

# TERMS OF REFERENCE FOR THE ENGAGEMENT OF A CONSULTANCY FIRM FOR THE 2024 SEASONAL MALARIA CHEMOPREVENTION (SMC) END OF ROUND (EOR) COVERAGE SURVEY FOR NINE (9) MC-SUPPORTED STATES

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**Background**

Malaria Consortium (MC) is one of the world's leading non-profit organizations dedicated to the comprehensive control of malaria and other communicable diseases in Africa and Southeast Asia. Malaria Consortium works with communities, government and non-government agencies, academic institutions, and local and international organizations, to ensure good evidence supports delivery of effective services, providing technical support for monitoring and evaluation of programmes and activities for evidence-based decision-making and strategic planning. The organization works to improve not only the health of the individual, but also the capacity of National health systems, which helps to relieve poverty and support improved economic prosperity.

In Nigeria, twenty-one (20) states and the Federal Capital Territory (FCT) across the Sahel and non–Sahelian zone have seasonal malaria transmission, with most of the disease burden occurring during a distinct rainy season. Seasonal Malaria Chemoprevention (SMC) is a key approach to prevent malaria among children aged 3 to 59 months in such areas where malaria transmission is highly seasonal. SMC involves the administration of monthly treatment courses of a combination of antimalarial drugs (over 4 or 5 monthly cycles depending on the duration of the malaria transmission season specific to a given geographical area) with the objective of maintaining therapeutic antimalarial drug concentrations in the blood throughout the period of transmission (rainy season) to prevent malaria.

The SMC programme is integrated with a robust monitoring and evaluation component that includes in-process and end-of-process assessment of key indicators to measure progress and achievements of results. Of note is the end-of-round coverage survey that is conducted to measure the coverage and quality of implementation of the SMC programme at the conclusion of the four cycles.

Of the 21 states that carry out SMC, Malaria Consortium supports 13 with funding support from the Global Fund (GF), MC/Philanthropic Funding (PF) and Korea International Cooperation Agency (KOICA). This ToR is intended to engage a consulting firm to carry out the EoR Coverage survey in the 9 PF-supported states namely: Bauchi (18 LGAs), Borno, FCT, Kebbi, Kogi, Nasarawa, Oyo, Plateau and Sokoto (PF) and (2 LGAs of) Bauchi (KOICA).

# Rationale

Malaria Consortium has developed SMC quality standards that serve as a benchmark for how SMC should be delivered which are based on, and intended to reinforce, international and national SMC policies and guidelines. Quality SMC delivery ensures that the correct quantity of SPAQ is available and administered safely and correctly to eligible children each cycle and is accurately recorded to measure whether malaria cases have been prevented in areas targeted by SMC within the intended period of protection. A consultancy firm is required to carry out the end of round (EoR) coverage survey for the 2024 SMC Implementation round in line with the approved protocol for the SMC coverage survey. This protocol (see Annex 1) was developed by the National Malaria Elimination Programme (NMEP) to provide guidance for the collection of end-of-round coverage data after the implementation of the fourth/fifth cycle of SMC which will be used to measure key performance indicators over the entire round for the 2022 SMC implementation.

# Objectives:

The EoR assessment will evaluate both the extent and quality of the implementation of the final cycles and the overall seasonal malaria chemoprevention (SMC) campaign across the thirteen participating states being supported by Malaria Consortium. The overall goal of the end-of-round coverage survey is to establish the SMC coverage and determine the quality of implementation of the fourth/fifth cycle and the overall SMC campaign in the implementing states. The primary and secondary objectives of the survey are listed below.

1. **Primary objectives**

The primary objectives of the surveys are to:

1. Determine the proportion of self-reported SPAQ administration among the targeted population (children between 3 and 59 months) during cycles 1 to 4/5.
2. Ascertain the level of adherence to the SMC protocol by the CDDs during cycles 1 to 4/5.
3. Determine the level of adherence to SPAQ administration regimen by caregivers of targeted children on days two and three of the fourth cycle of SMC.
4. **Secondary objectives**

The secondary objectives are to:

1. Identify the most accessed information channel on SMC by caregivers of targeted children
2. Assess the adequacy of information given to mothers/caregivers of targeted children on what to do in the event of an adverse reaction to SMC medicine.
3. Ascertain the proportion of ineligible children aged 5-10 years that were administered SPAQ during the SMC.
4. Explore the ideational factors like perceptions and attitudes that are related to SMC such as caregivers believe that SPAQ prevents malaria, and perceived self-efficacy to administered SMC.

# Methodology

# The EOR survey design and methodology is described with greater detail in the protocol *(Annex 1)*. In brief, a cross-sectional survey will be conducted in each of the states implementing SMC to collect data and measure coverage of SMC treatment programme among eligible children aged 3-59 months in the state. For the assessment, the selected enumeration area constitutes a cluster. For ease of sampling, in each state, a total of 1320 matched pairs of caregivers and children aged 3-59 months will be selected from 20 households (assuming one eligible pair per household) in 66 clusters.

