

REQUEST FOR PROPOSAL –CONSULTANCY SERVICES

Supply Chain Assessment for Maternal and Child Nutrition Commodities in Tanzania

ABOUT NUTRITION INTERNATIONAL AND ENRICH PROJECT

Nutrition International (NI), formerly the Micronutrient Initiative, is a Canadian-based international non-governmental organization (NGO) dedicated to improving the health and nutrition of the world’s most vulnerable; especially women and children. NI is part of a consortium of NGOs implementing the Enhancing Nutrition Services to Improve Maternal and Child Health (ENRICH) project. The ENRICH project is funded by Global Affairs Canada (GAC), and World Vision Canada targeting five countries in Africa (Kenya and Tanzania) and Asia (Bangladesh, Pakistan and Myanmar). The consortium is led by World Vision and includes Harvest Plus, the University of Toronto, and Canadian Society for International Health. The project will be implemented over a four-year period, concluding in 2020.

The ENRICH project takes a comprehensive approach to improve the delivery of essential nutrition services that targets the first 1000 days of life, including health systems strengthening, promotion of the consumption and production of nutrient-rich and fortified foods, micronutrient supplementation, infant and young child feeding (IYCF), hygiene promotion, and maternal nutrition.

The project is expected to increase the access to basic nutrition and health services to a total of 2.09 million people, including 835,000 women and 740,000 children. In Tanzania, ENRICH will be implemented in five districts of which three are in Shinyanga region (Kishapu, Kahama and Shinyanga Rural) and two of are in Singida region (Ikungi and Manyoni). The project is expected to directly benefit 707,000 pregnant and lactating women and children under two years, and nearly one million people in total.

BACKGROUND AND RATIONAL FOR THE SUPPLY CHAIN ASSESSMENT

Over the last decade, investments have been made by the Government of Tanzania (GOT) through the Ministry of Health, Community Development, Gender, Elderly, and Children (MOHCDGEC), donors and partners to strengthen the public health supply chains in Tanzania; these investments have had a positive impact on the health and well-being of Tanzanians. MOHCDGEC together with development partners have made significant contributions in making supply chains more effective and efficient. These accomplishments have demonstrated the impact of collaboration and the efforts put forth by the MOHCDGEC to achieve this goal. As a result key areas of Supply Chain Management System (SCMS) have been strengthened, which includes system strengthening, management information system, quality assurance, distribution, procurement, quantification, policy, capacity development as well as establishment of a Logistic Management Unit.

In spite of the tremendous efforts which have taken place to improve SCMS of health commodities, Tanzania Demographic Health Survey 2015/2016 (TDHS 2016) report indicated that only 4 in 10 children aged 6-59 months received vitamin A supplementation in the six months before the survey while only two percent of children aged 6-59 months received an iron supplement. More than half (58 per cent) of children under five years of age suffers from anaemia. Almost half (45 per cent) of Tanzanian women of reproductive age are anaemic and this has remained essentially unchanged since 2004/2005 when 48% of women were anaemic. The TDHS 2016 report also indicated that only 2 in 10 women aged 15-49 took iron tablets or syrup for at least 90 days during their last pregnancy.

The United Republic of Tanzania has a severe vitamin and mineral deficiency problem; iron, vitamin A and folic acid deficiencies alone, cost the country over US\$ 518 million every year, equivalent to around 2.65 % of the country's GDP¹. Poor integration of nutrition interventions remain a cause of concern.

Multi-sectorial approaches are necessary to address micronutrient malnutrition and provide long-term sustainable improvements in the availability and consumption of adequate vitamins and minerals in the diet. It has become increasingly appreciated that universal approaches may not be appropriate in all settings, and it is important that the design of a portfolio of interventions take into consideration the key factors which lead to the deficiencies in the first place. Efficacious interventions should be combined and adapted to meet the needs and context. In 2016, the National Multisectoral Nutrition Action Plan was published as a multi-sectoral approach to address malnutrition through improving the quality of nutrition interventions throughout the life cycle.

A major challenge, however, to the implementation of the Micronutrient Action Plan and its nutrition interventions and programmes are the frequent stock outs of essential health and nutrition commodities in health facilities. There are multiple factors associated with stock-outs, which include, but are not limited to: (1) availability of quality data in order to analyze and predict trends in demand that would contribute to accurate commodity forecasting; (2) capacity at health facility-level to forecast and quantify requirements; manage stock and accurately provide supply chain consumption information. Also, there are other essential nutrition commodities like micronutrient powders (MNP) which have not been among common commodities supplied. Innovative solutions are needed to the commodity supply chain challenges.

