Scope of Work and Deliverables

USAID Advancing Nutrition Consultant Agreement

**Date of Request: *August 12, 2022***

## Purpose: The consultant will lead the design and analysis of the costing of MAM treatment approaches using locally available foods in Nigeria

**Place of Performance: *Remote***

**Provider(s):**

**Period of Performance: *November 1, 2022 – September 15, 2023***

**Activity Manager: *Amanda Yourchuck***



***SERVICES/SCOPE OF WORK: The Contractor shall use all reasonable efforts to perform the following services in accordance with the terms and conditions set forth in this agreement:***

# Background

According to the 2021 Joint Child Malnutrition Estimates, 45.4 million (6.7 percent) children under five globally are wasted. Of this number, 31.8 million children are MAM, representing 70 percent of all wasted children.[[1]](#footnote-1) Although MAM affects a larger number of children there is much less guidance on its treatment. In 2001, the Community-based Management of Acute Malnutrition (CMAM) approach was developed in an effort to reach more children with acute malnutrition. CMAM programs exist in more than 70 countries globally, making it one of the most common treatment approaches.[[2]](#footnote-2) Treatment of children diagnosed with MAM through targeted supplementary feeding programs (SFP) is one of the approach’s components. Much of the experience treating MAM as part of CMAM has been in emergency settings. Therefore, much of the guidance focuses on the use of supplementary food products such as ready-to-use supplementary food (RUSF) and fortified blended foods (FBF).

While there have been improvements in the number of children accessing treatment since the introduction of CMAM and targeted SFP programs supported by WFP and non-governmental organizations, still only one in three severely wasted children in need of treatment receive it.[[3]](#footnote-3) A common challenge driving this lack of access is an insufficient and/or unreliable supply of specialized supplementary food products, like RUSF, for children in need of treatment.

Practitioners have developed many innovative approaches to treat MAM using locally available foods in the permanent or temporary absence of these products. However, there is a lack of minimum standards for these approaches and insufficient global guidance on how these approaches should be designed and implemented—and if and how they should be utilized alongside targeted SFP that uses imported or locally produced, pre-packaged supplementary food products. Costing information on these local approaches is also limited, thereby limiting programmatic decisions about potential scale-up.

# Objectives

Practitioners and donors need to better understand the variety of local food-based approaches used across emergency and development settings, their appropriateness for treatment of MAM, and contextual considerations impacting success. In an effort to begin to document and generate evidence for these approaches, USAID Advancing Nutrition will be conducting case studies on approaches being implemented in Nigeria, Senegal, and Uganda. Specifically in Nigeria we will document the Tom Brown approach implemented by Catholic Relief Services (CRS), Save the Children, and Premiere Urgence International (PUI), and the Porridge Mums approach implemented by Action Against Hunger (AAH).

The objective of these case studies is to document how local food-based approaches to treating MAM are implemented in different contexts and understand the results of those efforts to inform the eventual development of programmatic guidance to ensure appropriate, high quality treatment for children in these alternate treatment programs. To accompany this work, we will also undertake a cost analysis of each of the selected approaches.

# Activities

The consultant will lead the following work, in coordination with the USAID Advancing Nutrition Emergency Nutrition Advisor and Activity Manager:

* 1. Advise the USAID Advancing Nutrition team and USAID counterparts on the appropriate design to cost the identified MAM treatment approaches. Specifically, we would like to know if a cost effectiveness analysis will be feasible, based on available data and within the available timeline.
	2. Design the costing model for the analysis and data collection tools and virtually train local consultants on the necessary data collection. Due to the novelty of the approaches to be costed, we anticipate that the consultant will need to design a unique costing model for this work, drawing from existing models (e.g. CMAM costing tool) as appropriate.
	3. Conduct the cost analysis, including a cost-comparison across approaches, as feasible and appropriate.
	4. Complete a costing report that details the methodology used (to enable replication should additional approaches be costed in the future), results, and interpretation of the results to inform programming and policy decisions.
	5. Contribute costing content to the case study report. The writing of this report will be led by the USAID Advancing Nutrition team but will feature costing highlights.

# Deliverables and Schedule

## The Contractor is responsible for the timely submission of the following deliverables, as part of the SOW:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***Del. No.*** | ***Deliverable Name*** | ***Deliverable Description*** | ***Due Date*** | ***LOE (Number of working days)*** |
| 1 | Notes on feasibility of cost analysis options (cost-efficiency and cost-effectiveness) | Based on an initial review of available data from the selected approaches, the consultant will advise on what type cost analysis is feasible. | November 15, 2022 | 10 |
| 2 | Costing model, tools, and protocol addendum | The consultant will develop the costing model and tools. This includes a summary of the costing model methodology, submitted in a format that can be used as an addendum to the MAM case study protocol (which will be developed by the USAID Advancing Nutrition team). | December 15, 2022 | 25 |
| 3 | Training materials for local consultants (e.g. PPT) | The consultant will train the local consultants on the costing data collection processes and tools. | December 30, 2022 | 5  |
| 4 | Draft costing report | The consultant will prepare a first draft of the costing report for USAID and USAID Advancing Nutrition review and feedback. | January 31, 2023 | 20 |
| 5 | Revised costing report | The consultant will revise the draft based on comments from USAID and USAID Advancing Nutrition. | February 28, 2023 | 5 |
| 6 | Written contributions to case study report | The consultant will provide summary costing results for inclusion in a separate case study report that will be developed by the USAID Advancing Nutrition team. The LOE is inclusive of support to respond to USAID’s feedback on draft versions of the report.  | June 30, 2023 | 5 |
|  | **Total** |  |  | **70 days** |

The total LOE is approximately equivalent to 70 days.

All required deliverables and reports shall be submitted to the JSI Activity Manager listed on Page 1.

# Consultant Qualifications

* Master’s degree in Health Economics, or other related field with appropriate cost analysis experience
* Past experience conducting costing. Cost-efficiency and cost-effectiveness analysis of CMAM programs or other public health approaches, MAM costing a plus
* Excellent English skills (verbal and written)
1. UNICEF, WHO, and the International Bank for Reconstruction and Development/The World Bank. 2021.UNICEF/WHO/The World Bank Group joint child malnutrition estimates: levels and trends in child malnutrition: key findings of the 2021 edition. <https://www.who.int/publications/i/item/9789240025257>. [↑](#footnote-ref-1)
2. WHO. 2020. Global Action Plan on Child Wasting [↑](#footnote-ref-2)
3. WHO. 2020. Global Action Plan on Child Wasting [↑](#footnote-ref-3)