# The sampling frame proposed for the coverage assessment is the Population and Housing Census of the Federal Republic of Nigeria (NPHC), which was conducted in 2006 by the National Population Commission (NPopC). Administratively, Nigeria is divided into states. Each state is subdivided into LGAs, and each LGA is divided into wards. In addition to these administrative units, during the 2006 NPHC, each locality was subdivided into convenient areas called census enumeration areas (EAs). These EAs are referred to as clusters for the SMC coverage assessment and are defined based on EAs from the 2006 EA census frame. The Consultancy firm will work with the National Population Commission (NPC) to obtain a list of EAs and an estimated number of households in each EA for the respective assessment states.

# A modified cluster sampling design will be employed to select 1320 caregiver-child pairs in each SMC campaign state. In 2 LGAs from each 3 senatorial zone in SMC implementing states, at the first stage, 66 clusters will be randomly selected in each state by probability proportional-to-cluster size (PPS). The cluster size refers to the total number of households within an EA. Selected clusters which are security compromised will be replaced by randomly selected back-up clusters. Information about security situations in assessment areas will be requested from the appropriate authorities prior to selection. At the second stage, 20 eligible households will be selected from each selected cluster using a simple random sampling method. This stage will be preceded by a household listing of all eligible households, to generate a household sampling frame.

# Expected Output/deliverables

This study will provide valid and relevant information for future decision-making.

1. Inception report detailing the methodology, recruitment criteria of persons to be involved and timelines for accomplishing the tasks and a financial proposal.
2. Duly signed Training Attendance records for data collectors, supervisors, data analysts, and other relevant staff for each day of training.
3. National Population Commission (NPC) enumeration areas.
4. Training report signed-off by the Malaria Consortium.
5. Raw dataset.
6. Cleaned dataset.
7. STATA dofile.
8. Data analysis plan (Dummy tables).
9. Preliminary analysis outputs
10. Final assessment report not exceeding 50 pages excluding the preliminary pages and annexes. [Propose content/outline for report]

**Training**

Prior to the commencement of fieldwork, the firm is obligated to provide comprehensive training to survey personnel, including data collectors, supervisors, data analysts, and any other pertinent staff. It is imperative that the entire training program is concluded within a maximum time frame of twenty-three (23) working days from the date of signing the contract.

The firm is required to furnish a detailed training report inclusive pre/posttest no later than forty-eight (48) hours following the completion of the training sessions.

**Reporting Output- Preliminary analysis**

In compliance with the terms outlined in the contract, the firm commits to conducting an initial analysis and delivering comprehensive reports within twenty-two (22) working days for all states to be submitted within four (4) days after concluding data collection from the contract's commencement.

The preliminary analysis encompasses various key metrics, including coverage among eligible children aged 3-59 months, categorized by cycle. It also includes the proportion of children who have received at least one (1), three (3), and all four (4) or five (5) cycles of treatment. The reported treatment adherence by caregivers is a crucial aspect, as well as the coverage among children over 59 months. Furthermore, the proportion of children treated as Directly Observed Treatment (DOT) among eligible children who received Seasonal Malaria Chemoprevention (SMC) will be examined.

**Final Reporting Output-In-depth analysis**

1. **Preliminary Analysis and Survey Review:** Upon completing the initial analysis, the firm is required to meticulously examine the survey outcomes in alignment with the survey objectives. The firm should furnish a comprehensive report within two (2) days, incorporating all results and data areas as specified in the relevant clauses.
2. **Consolidated Final Report for All States:** The firm is mandated to deliver a consolidated final report encompassing FCT, Bauchi, Borno, Jigawa, Kaduna, Yobe, Kebbi, Kogi, Nasarawa, Niger, Oyo, Plateau, and Sokoto states. This comprehensive report must be submitted within fifty-three (53) working days from the contract's signing date.
3. **Separate Final Report with LGA Level Analysis:** In addition to the consolidated report, the Supplier is required to submit a separate final report specifically with detailed analysis at the Local Government Area (LGA) level for all supported states. The deadline for this report is also within fifty-three (53) working days from the contract's signing date.
4. **Feedback and Revision Period**: Malaria Consortium will provide feedback within fourteen (14) days after receiving the final reports. If any additional revisions are deemed necessary, the Consultant will have a maximum of seven (7) days for resubmission. Failure to submit revisions within this timeframe will result in the Malaria Consortium being unable to sign off on the report.

v. **Proof of Delivery for Finalization:** The conclusive step in the process involves the proof of delivery for the finalization of in-depth analysis. This requires the firm to submit final reports that have been reviewed and officially signed off by the Malaria Consortium.

# Scope

# The SMC EoR coverage survey will be conducted in the 9 PF-supported states, namely FCT, Bauchi, Borno, Kebbi, Kogi, Nasarawa,, Oyo, Plateau, and Sokoto.

# Requirements

# Consulting Firm: The Consulting firm chosen to conduct the 2024 SMC EoR coverage survey should possess the following

# Prior experience in conducting surveys related to malaria programs or SMC campaigns, particularly in Nigeria or similar contexts.

