

## TERMS OF REFERENCE

**Assignment/Project Title:** Development of Creatives (Media Content) and Deployment Plan for Accelerating Nutrition Results in Nigeria (ANRiN) Project

**Location:** Nigeria

**Assignment Duration:** till December 31, 2022

**Assignment Type:** Firm

### A. PROJECT BACKGROUND AND OBJECTIVES

#### 1. Context

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, indicating a long-term nutritional problem in the country. One in three (37 percent) children under five years of age suffers from chronic malnutrition. This translates into 13.9 million Nigerian children at the risk of either dying or not developing to their full potential. Micronutrient deficiencies— mainly vitamin A, iodine, iron, folic acid and zinc -- are a serious problem and despite their high cost-effectiveness, coverage rates of micronutrient supplementation and fortification remain generally low. It is estimated that 60 percent of Nigerian children are at a risk of vitamin A deficiency, whereas 68 percent of children and 58 percent pregnant women are anemic. The “nutrition map” of Nigeria is highly uneven. Ten of the North East and North West states have rates of child stunting that exceed 50 percent, whereas some other states have rates of child stunting as low as 17 percent.

A range of social and cultural factors contribute to poverty and malnutrition in Nigeria. Gender inequality and women’s socio-economic status have an impact on women’s social space for action, confidence and ability to care for themselves (e.g., during pregnancy) and for their children. Women also too often receive only limited support from men during pregnancy (e.g., physical work is not reduced) and for child feeding and care. There are also a range of beliefs and traditions related to eating during pregnancy and to child feeding that generate some behaviors which can contribute to malnutrition. Social exclusion of certain groups can also limit the coverage of some interventions (e.g., behavior change communication, immunization) that have an impact on malnutrition. Children born from early marriages and pregnancies tend to be more malnourished.

**Impact of Malnutrition:** Maternal and child undernutrition is estimated to be responsible for about 45 percent of child mortality and 11 percent of the global disease burden. Malnutrition in early childhood results in decreased cognitive ability, poor educational outcomes, lost earnings and losses to national economic productivity. Most of the damage caused by malnutrition is largely irreversible later in life and, conversely, once the benefits from early nutrition are captured by young children, they carry the benefits with them the rest of their lives. 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. This is about as much as the country’s annual government expenditure on health (3.9 percent). At the individual level, chronic malnutrition in children is estimated to reduce a person’s potential lifetime earnings by at least 10 percent. Other studies have shown that a 1 percent loss in height results in a 2 to 2.4 percent loss in productivity. The economic costs of undernutrition have the greatest effect on the most vulnerable in the developing world.

**Window of Opportunity for Action:** Chronic malnutrition in Nigeria, as in other countries, happens during the “first 1000 days”, which is the period from conception to the child’s second birthday. From 6 months of age until two years of age is when most children fall behind. This significant deterioration in nutrition status 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. All of these inexpensive and cost-effective interventions require action at the community level, and will not only boost children’s chances of survival, but also enable them to fully develop their cognitive functions preparing them to be active learners and contributors to economic growth. In order to break the inter-generational cycle of malnutrition, whereby malnourished mothers give birth to malnourished children who in turn perpetuate the cycle, it is critical to also pay particular attention to the nutritional status and reproductive health of adolescent girls.

**Accelerating Nutrition Results in Nigeria (ANRiN) Project:** The Government of Nigeria aims to increase availability and utilization of quality, cost-effective nutrition services for pregnant and lactating women, adolescent girls and children under five years of age in 12 high malnutrition burden, geographically representative, states of Nigeria through the ANRiN Project financed by the World Bank. The project is results based and proposes to achieve its development objective through its two components, namely: (i) Basic package of nutrition services; and (ii) Stewardship and Project Management.

The ‘basic package of nutrition services’ entails the provision of community-based services by non-state actors (NSAs) with a focus on reaching adolescent girls and their children, including;

- a. behavior change communication to improve infant and young child feeding behaviors, namely early and exclusive breast feeding (0-6 months) and appropriate complementary feeding (6-23 months);
- b. micronutrient powders to children 6-23 months to improve the quality of food provided for complementary feeding;
- c. iron/folic acid supplementation for pregnant women with counseling to improve compliance;
- d. intermittent preventive treatment for malaria to pregnant women;
- e. zinc and ORS for treatment of diarrhea in children 6-59 months;
- f. vitamin A supplementation twice a year for children 6-59 months;
- g. deworming twice a year for children 12-59 months; and
- h. counseling and provision of commodities to married adolescents in Kaduna for increasing birth spacing.

