



TERMS OF REFERENCE

External consultation for the cost effectiveness and efficiency evaluation of the established (107) Centers of Epidemiological Surveillance (CES) and the strengthened 107 Health Districts laboratories from 1997 to 2021 in West Africa countries (ECOWAS and Mauritania) under the REDISSE-Project

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I. BACKGROUND AND RATIONALE

West African countries have demonstrated poor performance of health systems, which is due to a chronic shortage of trained human resources, inadequate institutional and infrastructure capacity, underperforming health information systems, poor accessibility and availability of health services, and inadequate management capacity.

Country-led self-assessments and lessons learnt from the Ebola Virus Disease (EVD) epidemic on surveillance, preparedness and response capacities revealed glaring weaknesses in terms of surveillance, epidemic preparedness and response and laboratory capacity for sample collection and biological confirmation.

The REDISSE project, currently implemented since 2016 across 11 countries (10 ECOWAS' member states and Mauritania) aims at building national and regional inter-sectoral capacities for collaborative disease surveillance and epidemics preparedness in West Africa by addressing the weaknesses of the human and animal health systems that hinder efficient surveillance of diseases and response, and in case of emergency, provide immediate and effective response to the said emergency.

The lessons learned from the ongoing COVID-19 pandemic in West-Africa since February 2020 resulted in several actions being taken going forward to improve the region's preparedness for epidemics, and the REDISSE Program has contributed to most of them. These include the establishment of the ECOWAS Regional Centre for Surveillance and Disease Control (ECOWAS' RCSDC) as a Technical Agency under WAHO supervision, which is a regional collaborating center of Africa CDC, designation of National Public Health Institutes (NPHI) in the 15 ECOWAS Member States and strengthening of their capacities, development of the ECOWAS Regional Strategic Preparedness and Response Plan for Public Health Emergencies, and development of a Regional Risk Communication Plan with communication platforms to network the NPHIs. A network of Public Health Reference Laboratories now exists, operating under agreed Regional Laboratory Strategic Plan and Standard Operating Procedures (SOPs).

One of the major contributions of REDISSE Projects is the creation of 107 operational Centers for Epidemiological Surveillance (CES) as well as the capacity strengthening of 107 health districts laboratories in ten (10) West Africa countries, of which forty-seven (47) was established in the first phase (2017-2018) in five (5) countries (Guinea-10, Guinea Bissau-10, Liberia-10, Sierra Leone-10, and Togo-7) and sixty (60) in the second phase (2019-2021) in five other countries (Benin-10, Mali-10, Mauritania-10, Niger-10, and Nigeria-20), with the support of technical implementing agencies: ("Santé Monde formerly CCISD" and Fondation Mérieux")

At the end of the implementation of the contract between WAHO and the two implementing partners, WAHO plans to recruit a consulting firm to conduct an external evaluation of the Epidemiological Surveillance Centers. This will be a study to assess: (i) the compliance of the interventions carried out with the proceeds of the signed agreements and the objectives set, (ii) the effectiveness and efficiency of the interventions; (iii) the sustainability of the interventions; (iv) the bottlenecks associated with the establishment and implementation of the CES and propose appropriate solutions to address them.

II. OBJECTIVES

A. Overall Objective: Assess the implementation process and the capacities of the 107 CES established, and the 107 Health Districts (HD) laboratories strengthened under REDISSE funding based on the contracts signed between "Santé Monde, formerly CCISD" and "Fondation Mérieux" and WAHO, and to assess their contribution to epidemiological surveillance at district, regional and national levels in the countries.