NI seeks to contract a consultant to conduct an assessment of the health and nutrition commodity supply chains in Tanzania. The assessment will highlight bottlenecks and facilitators in the supply chain of the specified commodities including, but not limited to: quantification/forecasting, procurement, distribution/transportation, storage, inventory management/tracking system, supply monitoring and reporting at all levels. The recommendations should follow the health system framework and therefore be aligned to the health system building blocks (leadership and governance, capacity, Monitoring & Evaluation, advocacy and communication).

OVERALL OBJECTIVES

1. To assess the key components of the supply chain (procurement, local and import), with the aim of understanding the barriers and facilitating factors in the availability of iron and folic acid (IFA) supplements for pregnant women, Vitamin A supplements, Micronutrient Powders (MNP), zinc/ORS in selected 5 districts from 2 regions.
2. To inform formulation of innovative solutions to the supply chain challenges for the selected commodities with the aim of ensuring uninterrupted and sustained availability of commodities of the appropriate quality and in the adequate quantity to the various levels of the health system and accessed by the various levels of health workers for provision to the various population groups.

Specific Objectives

The study is expected to gather information, review and analyze, identify key challenges and report initial recommendations and supply chain solutions which will entail:

1. To understand public sector policies, program and supply chain structures related to the selected MNCH commodities
2. To understand the market structure as relating to cost structures, formulations, specifications, availability of the commodities and local capacity for manufacturing and importation

¹ NFFA. *Action Plan for the Provision of Vitamins and Minerals to the Tanzanian Population through the Enrichment of Staple Food*. Tanzania 2009

3. To identify roles of the partners and the following institutions in micronutrient commodity supply chain: MOHCDGEC, President Office-Regional Administration and Local Government, Tanzania Food and Drug Authority, Medical Store Department and Tanzania Food and Nutrition Centre.
4. To assess the barriers and facilitating factors/improvement opportunities related to the components of the supply chain system at all levels for the selected maternal, newborn and child health and nutrition (MNCHN) commodities (Policy, Strategy, Quantification/Forecasting, budgeting, planning, procurement, distribution, storage, capacity-personnel and financial, monitoring and evaluation, commodity tracking, communication, inventory management, data management) associated with these processes.
5. To assess availability and accessibility of the MNCHN commodities by targeted beneficiaries at levels 1, 2, and 3 of the Health system.

SCOPE OF WORK

The assessment will target policy makers, Regional Health Management Team, head of departments, regional pharmacist, Council Health Management Team, selected health facility workers (pharmacists, in-charges, in-charge of stock taking, health records and information officers) community health workers, clients, pharmaceutical manufacturers, pharmaceutical wholesalers and pharmacies.

The supply chain assessment will be carried out in Shinyanga and Singida regions in the districts mentioned previously. The assessment will focus on actual realities of the supply chain system for all the commodities previously listed in this document including availability of commodities and capacity of health workers and the systems used to plan, receive, monitor and report on and manage the stocks.

1. **Develop workplan:** Detailed plan that clearly outlines key steps and timelines for completion of deliverables as outlined in the Terms of Reference and engagement with relevant stakeholders in the process
2. **Desk Review:** Undertake a comprehensive desk review of key documents; in-depth interviews with key actors (policy makers, directors of key government departments, Zonal pharmacist, stock in-charges, implementing agencies, and public and private facility in-charges in the project area), any other relevant partner and exit interviews. The desk review should include the following:
 - a. Global: IFA supplements for pregnant women, Vitamin A supplements, MNP and zinc/ORS supply chain situation analysis highlighting best practices
 - b. National: policies and strategies for supply chain processes as elaborated in specific objective 4 above, market information, partner roles, division roles, supply challenges. The assessment will focus on national policies affecting supply chain enabling environment in both public and private health services.
 - c. Region and district level: This is the area of detailed analysis for current status, bottle-necks and innovative solutions with the purpose of looking closely at the community based strategy and how the commodities will be accessed at the selected health facilities.
 - i. NB: the global and national piece is a desk review and background work – the Consultant will not be analyzing this part of the supply chain for bottlenecks.
3. **Research Protocol/Study Design:** Design the supply chain assessment in line with the objectives outlined in the TOR and the findings from the desk review. The study design will consider the study area, sampling methods, sample size, data collection methods, data analysis plan and ethical considerations.

