

Terms of Reference

Title:	Development of a systematic quality audit tool for performance improvement of community health care delivery and conduct an independent external quality audit of seasonal malaria chemoprevention (SMC) delivery in two to three countries where Malaria Consortium is implementing SMC.
Projects:	SMC
Location of support:	3 to 4 states in Nigeria, and 1 to 2 districts in either Togo or Chad
Reporting to:	Maddy Marasciulo, SMC Quality Lead
Timeframe:	Up to 90 working days between 15 November 2021 and 20 November 2022
Budget:	Negotiable

1. Background and context

Across the Sahel, most malaria illness and deaths occur during the rainy season, typically between June and October. Seasonal malaria chemoprevention (SMC) is a highly effective intervention to prevent malaria infection during this peak transmission period among those most at risk: children under five. SMC involves administering monthly courses of two antimalarial drugs to children 3–59 months: sulfadoxine-pyrimethamine (SP) and amodiaquine (AQ), or SPAQ, for up to five months. It is typically delivered door-to-door by volunteer community distributors (CDs).¹ This World Health Organization (WHO)-recommended intervention is safe, cost-effective and feasible², and can prevent up to 75 percent of malaria cases in under-fives when used alongside other malaria control interventions.³ Malaria Consortium has been a leading implementer of SMC since WHO issued its recommendation in 2012. In 2021, our SMC programme plans to reach around 20 million children in Burkina Faso, Chad, Nigeria, Togo, Mozambique, and Uganda.

In 2020 Malaria Consortium developed a *Framework for SMC Quality Delivery* with the aim of providing a benchmark for consistent and appropriate implementation of SMC, to measure the quality of our SMC programme delivery against a set of agreed quality standards, and ultimately to improve programme outcomes. A set of ten quality standards were developed across the key SMC delivery components: 1) planning and enumeration, 2) procurement, 3) supply chain management, 4) community engagement, 5) training, 6) SPAQ administration (chemoprevention medicines), 7) case management and pharmacovigilance of illness and adverse events, 8) supervision, 9) monitoring and evaluation (M&E), and 10) safeguarding of children.

These quality standards are regularly assessed and reinforced internally by representatives from each country who are members of the Malaria Consortium SMC Quality Working Group and who meet monthly to discuss areas of high performance and where the programme can be improved.

¹ WHO. WHO policy recommendation: SMC for *Plasmodium falciparum* malaria control in highly seasonal transmission areas of the Sahel sub-region in Africa. Geneva: WHO; 2012.

² Effectiveness of seasonal malaria chemoprevention at scale in west and central Africa: an observational study. *The Lancet*, December 5, 2020. VOLUME 396, ISSUE 10265, P1829-1840
<https://linkinghub.elsevier.com/retrieve/pii/S0140673620322273>

³ Meremikwu MM, et al. Intermittent preventive treatment for malaria in children living in areas with seasonal transmission. *Cochrane Database of Systematic Reviews*, 2012; (2).

Malaria Consortium plans to advocate with national malaria programmes, along with regional and global SMC stakeholders for wider adoption of these standards to ensure consistency of SMC delivery across countries.

In 2021 Malaria Consortium developed and tested a participatory quality self-assessment tool in Nigeria and Burkina Faso. As a process to foster and adopt a culture of quality, the quality self-assessment allowed SMC team members to subjectively self-reflect and discuss with each other their perception of the level of their performance and quality of SMC in their respective countries and to identify areas where quality standards could be improved over time.

2. Details of the technical support

Objective

Malaria Consortium would like to conduct an independent third-party quality audit of all SMC delivery components during the 2022 SMC campaign using a quality audit tool. The audit should be conducted in a minimum of 3 states in Nigeria and a minimum of two districts in either Togo or Chad where Malaria Consortium is implementing SMC.

