Terms of Reference (ToR)

Developing and validating an indicator on iron and folic acid supplements for monitoring progress of the Global Nutrition Monitoring Framework (GNMF) indicators

1. Background

One of the four indicators of the Global Nutrition Monitoring Framework that are postponed for reporting until 2018 is the proportion of pregnant women receiving iron and folic acid (IFA) supplements. This indicator is defined as the proportion of women with a birth in the last 2 years who received or bought iron and folic acid supplements for at least 6 months during their last pregnancy, in amounts that were in accordance with recommended protocols\(^1\). The indicator is estimated using the following formula –

\[
\frac{\text{Number of pregnant women in the sample who received or purchased the recommended number of iron/folic acid tablets during last pregnancy}}{\text{Total number of pregnant women in the sample with a birth in the last 2 years}} \times 100\%
\]

It is suggested to present results stratified by source of supplements (e.g., provided by the health system/care organization or self-purchased), by relevant sociodemographic stratifiers where available (urban/rural, wealth quintile, mother’s education), and other social determinants (e.g., distance to nearest care facility)\(^1\).

This indicator measures the percentage of women who received or purchased recommended amounts of IFA supplements during pregnancy. Although it provides information about the quality of ante-natal care (ANC) services and/or women’s access to purchasing IFA supplements, it does not capture intake of actual number of IFA tablets. This indicator is intended to measure IFA supplementation during last two trimesters of pregnancy. Accurate reporting of the number of supplements received or purchased is difficult as records from health facilities women’s recall of the number of IFA tablets received or purchased may not be accurate.

2. Objectives

The objective of this ToR is to carry out a scoping exercise within a set of purposively sampled Member States to assess the feasibility of reporting on components of suggested indicator.

3. Scope of work

1. **Identify a set of purposefully sampled Member States to assess the feasibility of reporting on components of suggested indicators.**
   - This may be started with 8-10 Member States (number of countries should be refined in planning).

\(^1\) Indicators for the Global Monitoring Framework on Maternal, Infant and Young Child Nutrition. Informal consultation with Members States and United nations agencies on a proposed set of indicators, Geneva, Switzerland. March 2015.
• Member State sample should reflect a range of levels of economic development (low-, middle-, and high-income countries), anaemia burden, health system structures (e.g. predominantly public, private, public-private mix), iron and folic acid supplementation policies (e.g. those with vs. without national policies), distribution channels (e.g. provided vs. purchased) and health information systems (e.g. those with central HMIS and/or DHS surveys vs. countries that rely on less frequent national or regional population-based surveys or surveillance systems).²

2. **Following issues should be addressed with relevant audiences in each country.**
   - Document iron supplementation policies or recommendations from government and/or authoritative professional bodies including recommended form (e.g. IFA, MMN, iron-only), dosage, frequency, duration of supplementation, and common distribution channels (e.g. public health centres/clinics, private clinics/pharmacy/vendors, community health workers (govt., NGO etc.)).
   - Document findings from key informant interviews/discussions/communications with major data stakeholders and review of available data sources in country related to data quality and feasibility of reporting.
     - Document the feasibility given current data sources to report on the following potential elements of the indicator definition:
       ✓ IFA distribution specifically via ANC vs. another access point (e.g. purchase)
       ✓ IFA Receipt/purchase vs. consumption
       ✓ Number of IFA tablets received vs. consumed during last pregnancy
       ✓ Recall period of data
     - Document the feasibility of stratifying elements above by age, parity, and education level of women, source of supplements (e.g., provided by the health system/care organization or self-purchased), by relevant sociodemographic stratifiers where available (urban/rural, wealth quintile, mother’s education), and other social determinants (e.g., distance to nearest care facility).
   - Document all potential data sources for high-level reporting of suggested indicator and/or indicator component with clear designation about the source, collection method (e.g. survey, routine data, and surveillance), definitions used, level and frequency of collection and recall period, data quality assurance procedures, ownership/management of data and reporting/use of data in country. For each source and indicator identified, record all available annual national estimates (or sub-national if national not available) since 2000 (baseline year to be discussed and finalised) and present a figure that shows these trends across the countries.

3. **Review findings and propose final indicator definition and acceptable methods for WHA reporting.**
   - Recommend stratifiers and frequency of reporting of this indicator by Member States.

4. **Required qualifications of consultant/collaborator**

Interested individuals/institutes/universities/ firms should possess:
- Proven experience of developing/validating indicators of similar nature and magnitude.
- A PhD in relevant field with substantial experience in international nutrition and familiarity with the Global Nutrition Monitoring Framework (GNMF) of the WHO.

²It is likely that similar scoping exercises will be required for one or more of the other three indicators deferred until 2018 and so if possible, the exercises should be combined and selection of Member States will need to reflect what will provide the most information across multiple indicators.
5. Timeline of activities

The consultant/collaborator will provide the services described under “Scope of Work” in Section 3 according to the following time schedule:

- By 15 November 2016: submit draft report.
- By 15 December 2016: submit final report.

Following activities should be accomplished during the project period –
1. Progress report (one page) – bi-weekly
2. Conference call with WHO and members from its Technical Expert Advisory group for nutrition Monitoring (TEAM) who is linked to this indicator, at regular interval (frequency TBD)

6. Budget

Daily rate of payment will be based on qualification and experience of the consultant. Maximum number of days should be not more than 20 days.

7. Schedule of payments and deliverables

<table>
<thead>
<tr>
<th>Payment amount (USD)</th>
<th>Deliverable</th>
</tr>
</thead>
<tbody>
<tr>
<td>25%</td>
<td>Upon signing the contract by the consultant</td>
</tr>
<tr>
<td>25%</td>
<td>Upon submission of draft report, and approval by the Project Manager (by 15 November 2016)</td>
</tr>
<tr>
<td>50%</td>
<td>Upon submission of final report, and approval by the Project Manager (by 15 December 2016)</td>
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