# Demonstrated expertise in designing and executing health coverage surveys, particularly related to malaria, immunization, or public health interventions.

# Proficiency in both quantitative and qualitative data collection methods, with experience using mobile or digital data collection tools such as Open Data Kit (ODK) or SurveyCTO.

# Ability to design statistically sound sampling frameworks, including cluster sampling, ensuring representative results at both state and national levels.

# Familiarity with geographic information systems (GIS) for mapping sampled locations and analysis, as coverage surveys often require spatial analysis.

# Availability of a multidisciplinary team that includes public health experts, statisticians, data analysts, field coordinators, and supervisors.

# Logistical and operational capacity to work across all nine states, with a clear plan for fieldwork coordination.

# Familiarity with the local health systems, geography, and socio-cultural dynamics of the target states to ensure proper engagement with local communities.

# Adequate numbers of trained and experienced field staff, supervisors, and enumerators.

# A track record of successfully conducting health surveys, ideally for malaria or other vector-borne diseases, in Nigeria or other Sub-Saharan African countries.

# Provisions for quality control measures during data collection, such as back-checks, supervisor oversight, and real-time data monitoring.

# Ensure adherence to ethical standards, including obtaining informed consent from survey participants and ensuring confidentiality.

# Ability to coordinate with national and state malaria programs, local health authorities, and other relevant stakeholders.

* **Team Lead**

The evaluation team should be led by a person(s)who possess the following:

 i) Education:

* Bachelor’s degree in health-related field (Medicine, nursing, pharmacy, environmental health sciences, entomology, etc.)
* Advanced degree (Master or PhD) in public health, epidemiology, biostatistics, or related field required.
* Additional training in monitoring and assessment, program design, and process analysis desirable but not mandatory

ii) Experience and knowledge:

* At least 15 years of progressive experience in conducting participatory and complex process assessments in health/social services in resource constrained settings
* Previous involvement in malaria programs, particularly SMC implementation or monitoring
* Proficiency in designing and conducting surveys, especially coverage surveys, using standardized methods such as Lot Quality Assurance Sampling (LQAS), Cluster Sampling, or Random Sampling techniques. Previous involvement in similar assessments of scope and scale desired
* Strong knowledge of M&E methods and approaches

iii) Skills and competencies:

* Leadership, management and coordination skills
* Strong oral and written communications skills
* Ability to use Microsoft office suites (Ms Word, Ms PowerPoint, Ms Excel and Ms Project packages)
* Expertise in use of stata software and GIS applications like QGIS and/or ArchGIS
* Having attention to details and being able to establish right priorities
* Sensitive to cultural and political dynamics and peculiarities within the implementing states.
* **Team composition**
	+ Other members of the team should comprise of the following specialties:
* Public Health Specialist
* Medical personnel
* Statistician /Data analyst
* M&E Specialist
* Familiarity with mobile-based data collection platforms such as ODK (Open Data Kit), KoboToolbox, or CommCare, as well as proficiency in data management and statistical analysis tools (e.g., SPSS, STATA, R).
* Prior experience working in rural and remote areas in Nigeria or other low-resource settings.
* Understanding of the local health systems, community dynamics, and cultural sensitivities in Nigeria, particularly in the 9 states where the survey will take place.
* Fluency in both written and spoken English as well as familiarity with major local languages in the target states (Proficiency in the local languages is to be included in the recruitment criteria for the data collection personnel)
* Ability to collaborate closely with state Ministries of Health, local governments, and health facilities to facilitate the survey.
* Knowledge of ethical standards in data collection, including obtaining informed consent, ensuring participant confidentiality, and conducting the survey in a culturally sensitive manner.
* Understanding of security protocols, especially when operating in states with potential security risks.

# Timeline for activities: October 2024 – January 2025

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| **Deliverable/Task** | **Key person(s) responsible** | **Timeline** |
| Initial onboarding meeting to clarify terms on reference and agree on project timelines | MC and Consulting firm | Upon completion of the contracting process |
| Finalize SMC evaluation methodology and protocol and present them along with an inception report that outlines the survey tools, methodology, scope, timelines, the team, and deliverables. this includes giving feedback and integrating the comments | MC and Consulting firm | October, 2024 |
| Recruit and train enumerators on SMC evaluation approaches, research protocols and ethical considerations. . | Consulting Firm | October 2024 |
| Deploy data collection teams to the field locations. The consultancy firm will ensure that. 1) All field data collection teams are versed with the local languages; and 2) Enumerators are supervised daily and ensure that they reach every enumerator before returning from their sample villages.  | Consulting firm | October-November 2024 |
| Data transcription, coding, cleaning, and analysis to answer the survey objectives. | Consulting firm | November 2024 |
| Draft report that comprehensively present the SMC Evaluation findings and recommendations. The report will be reviewed by MC teams at country, Regional and Global levels to ensure quality. | Consulting firm | December 2024 |
| Finalize the report based on the findings of stakeholders and conduct a validation workshop. | MC and Consulting firm  | December 2024 |
| Submit the final report to MC.  | Consulting firm | January 2025 |