Through Stewardship and Project Management, the ANRiN Implementing Agencies at Federal and State level will be capacitated in such roles. Additionally, the Project Management Unit (PMU) of ANRiN will develop and deploy a Social and Behavior Change Communication (SBCC) campaign for improved maternal, infant and young child nutrition.

The PMU would now like to engage a firm to develop creatives (media content) and the related media deployment plan for a sustained mass media campaign to improve maternal, infant and young child nutrition in Nigeria.

## 2. Objectives

The objective of this assignment is to develop for the ANRiN PMU, creatives and associated collaterals, for an effective above-the-line and below-the-line mass media campaign to improve nutrition during the “first one thousand days” window in Nigeria through the ANRiN Project. Additionally, a model media plan will be proposed for the mass media campaign to the PMU for roll out during the life of the ANRiN Project.

## B. SCOPE OF WORK

### Target Audience:

- Pregnant and lactating mothers,
- adolescent girls, and
- caregivers of children 0 to 24 months in Nigeria

The scope of work for this assignment includes the following:

1. Understanding the “National Social and Behaviour Change Communication Strategy for Infant and Young Child Feeding”, interventions under ANRiN and the target audience of the campaign.
2. Familiarize with creatives already deployed by Federal Ministry of Health and Development Partners in Nigeria associated with identified “priority behaviors and key small doable actions” to ascertain exclusive scope of current creative effort.
3. Develop creatives for both above- and below-the-line campaigns (specifically for community- and facility-based inter-personal counselling under ANRiN) to trigger the identified “priority behaviors and key small doable actions”.
4. Refine creatives based on the pre-test (guidelines to be provided by the World Bank and the Project Management Unit) results of the prototypes and the feedback from PMU, FMOH and World Bank. The proposed creatives to be developed are shown in Table 1 below.
5. Produce the broadcast- and print-ready version of the creatives for the above- and below- the-line campaign and context specific six regional prototypes for below the line media.
6. Develop a model media plan for the above-the-line campaign for the specific target groups for the life of the ANRiN Project.

**Table 1 – Development of Creatives for ANRiN Mass Media Campaign**

No	Communication material	Scope	No. of Units*	No. of Languages
1	Television Commercials	Script, brainstorming meetings to finalize, focus group testing, language adaptations X 5 languages (Hausa, Yoruba, Ibo, Pidgin and English) production	5	English + 4
2	Radio Spots	Same as #1 above	5	English + 4
3	Soap Opera or Edutainment series	Same as #1 above	5 episodes	English + 4
4	Content for mobile phones (such as Whatsapp memes,	Same as # 1 above	5	English + 4

	Interactive Voice Response messages etc.)			
5	Omnibus of collaterals for below the line campaign	At least 4 collateral items for each of the five identified priority behaviours  The collateral items may include: outdoor media, posters, flipcharts and tools to be used to facilitate community and facility-based interpersonal counselling	5	English + 4

*\*The units are representative of identified key priority behaviors of maternal nutrition and supplementation during pregnancy; early initiation, exclusive and continued breastfeeding; complementary feeding; Water Sanitation and Hygiene behaviours*

### C. OUTPUTS

The agency will produce the following outputs:

1. A fully developed set of creatives for the above-the-line campaign preceded by a pitch of the draft creatives for PMU, FMOH.
2. Report of the pre-testing activity with key findings and feedback from PMU, FMOH and the World Bank for the above-the-line campaign.
3. Final, pre-tested creatives, incorporating pretesting findings and feedback from the PMU, FMOH and the World Bank for above-the-line campaign (number of units of each type of creative specified in Table 1).
4. A model media deployment plan for the above-the-line campaign for the life of the ANRiN Project.
5. Broadcast- and print-ready files conforming to the technical specifications of the broadcasters for the above-the-line and publications for below-the-line campaigns along with printing specifications for reproduction for all below-the-line campaign collaterals in addition to print-ready files.
6. Any changes in broadcast and publication guidelines on technical specifications would have to be addressed and delivered.

### D. INPUTS TO BE PRESENTED BY THE CLIENT

National Social and Behaviour Change Communication Strategy for Infant and Young Child Feeding, coordination with Project Management Unit, FMOH, Media Brief, timely feedback.