B. Specific Objectives :

1. Assess the implementation process of the 107 CES and the 107 HD's laboratories established under REDISSE funding in accordance with the provisions of the signed contracts with "Santé Monde, formerly CCISD" and Fondation Mérieux;
2. Determine the level of involvement of national structures in charge of epidemiological surveillance and laboratories in the CES implementation and the laboratories capacities strengthening processes,
3. Assess the capacity of the 107 established CES and 107 strengthened laboratories to detect epidemics-prone diseases and their contribution to epidemiological events and indicators-based surveillance at both district, regional and national levels (from data collection through information sharing on epidemics),
4. Determine the extent to which the "One Health" approach was considered in the establishment of the CES and the capacity building of the health district laboratories, and continues to be considered in the routine functioning of the CES,
5. Conduct a cost analysis of the establishment as well as the functioning of the CES, including the strengthening of HD's laboratories capacities
6. Identify the strengths and weaknesses of the established CES as well as the strengthened laboratories,
7. Propose relevant recommendations to all stakeholders involved in the intervention for the improvement of the CES already established and to inform both the decision of the establishment of new CES and the requisite restructuring.

III. METHODOLOGY

1. Assessment coverage area

The evaluation will be conducted on a representative sample drawn from the 107 CES established with WAHO REDISSE project's funding.

2. Type of the evaluation

The evaluation is intended to be quantitative and qualitative. The firm (consultants) to hire will provide details of the chosen strategy.

3. Study population

The following are targets envisaged to be surveyed:

- i. Chiefs Medical Officers (CMOs) of the HD housing the established CESs and the strengthened laboratories
- ii. CMOs or managers of the Epidemiological Surveillance System and the Laboratories at all levels of the health system,
- iii. Members of the REDISSE Project management team at WAHO and at country level

- iv. International, regional, and national partners for epidemiological surveillance and laboratory capacity building (WHO, OIE, RAHC, USAID, RTSL¹, WB, etc.) involved in the REDISSE project implementation and in the health security agenda implementation across the West Africa region.
- v. Managers of health districts not supported by the REDISSE project for epidemiological and laboratory surveillance
- vi. All Responsible for epidemiological surveillance and laboratories in the selected health districts not supported by the REDISSE project
- vii. Managers of Santé Monde, formerly CCISD" and "Fondation Mérieux" country offices who supervised the establishment of the CES and laboratories' capacities strengthened
- viii. Any other persons or representatives of organizations deemed relevant to participate in the evaluation.

4. Sampling and Data collection tools

The firm (consultants) selected for the evaluation exercise will propose an appropriate and robust methodological briefing note and data collection tools for the assessment

The consulting firm will propose a methodological guide for the selection of the sample of CES to be surveyed and for the conduct of the study, to be validated by WAHO and the World Bank before the quick-off of study.

The consulting firm will consider the security risks, the logistics, the accessibility to the CES, and the duration of the mission to design its sample frame.

5. Evaluation process

The consulting firm will review all aspects of the establishment of the CES and the strengthening of the laboratories capacity strengthened, and their contributions to the epidemiological surveillance at the HD level, and at all levels of the country's health system. The firm (consultants) will develop, pilot, and conduct the evaluation process, produce a sound evaluation report in a timely manner and present the evaluation findings and recommendations to WAHO, beneficiary countries and the World Bank.

WAHO will provide the consulting firm with all the necessary information to facilitate its work.

Assurance and Quality control

The consulting firm will take all necessary steps to ensure that the quality of the data collected is valid at all stages and in accordance with the established and validated protocol as noted in the methodology brief.

6. Ethical standards

¹ Resolve to Save Lives: an initiative of the Global Public Health Organization Vital Strategies

The consulting firm will take all necessary steps to ensure that the ethical standards are met in the conduct of the evaluation. The extent to which it intends to meet these standards will be reflected in its methodological briefing note.

7. Data processing and analysis

The consulting firm will propose in its methodological briefing note, the methods and tools for data collection, processing, and analysis. At the end of the process, the consulting firm will transfer to WAHO the electronic version of the dataset of the information collected as well as all the results computed.

