.
- viii. Provide trainers with orientation and training on the curriculum, training methodologies, and facilitation techniques.
- ix. Determine the logistics for conducting training sessions, including venue selection, scheduling, and participant arrangements.
- x. Ensure accessibility of training venues and facilities for all participants.
- xi. Develop a recruitment strategy to invite primary healthcare workers to participate in the training sessions.

- xii. Establish a registration process to manage participant enrollment and logistical arrangements.
- xiii. Conduct training sessions according to the developed curriculum and schedule.
- xiv. Utilize a variety of instructional methods, including lectures, group discussions, role-plays, and hands-on exercises to enhance engagement and learning.
- xv. Implement pre- and post-training assessments to evaluate knowledge gain and skills acquisition among participants.
- xvi. Solicit feedback from participants to assess the effectiveness of the training sessions and identify areas for improvement.
- xvii. Provide ongoing support and mentorship to primary healthcare workers following the training sessions.
- xviii. Establish mechanisms for monitoring the implementation of training outcomes at primary healthcare facilities.
- xix. Compile training reports detailing attendance, participant feedback, and recommendations for future training initiatives.
- xx. Document the training process, including training materials, evaluations, and outcomes.
- xxi. Review the training program periodically to incorporate feedback, updates in guidelines, and emerging evidence in the field of nutrition and public health.
- xxii. Modify the curriculum and delivery approach as needed to ensure relevance and effectiveness over time.
- xxiii. Handover all training materials for the Republican Training-Clinical Center for Family Medicine under the MOHSPP.

Expected deliverables under Activity 1:

- 1. Comprehensive training package for primary healthcare workers.
- 2. Reporting forms and mechanism package.
- 3. Strategy / Implementation plan for delivery of the training nationwide.

Activity 2. Monitoring the distribution of vitamins and micronutrients to primary healthcare facilities, ensuring timely and efficient delivery.

- i. Establish mechanisms for monitoring the delivery of supplements at the facility level. This may include routine data collection on supplement distribution, adherence rates, and clinical outcomes related to nutritional status. Use this data to assess the effectiveness of the program and identify areas for improvement.
- ii. Implement monitoring of the distribution nationwide and compile reports in a monthly basis in close collaboration with the SRASP M&E Specialist. Leverage technology such as mobile applications or electronic data capture systems to streamline data collection and reporting during supervision visits. This can improve the efficiency and accuracy of information collected, enabling timely decision-making and corrective actions. These tools should enable MOHSPP to assess various aspects of the program including stock management, adherence to protocols, patient counseling practices, and overall program performance.
- iii. Prepare and submit the reports on a quarterly basis to the MOHSPP, Directorate for the mother and children healthcare services, Parenting and Safe Motherhood, SRASP senior management and the World Bank.
- iv. Report on the progress at the World Bank and SRASP team meetings.

Expected deliverables under Activity 2:

- 1. Mechanisms for monitoring the delivery of supplements.
- 2. Compiled monthly reports.

Activity 3. Supporting MOHSPP in ensuring extensive monitoring, supervision and guidance and facilitate smooth implementation of this activity.

- i. Collaborate with MOHSPP to develop a comprehensive framework for monitoring and supervision of the activity. This framework should outline the key objectives, indicators, responsibilities, and timelines for monitoring and supervision activities.
- ii. Schedule regular monitoring visits to project sites or implementation locations to assess progress, identify challenges, and provide guidance and support to project staff. These visits should be conducted according to the established monitoring and supervision framework.
- iii. Support MOHSPP to conduct regular supervision visits to PHC facilities to assess the implementation of the supplementation program. These visits should be scheduled at regular intervals and should include on-site observations, interviews with healthcare staff, and review of program records.
- iv. Develop guidance documents or manuals to provide clear instructions and guidelines for MOHSPP staff on how to conduct monitoring and supervision activities effectively. These documents should include step-by-step procedures, checklists, and templates to facilitate the process.
- v. Work with MOHSPP to establish dedicated teams or units responsible for monitoring and supervision. Ensure that these teams are adequately staffed and equipped with the necessary resources to carry out their duties effectively.
- vi. Support MOHSPP in collecting relevant data and information during monitoring visits. Analyze the collected data to assess project performance, identify trends, and make recommendations for improvement.
- vii. Provide timely feedback to MOHSPP on the findings of monitoring and supervision activities. Prepare comprehensive monitoring and supervision reports highlighting key achievements, challenges, and recommendations for action.
- viii. Document all monitoring and supervision activities, findings, and outcomes. Share lessons learned, best practices, and success stories with relevant stakeholders through workshops, conferences, or knowledge-sharing platforms to promote learning and replication.