It is expected that the quality audit consultant(s) will work with Malaria Consortium to develop a quality audit tool based on the ten standards outlined in the Framework for Quality SMC Delivery (to be provided upon selection). It is then expected that the quality audit consultant(s) will use the approved quality audit tool to coordinate, and quality assure the independent observation of the various components of SMC delivery intermittently over a period of several months during the 2022 SMC campaign to evaluate whether SMC quality standards are being fully met, partially met, or poorly met. Additionally, the auditor will compare outcomes from the quality audit against the quality related M&E indicators and outcomes collected during surveys conducted during the 2021 and 2022 SMC campaigns.

Two key outputs are expected at the end of the audit observation period: 1) a meeting with each country's SMC team members and key stakeholders to present and discuss audit findings and gain agreement on recommendations for continued quality improvement; and 2) a detailed evidence-focused written report which outlines which SMC quality standards and indicators were met, partially met, or not met, including the stakeholder agreed recommendations for continued quality improvement.

Specific consultant activities

- Familiarisation with SMC and Malaria Consortium's Framework for Quality SMC Delivery.
- Engagement with country SMC teams and stakeholders in selected countries to obtain input on audit activities and determine the 2022 SMC campaign timeline.
- Development and approval of a detailed SMC quality audit tool which can be used by external and internal auditors to observe and measure the quality of performance of each of the ten SMC quality standards outlined in Malaria Consortium's *Framework for Quality SMC Delivery* (with support from Malaria Consortium's quality working groups members).
 - The tool should include a key for each indicator which categorizes for the auditor/observer how to objectively determine whether the indicator was met, partially met or not met
- Development and approval of a written description of the quality audit process including the methods which will be implemented in each country.

- The auditor(s) will be expected to propose an approach for coordinating and quality assuring the observations of SMC delivery in each country, including recruitment, training and supervision of data collectors
- Malaria Consortium will be responsible for translation of the approved SMC Quality Audit Tool and quality audit process into French.
- Communication of the quality auditing process with members of each country team to obtain buy-in and agree to locations, auditing schedule.
- Training and supervision of independent auditors/observers on the use of the tool and the audit process.
- Coordinate, quality assure and ensure appropriate documentation of observations of SMC delivery for all ten quality standards during different components of SMC delivery using the approved SMC audit tool including two micro-planning meetings, three different trainings of community distributors and supervisors, two days each during two cycles of SPAQ delivery, one health facility referral, one end-of-cycle lot quality assurance sampling (LQAS) survey and if time permits, the end-of-round survey.
- Synthesize audit findings using quantitative SMC quality indicators and available data to calculate results for each indicator to make written recommendations for continued quality improvement which will be shared in a written report and presented to country teams, SMC stakeholders and members of the Quality Working Group.
 - a) Deliver a PowerPoint presentation of the audit findings and discuss findings. Gain agreement on recommendations for continued quality improvement for the following campaigns, including a plan for continued quality improvement.
 - b) Write a detailed evidence-focused audit report summarizing how the audit tool was developed and the process used to conduct the audit including:
 - methods used
 - the audit tool used to include the key used to objectively determine how the SMC quality standards and indicators were met, partially met, or poorly met
 - where and when the audit was conducted
 - who and what was observed during the audit
 - which SMC quality standards and indicators were met, partially met, or poorly met based on the categorization key and observations, including any comments as to why an indicator was not met
 - barriers and challenges to conducting the audit
 - outcomes of the presentation and discussion with country SMC team members and stakeholders
 - recommendations for continued SMC quality improvement
 - recommendations for future SMC quality audits and how the audit tool can be used or modified for use in other countries

Deliverables

1. One SMC quality audit tool in English which can be contextually modified and translated for multiple countries.
 - The tool should include instructions for completion and a key explaining how to objectively select whether each SMC quality standard and indicator is either met, partially met, or poorly met
2. A presentation of observed audit findings
3. A detailed quality audit report

3. Schedule

The consultancy should start as soon as possible after contracting. The following timeline is anticipated for consultancy milestones:

- Detailed quality audit tool developed and approved by 15 January 2022
- Audit observations of SMC delivery conducted intermittently between February and October 2022
- Audit findings synthesized with written recommendations by beginning of October 2022
- PowerPoint of the evidence-based audit findings presented and discussed findings with country SMC team members and key SMC stakeholders by 15 October 2022
- First draft of a detailed written quality audit report submitted no later than 1 November 2022 for feedback from Malaria Consortium.
- Final Quality Audit Report by 20 November 2022.

