

## Terms of Reference

<b>Title:</b>	Consultancy: technical support for upcoming SMC research studies
<b>Projects:</b>	Seasonal malaria chemoprevention
<b>Location of support:</b>	Remote
<b>Reporting to:</b>	Kevin Baker
<b>Timeframe:</b>	July to September 2022
<b>Rate:</b>	Negotiable

### Background and context

Seasonal malaria chemoprevention (SMC) is a highly effective, community-based intervention to prevent malaria infections caused by *Plasmodium falciparum* in areas where the burden of malaria is high and malaria transmission is seasonal. It involves the intermittent administration of an antimalarial to children aged 3–59 months during the peak malaria season. The objective is to maintain therapeutic antimalarial drug concentrations in the blood throughout this period of greatest risk. A combination of two antimalarials is used: sulfadoxine-pyrimethamine (SP) and amodiaquine (AQ). The WHO recommends annual SMC rounds comprising of monthly cycles beginning at the start of the transmission season. Each cycle involves the administration of full courses of SPAQ to eligible children. SMC is primarily delivered door-to-door by trained community distributors. In addition to the community distribution of SPAQ, the intervention comprises the following components: planning & enumeration, procurement & supply management, community engagement, training, case management & pharmacovigilance, supervision, and monitoring & evaluation.

Malaria Consortium have developed SMC quality standards (Annex 1) 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.

The WHO has recommended SMC as a malaria prevention strategy for children aged 3–59 months since 2012. To-date, the Sahel region has been prioritised for the scale-up of SMC, with over 30 million children in 13 countries reached in 2020. Malaria Consortium<sup>1</sup> has been a leading implementer of SMC

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<sup>1</sup> Malaria Consortium is one of the world's leading non-profit organisations 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 organisations, 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.

since the WHO issued its recommendation to scale up the intervention. In 2021, our SMC programme supported SMC delivery to around 20 million children in Burkina Faso, Chad, Nigeria and Togo.

The safety, acceptability, effectiveness and cost-effectiveness of SMC in the Sahel is well documented. However, the intervention has not been rolled out at scale outside of the Sahel, primarily because of concerns over parasite resistance to SPAQ, which is widespread across east and southern Africa. In collaboration with the National Malaria Control Programme, Malaria Consortium is conducting implementation research in Mozambique, Uganda and South Sudan to test if SMC can be a viable malaria prevention strategy despite high SPAQ resistance.

The SMC campaign in Nigeria, South Sudan and Togo will start in June and in July in Burkina Faso, and Malaria Consortium are currently planning research studies to conduct in each country. There is a need for a technical expert to work with the country and global teams to support the planning and implementation of these studies, which will include developing a study protocol for submission to ethics.

## **1. Purpose of the consultancy**

The purpose of the consultancy is to:

1. Work with in-country and HQ-based research focal points at Malaria Consortium to develop study protocols for the upcoming SMC research studies Burkina Faso, Nigeria, South Sudan and Togo
2. Lead weekly calls with each of the country teams
3. Provide technical support for in-country research teams in areas such as the piloting of data collection tools and training of data collectors

## **2. Scope of work**

### **1. Lead Mothers study, Nigeria (25% LOE)**

The operational research study will evaluate the impact of an intervention developed to optimise the role of Lead Mothers (female community members who conduct health promotion activities) during SMC campaigns in Kano state, Nigeria. A concept note has been developed and the next step will be to develop the study protocol for in-country ethical approval.

### **2. SMC in South Sudan (25% LOE)**

The study will explore the effectiveness, feasibility and acceptability of SMC in Aweil South district in Northern Bahr el Ghazal, South Sudan. A type 2 hybrid effectiveness-implementation study using a convergent mixed-methods approach will be used. The study has five objectives:

1. To determine the effectiveness of SMC in terms of its impact on malaria incidence among children aged 3–59 months
2. To determine chemoprevention efficacy of SPAQ when used for SMC and the extent to which efficacy is impacted by drug resistance and drug concentrations
3. To track the presence and change of SPAQ resistance markers over time as a result of SMC implementation

4. To explore the potential scalability of SMC within other states of South Sudan
5. To understand the feasibility and acceptability of implementing SMC in South Sudan

The study protocol has been developed and submitted for in-country ethical approval. We expect to receive feedback by the beginning of June and once approval is granted, the next step will be to start study implementation.

### **3. Integrating SMC and iCCM, Togo (25% LOE)**

A study will be conducted to explore the feasibility of integrating SMC into integrated community case management (iCCM). A concept note has been developed and the next step will be to develop the study protocol for in-country ethical approval.

### **4. Resistance marker study, Burkina Faso & Nigeria (25% LOE)**

A prospective cohort study will be conducted in Burkina Faso and Nigeria to explore the efficacy of the current antimalarials used in SMC (sulfadoxine-pyrimethamine [SP] and amodiaquine [AQ]) and the status of SPAQ resistance. Concept notes have been developed and the next step will be to develop the study protocols for in-country ethical approval.

### **3. Expected outcomes**

- One protocol per country, per research study for submission to in-country ethics. This will include consent forms, participant information sheets, data collection tools and standard operating procedures (SOPs)

### **4. Payment terms**

Malaria Consortium will cover the consultant's 36 days consultancy fee. No travel is required.

### **5. Requirements**

#### **Essential**

- Excellent understanding of public health
- Substantial experience in research design and management
- Experience in operational and/or implementation research
- Ability to facilitate structured discussions and derive insights and conceptualisation
- Excellent communication skills in English, both orally and in writing
- Access to and familiarity with suitable communication platforms, preferably Microsoft Teams or Zoom

#### **Desirable**

- Good understanding of the epidemiology of malaria in Africa
- Experience of working with stakeholders in low- and middle-income countries
- Familiarity with the health system in Malaria Consortium SMC countries
- Fluency in French

## 6. Application procedures

Please submit the following to express your interest in this consultancy by 03/06/2022 at 17:00 GMT:

- CV (if applying for a company or consultancy, please submit CVs for all senior staff who will be working on this assignment)
- A cover letter explaining how you meet the selection criteria
- A brief outline of the approach you intend to take for this assignment (2 pages maximum)
- Proposed fee in USD (inclusive of any tax), including top-level breakdown of costs. The successful applicant is required to provide proof of professional indemnity insurance prior to contracting

## 7. Malaria Consortium focal point

Kevin Baker: Research Advisor, Malaria Consortium, London

Email: [k.baker@malariaconsortium.org](mailto:k.baker@malariaconsortium.org)

### Annex 1

#### SMC Quality Standards Framework



SMC Quality  
Standards Framework