Expected deliverables under Activity 3:

1. A comprehensive framework for monitoring and supervision developed.
2. Schedule regular monitoring visits.

Activity 4. Creating a comprehensive media package and delivery of the communication campaign aimed at raising awareness about the significance of healthy and varied diets, the importance of micronutrient intake, the consequences of micronutrient deficiencies, promoting good infant and young child feeding (IYCF) practices, and disseminating other critical nutrition-related messages. Delivering an effective communication campaign involves careful planning, strategizing, and implementation and will entail the following tasks:

- i. Collect existing communication materials and conduct a desk review.
- ii. Coordinate with all development partners active in this area and organize a consultation process with relevant stakeholders to ensure a cohesive and comprehensive approach to the media campaign.
- iii. Develop a detailed communication strategy document outlining the objectives, target audience, key messages, communication channels, and timeline. Determine target audience and key messages based on the National Communication Strategy for Social and Behavioral Change on the First 1000 days and other existing resources. Communication packages should be developed for:
 - iv. Primary healthcare worker
 - v. Parents and guardians
 - vi. Public.

- vii. Create a range of media materials such as brochures, leaflets, and social media posts.
- viii. Establish partnerships with media outlets including television channels, radio stations, newspapers, magazines, and online platforms to disseminate nutrition-related messages through advertisements, articles, interviews, and sponsored content.
- ix. Launch a mass media campaign using a combination of print, electronic, and digital media channels to reach a broad audience across different demographics and geographic locations. Communication package should be approved by SRASP before delivery and should be acceptable to the World Bank.
- x. Develop a monitoring and evaluation plan to assess the reach, impact, and effectiveness of the communication campaign. Define key performance indicators (KPIs), conduct baseline surveys, and establish mechanisms for tracking and measuring progress.
- xi. Assess the effectiveness of your communication campaign by measuring key performance indicators (KPIs) such as audience reach, engagement, awareness levels, and behavior change. Collect feedback from the target audience to understand their perception and reception of the campaign. Use this data to evaluate the impact of your campaign and identify areas for improvement in future initiatives.

Expected deliverables under Activity 4:

- 1. Media and information communication campaign package developed.
- 2. Report on the completed Media and information communication campaign.

4.EXPECTED DELIVERABLES AND TIMING

Expected deliverables of this assignment are highlighted in table 1 below.

Table1. Assignment Deliverables and Timing

Item	Description of Output	Timing from the Date of Contract effectiveness
4.1.	Activity 1. <ul style="list-style-type: none"> 1. Inception report including the work plan 2. Comprehensive training package for primary healthcare workers. 3. Reporting forms and mechanism package. 4. Strategy / Implementation plan for delivery of the training nationwide. 	2 weeks 4 weeks 7 weeks 10 weeks
4.2	Activity 2: <ul style="list-style-type: none"> 1. Mechanisms for monitoring the delivery of supplements. 2. Compiled monthly reports. 	During the year 3 months 18 months
4.3	Activity 3: <ul style="list-style-type: none"> 1. A comprehensive framework for monitoring and supervision developed. 2. Schedule regular monitoring visits. 	During the year 3 months Each 3 months
4.4	Activity 4:	During all periods from 1 till 72 weeks

	<ul style="list-style-type: none"> • Media and information communication campaign package developed. • Report on the completed Media and information communication campaign. 	<p>1 month</p> <p>Each 2 months</p>
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The Consultant represented by the relevant key personnel shall be required to present to stakeholders at separate workshops the Inception report, Draft training sessions, Progress report and Final Implementation Report.

Stakeholder workshops will be held as outlined in the table above. The workshops will be organized to educate 200 health workers and the public. In preparing and conducting the stakeholder workshop, the following shall be taken into consideration.

- (i) The workshop will be organized and budgeted by the Consultant.
- (ii) The Consultant will make Power Point presentations, provide brief background papers for discussion, and prepare workshop reports to document the work.
- (iii) The Consultant shall include a provisional amount in the financial proposal to cover the cost of workshops and stakeholder consultation.
- (iv) The key output of the stakeholder workshop is a stakeholder workshop report to be submitted by the consultant within 2 weeks after the workshop.

5. REPORTING REQUIREMENTS

The Consultant shall report to the Project Manager - State Institution “Agriculture Entrepreneurship Development” Project Management Unit

Address: Rudaki district, Jamoat Russia, May 1 village, house No. 432

e-mail: aedpmu@gmail.com, /Web page: www:pmutacp.tj

A copy of each report shall be submitted directly to the World Bank Task Team Leader.

All deliverables including work files, document files, databases, excelsheets, drawings, and GIS data related shall be provided to the client in electronic format (on CD) upon completion of the consultancy, in addition to 5 copies of the hardcopy reports. The electronic data formats shall be compatible with the latest versions of:

- (i) The Microsoft Office Suite;
- (ii) Auto CAD;
- (iii) Arcview GIS;
- (iv) Network analysis software (PSS© Sincal or compatible software).

Any other data formats shall be subject to prior approval by the client.

All assignment reports shall be submitted to the client in form of one (1) electronic copy and five (5) original hard copies. All documents to be submitted by the Consultant shall be in English.

6. QUALIFICATION REQUIREMENT

The consultant will be a firm or consortium of firms with diversified technical competencies including (but not limited to) institutional, regulatory, and legal aspects of the medical sector; integrated medical sector planning; and medical planning and design. The Consultant shall have the following qualifications and experience:

- a. Proven experience in the preparation of medical sector strategies and programmes.
- b. Experience in the interaction and distribution of vitamins to the public and health workers).
- c. Demonstrated knowledge and understanding of different models to sustainably advance medical innovation.
- d. Experience in conducting media campaigns to stakeholders

The Consultant shall present at least one reference to prove possession of each of the above competences.