### E. TERMS AND CONDITIONS

#### 1. Duration

Till December 31, 2022.

#### 2. Required qualifications

##### 2.1 Firm Qualifications

- i. Demonstrated experience in developing high quality campaign ideas, targeting rural audiences.

- ii. Demonstrated experience in development of creatives for mass media campaigns.
- iii. Demonstrated experience in developing and monitoring detailed media deployment plans.
- iv. Ability to function and deliver high quality outputs within tight timeframes.

**2.2 Personnel Qualifications**

It is anticipated that the selected agency will put its best creative staff on the assignment. Complete CV with details of education and experience must be shared for the following personnel. The agency may propose additional positions and/or deploy additional staff in the proposed positions. All designated staff must have excellent communication skills in English. For purposes of regional contextualization, access to personnel with excellent communication skills in Hausa, Yoruba, Ibo and Pidgin is required.

The key positions are as follows:

- i. **Client Services Manager/Team leader** with minimum 7 years of experience in the social sector and strong skills for diplomacy and negotiation with multiple stakeholders from diverse backgrounds. Strong commitment to delivering high quality products within stated timeframes
- ii. **Creative Director** with 10 years of experience in conceptualizing and directing high-impact campaigns. Experience of developing social campaigns is an advantage. Please provide the CV of key members of the creative team other than the Creative Director.
- iii. **Research Officer** with 5 years’ experience in conceptualizing qualitative research, developing research instruments for pre-testing such as in-depth interviews and focus group discussions.

**3. Contract type**

The contract type is lump sum including reimbursable expenses.

**4. Payment Schedule for expected deliverables with timelines**

S. No.	Deliverable	Deliverable due date	Payment proportion
1.	Signed contract	One week from issuance of contract	10%
2.	Pitch for mass media campaign	Two weeks from issuance of contract	-
3.	Based on approved pitch, fully developed creatives for above-the-line campaign for review by team in FMOH	Four weeks from securing formal approval on pitch by reviewing team in FMOH	-
4.	Presentation of - report of findings from the pre-test of 5 TV spots, 5 Radio Spots and 5 episodes of soap opera/edutainment comprising	Seven weeks from securing approval on the pitch by reviewing team in FMOH	15%

	<p>the ATL media as per agreed plan, undertaken following guidance provided by PMU, FMOH; and</p> <ul style="list-style-type: none"> <li>- recommended changes to the creatives for approval of reviewing team in FMOH</li> </ul>		
5.	<p>Creatives for 5 TV spots, 5 Radio Spots and 5 episodes of soap opera/edutainment episodes revised to</p> <ul style="list-style-type: none"> <li>- accommodate the pre-test findings of the ATL media; and</li> <li>- feedback from the reviewing team at FMOH for approval of team at FMOH</li> </ul>	Four weeks from securing approval from reviewing team to changes in creatives based on pre-test findings	15%
6.	<p>Broadcast ready creatives for 5 TV spots, 5 Radio Spots and 5 episodes of soap opera/edutainment episodes in English and 4 regional languages, incorporating pretest findings and feedback from reviewing team of FMOH for above-the-line campaign (number of units of each type of creative specified in Table 1) for final approval</p>	Two weeks from securing approval from reviewing FMOH team to the creatives revised for pre-test findings/feedback	15%
7.	<p>Final Mobile-based media in English + 4 languages for approval of reviewing team at FMOH</p>	Twelve weeks from signing of contract	10%
8.	<p>Model media deployment plan for above-the-line campaign for life of ANRiN project</p>	Two weeks from securing approval from reviewing FMOH team to the creatives revised for pre-test findings/feedback	10%
9.	<p>Print-ready files for omnibus of collaterals in the numbers and for priority messages agreed in English + 4 languages for below-the-line campaign conforming to the technical specifications of the publications.</p>	Two weeks from securing approval from reviewing FMOH team to the creatives revised for pre-test findings/feedback	15%
10.	<p>Revised ATL and BTL materials</p>	Till December 31,	10%

	conforming to new technical specifications/guidelines prescribed by broadcasters and/or publishers	2022	
	<b>TOTAL</b>		<b>100%</b>

5. **Reporting**

The consultant will report to the National Project Manager of the ANRiN Project. Coordination with other members of the ANRiN PMU will be undertaken as required.