The desk research and development of the audit tool will be conducted remotely. The audit will be conducted on-site in the respective countries and selected delivery sites, though depending on the agreed approach, not all activities will require the auditors' on-site presence. Malaria Consortium will arrange travel to and within countries as needed and in line with the organisation's travel policy. All meetings and calls will be held using appropriate teleconferencing platforms, preferably Microsoft Teams or Zoom.

4. Payments

Malaria Consortium will make payments to the consultant as follows:

- 25% of the contract value no later than 30 days after submission of the final approved SMC quality audit tool (scheduled 15 January 2022)
- 25% of the contract value no later than 30 days after auditing micro-planning sessions and trainings (scheduled between February and April 2022)
- 25% of the contract value no later than 30 days after presentation of audit findings to SMC country team and stakeholders (scheduled 1 November 2022)
- 25% of the contract value no later than 30 days after submission audit report (scheduled 20 November 2022)

5. Requirements

Essential

- Experience developing auditing tools
- Experience designing and conducting quality audits for community-based programmes or clinical audits

- Knowledge of programme data sources
- Good understanding of public health and community health service delivery
- Experience of conducting similar exercises to generate and synthesise learnings from a wide range of stakeholders across locations and functions
- Excellent writing skills in English
- Intercultural tact and awareness
- Fluency in English and French
- Strong competency in Microsoft Office
- Access to and familiarity with suitable virtual communication platforms, preferably Microsoft Teams or Zoom

Desirable

- Good understanding of malaria in Africa
- Awareness of levels of community health worker and health facility worker performance
- Demonstrable track record in producing technical publications
- Experience of working with stakeholders in Nigeria, Togo, or Chad

6. Application

Please submit your CV, proposed fee and indicative budget in **USD** (inclusive of any tax), and two references to the point of contact below by **1 October 2021 at 17:00 GMT**. Any application received after the deadline shall be declared late and rejected.

If an organization is applying, please submit the CVs for all individuals proposed.

In your application, please briefly state:

- How you meet the requirements outlined above
- A brief outline of the proposed audit process, especially how you propose to coordinate and quality assure the independent observation of SMC delivery

The successful applicant is required to provide proof of professional indemnity insurance prior to contracting.

7. Point of contact

Maddy Marasciulo, SMC Quality Lead
 Malaria Consortium
 The Green House, 244-254 Cambridge Heath Road, London E2 9DA
 Email: m.marasciulo@malariaconsortium.org

Annex 1: Suggested stakeholders

While for some of the stakeholders listed below one-to-one conversations will be appropriate, many conversations will be had with groups of stakeholders based on location, language or remit. Details will be discussed and agreed between the consultant and the steering group soon after contracting.

Malaria Consortium staff

- SMC Programme Director, Global
- SMC Quality Working Group Lead, Global
- Senior SMC Technical Advisor, Global
- Supply Chain Coordinator, Global

- SMC Procurement Officer
- Epidemiologist SMC, Global
- SMC Quality Working Group Country Representatives from each selected country
- Programme Manager/Director from each selected country
- Monitoring & Evaluation Coordinator from each selected country
- Country Technical Coordinator from each selected country
- SMC Technical Specialist from each selected country
- Commodity and Logistics Manager from each selected country
- Data analyst from each selected country
- Research specialist from each selected country
- Country Director from each selected country
- 2 Field Officers per country
- 2 State/District-level Project Managers per country
- 2 Local Area Officers, per country

External stakeholders

At least one representative each from the national malaria programmes and at least one representative from state or district malaria programmes in selected countries.