The Consultant will deploy a team of well qualified personnel/experts to undertake field activities who will be supported by a competent team at the consultant home office. All the experts shall be highly skilled and experienced and shall score a minimum of 75%. Key Staff with scores of less than 75% shall have to be replaced if the Consultant progresses to negotiations stage.

The proposal of the Consultant shall be set out in detail showing the list of experts required for each stage of the assignment and the duration person/ days) for which the services are required. The Consultant shall present the staffing schedule in a manner that makes it clear as to which personnel will be involved in a specific activity. A staff organogram reflecting the envisioned activities should therefore be presented.

The Consultant's team shall include the following key personnel:

- a. Team leader.
- b. 2 Expert in the field of medicine (conducting trainings)
- c. 8 Expert in vitamins and nutrients
- d. 1 Communication media expert
- e. 1 financial modelling expert
- f. 1 legal and regulatory Expert

Qualification and experience requirements of Key staff

- a. The project leader (team leader) should have a postgraduate qualification in medicine, business administration or project planning, monitoring and evaluation or related field. He/she should have at least 15 years of direct experience in planning, design and/or medicine in developing countries. He/she must have participated in at least one assignment similar to this TOR in developing countries.
- b. The expert in the field of medicine (conducting training) should have a university degree in the field of medicine. He/she should have at least 15 years of direct experience in project implementation strategies, including defining a project management unit, managing projects and organizing medical trainings in developing countries. He/she should have participated in at least one similar assignment in developing countries.
- c. The vitamin and nutrient specialist should have at least a university degree in public health. He/she should have at least 10 years of direct experience in public health in developing countries. Must have participated in at least one assignment in a similar assignment in developing countries.
- d. The media company expert should have at least a degree in economics, finance or media with at least 7 years of direct experience in developing PR campaigns, and commercials for health promotion. Must have participated in at least one assignment on a similar assignment in developing countries.

- e. The financial planning expert must have at least a degree in economics, finance or business administration with at least 7 years of direct experience in developing strategies in developing countries. Must have participated in the development of at least one (1) strategic plan.
- f. Legal and Regulatory Expert must have at least a law degree with at least 7 years of direct experience in health care and law review in developing countries. Must have a valid certificate to practice law in Tajikistan and must have participated in at least one (1) health policy and legislative review assignment.

7. SUPPORT STAFF

The Consultant shall field any technical, non-technical and administrative staff to enable the timely delivery of the assignment and to the required standard.

8. SERVICES PROVIDED BY THE CLIENT

The Client shall write introductory letters to introduce the Consultant to relevant stakeholders.

All expenses related to the assignment such as office space, travel (inland and foreign), and accommodation, stationary shall be reflected under the respective activities in the financial proposal.

9. DURATION OF THE ASSIGNMENT

The assignment shall have a duration of 72 calendar weeks.

10. STAKEHOLDERS

The Consultant shall consider the following as the Key Stakeholders

1. Ministry of Health and Social Protection of the Population
2. SRASP
3. Hospital staff
4. Population
5. UNICEF Tajikistan
6. Directorate for Maternal and Child Health Services and Family Planning under MoHSPP
7. Clinical Research Institute of Pediatrics and Children's Surgery under the MoHSPP.

11. ROLES AND RESPONSIBILITIES OF THE INVOLVED PARTIES

SRASP:

1. Procure and deliver micronutrients and vitamins for pregnant and lactating women for the young children of 6 to 59 months nationwide.
2. Provide all relevant information to be able to efficiently delivery the assignment.
3. Responsible to provide all needed endorsements and access to the facilities (primary healthcare network facilities).
4. Clarify roles and responsibilities for data collection and analysis related to monitoring.
5. Provide to the hired agency reporting forms and means for collecting and monitoring data.
6. Ensure timely payments for the delivered services.

Ministry of Health and Social Protection of the Population

1. Coordinate the distribution and administration of supplements nationwide.
2. Provide overall coordination, monitoring, reporting, and supervision of this activity.
3. Ensure proper storage, warehousing, and distribution of supplements at the national level.

Other agencies:

1. Republican Training and Clinical Center for Family Medicine under the Ministry of Health and Social Protection
2. Scientific and Clinical Center for Surgery and Pediatrics at the Ministry of Health and Social Protection
3. Republican Nutrition Center of the Ministry of Health and Social Protection,
4. Republican Center for Reproductive Health
5. Republican Center for a Healthy Lifestyle

12.CONDITIONS

The contracted agency shall closely collaborate with the MoHSPP's Republican Clinical-Training Center for Family Medicine, The Republican Center for Nutrition under the MOHSPP, the Republican Center for Reproductive Health, the Republican Center for Healthy Lifestyles, the World Bank-financed projects, including *the Tajikistan Millati Solim (Healthy Nation) Project*, *the Early Childhood Development to Build Tajikistan's Human Capital Project*, and other ongoing nutrition initiatives in Tajikistan.