4. **Data collection tools:** Develop the data collection tools both qualitative and quantitative and document analysis template. The consultant will ensure the tools capture data related to all the objectives of the assessment.
5. **Conduct the following assessments, including data analysis:**
 - a. Supply chain situation analysis of the selected MNCHN commodities; market survey of selected MNCHN commodities
 - b. Mapping of stakeholders involved in the supply chain of the selected MNCHN commodities in the public sector.
 - c. Mapping of programmes and supply chain structures related to the selected MNCHN commodities
 - d. Assessment of the components (policy, strategy, quantification/forecasting, budgeting, planning, procurement, distribution, storage, capacity-personnel and financial, monitoring and evaluation, commodity tracking, communication, inventory management, data management) of the supply chain system at national, county, district, health facility and community levels for the selected MNCHN commodities in both the public and private sector
 - e. Assessment of accessibility in the public sector of the selected MNCHN commodities by target populations (caregivers of newborns and under-fives, pregnant women, health workers)
6. **Validation Workshop:** The consultant will facilitate a validation workshop of the supply chain assessment and recommendations for strengthening supply chain management with key stakeholders at the national level, Regional level and District level.
7. **Modify training package and conduct training of master trainer**
 - Review existing training packages, modify/develop the training manuals and trainer’s guide, training materials, implementation plan a detailed evaluation plan of the modules and checklist/tools for monitoring the training quality.
 - Develop data analysis plan-, interpretation, data dissemination and feedback mechanism, checklist and tools for monitoring SCM, review of monthly and quarterly performance and routinely review of districts progress.
 - Develop 3 days Training of Trainers (ToT), including updated manuals, trainer’s guide, training materials and checklist and tools for monitoring SCM.
 - Conduct 3 days training for master trainers from MOH (National and Regional) team on modified training package. Later these master trainers will conduct training of Health care providers from the ENRICH project area.
8. **Final Report:** Develop a comprehensive report of the findings of the supply chain analysis. The report will include key recommendations to address identified barriers and opportunities in the supply chain system for the selected MNCH commodities, and also recommendations on how to build on existing achievements. The consultant should propose an effective supply chain flow chart for all selected MNCH commodities in this final report.
9. **Policy Brief:** based on the results of the supply chain assessment report

DELIVERABLES

- A desk review report.
- Detailed research protocol including data collection tools, timelines, outputs and budget.
- Validation workshop with key stakeholders.
- Develop modified training packages
- Conduct training of Master trainers from MOH
- Policy brief (2-5 pages) based on the results of the supply chain assessment report
- Supply chain assessment report on findings, recommendations and lessons learnt with emphasis on the regions, districts and community levels.
- Consultant final report.

TIMEFRAME

The consultancy will be undertaken between July and September 2017. The agreed upon methodology, data collection tools, plan of activities and timing of outputs will be produced within 2 weeks of signing the contract to NI. Feedback will be given to the consultant within 1 week of receiving the documents after which the consultant will revise and submit for approval and commence of work. The consultant will be expected to submit the report within the stipulated timelines.

Timelines of deliverables

No	Deliverables	2017											
		August				September				October			
		wk 1	wk 2	wk 3	wk 4	wk 1	wk 2	wk 3	wk 4	wk 1	wk 2	wk 3	wk 4
1	Desk review report outlining key findings	x	x	x	x								
2	Supply chain assessment report					x	x	x	x	x	x		
3	Policy brief												x
4	Validation workshop										x		
4	Modified training packages developed and submitted											x	
6	Training of master trainers from MOH												x
7	Consultancy report												x

CONSULTANCY TEAM PROFILE

For the purpose of this assignment, the consultant or consultancy firm should have the following:

- At least 10 years' experience in supply chain system design and/or evaluation
- Proven experience in health systems strengthening in Tanzania is preferred
- Proven experience in writing public policy papers
- Advanced training in supply chain management or public health
- A master's degree and training in pharmacy is desirable
- Experience working with multiple stakeholder projects, including public-private partnerships is an added advantage
- Experience in database development/ programming is an added advantage

GUIDELINES FOR SUBMISSION

Interested consultants should send submit the following:

1. Proposal, outlining understanding of the tasks, formative research methodology, detailed work plan, and budget.
2. Curriculum Vitae (max 5 pages) and qualifications of consultancy team members

Proposals should be submitted via email to:

Email: Tanzania@micronutrient.org

cc. llucas@nutritionintl.org

Deadline for submission of proposal is COB Friday 14th July, 2017.

Question regarding this Call for Proposal may be sent via email to the following email address:

nlema@nutritioint.org

ANNEX A. TEMPLATE OF BUDGET

Budget: Supply Chain Assessment for Maternal and Child Nutrition Commodities in Tanzania					
Sl. No.	Particulars	Person	Rat	Total	Remarks
A	PERSONNEL FEES				
1.	Name and designation				
2.	Name and designation				
	Sub Total of A				
B.	EXPENSES				
1	Activity 1 (description)				
2	Activity 2 (description)				
3	Activity 3 (description)				
4	Activity 4 (description)				
	Sub Total of B				
C.	TOTAL COSTS				
	Total direct costs (A + B)				
	Indirect Cost Recovery (X%)				
	Total				

**Please provide detailed breakdown of budget for each of the activity.