8. Main tasks of the firm (consultants)

They will include:

- Carry out a thorough literature review about the assignment
- Propose a technical proposal (Methodological briefing note of the evaluation) featuring the following sections: Objectives and expected results of the mission,
- Study population
- Sampling frame
- Data collection tools (questionnaires, interview guidelines, observation grids, etc.)
- Techniques for data collection, processing, and analysis
- Evaluation team
- Quality assurance
- Ethical considerations

9. Propose a detailed financial bid including:

- Honorarium for consultant fees for each stage of the evaluation process:
 - Transport and logistics costs (round trip) for the consulting firm:
 - Training costs for interviewers
 - Costs for stationery

Note: It is possible that certain phases of the evaluation process, such as the methodology validation and preliminary results workshops, will be carried out virtually.

IV. DELIVERABLES AND DEADLINES

The mission is planned for a maximum duration of forty-five (45) days from the signature of the service contract to the submission of the final report.

• Deliverables

The expected deliverables of the evaluation are: (i) the methodological briefing note (ii) an interim report to be submitted upon completion of the data collection process (iii) a final report validated by WAHO and the World Bank (iv) the electronic dataset of collected information and data, the

computed results and findings , (v) all documents and presentations prepared for the validation and dissemination meetings (PowerPoint, Word, Excel, etc.)

- **Key steps**

- i. Reviewal project documents, including contracts between WAHO, Santé Monde formerly CCISD and Fondation Mérieux and associated terms of reference, reports of country missions by partners for the establishment of CESs and laboratory capacity building, supervision reports, technical and financial progress reports, etc.
- ii. Development and validation of detailed evaluation plan, methodological briefing note and data collection tools
- iii. Data collection on field
- iv. Submission of the interim report of the evaluation.
- v. Presentation of the final interim evaluation report
- vi. Submission of the final evaluation report

The final report should contain:

- The rationale for the evaluation mission.
 - Methodology, findings, discussion of issues, conclusion, recommendations
 - Detailed results and tools in annex
 - An executive summary of no more than two pages that can be made available to the public
 - All documents and presentations prepared for the validation and dissemination meetings (PowerPoint, Word, Excel, etc.)
- vii. A scientific article on the evaluation for publication in a high audience scientific journal.
 - viii. Transfer to WAHO the electronic version of the dataset of the processed and analyzed data, information, and computed results and findings,

timeline displaying the deadline for the completion of each of the steps above stated would be notified in the methodological briefing note.

V. QUALIFICATIONS, PROFESSIONAL EXPERIENCE AND SKILLS REQUIRED

WAHO is seeking the services of a firm with proven experience in project evaluation, particularly in health sector, and with high-level qualified staff (and at least three similar assignments in the past). The firm (consultants) must have a good knowledge of WAHO and World Bank or multilateral donor procedures, particularly regarding the requirements for external consulting firms. The firm must designate two public health expert consultants, one of whom is a senior project evaluation expert and one of whom is a health economics associate, to carry out the cost analysis for the establishment of the CESs. In addition, the firm will recruit one surveyor consultant per country to collect data in the field. The profiles sought are as follows:

A. For the Public Health Expert

- Have at least a master's university degree in public health or equivalent field
- Have at least five (5) years of proven experience in project or programme evaluation
- Have a good knowledge of epidemiological surveillance and epidemic response strategies in ECOWAS countries, particularly at the level of health districts
- Have a good knowledge of the health systems of the West African countries
- Computer skills for word processing and data analysis (Word, Power Point, Epi Info, Excel would be an advantage.
- Language skills: Fluency in French and English, both written and spoken.

B. For the Health Economics Expert

- Have a post-graduate degree in health economics or equivalent field
- Proven experience in the field of public health is an asset,
- Have at least five (5) years of professional experience in conducting programs/projects effectiveness and efficiency cost analysis evaluation
- Have a good knowledge of health systems in West African countries
- Have a good computer skills for word processing and data analysis (Word, Power Point, Epi Info, Excel)
- Linguistic skills: Fluency in French and English, both written and spoken.

C. For the investigator consultant

- Have a degree in public health or a post-graduate diploma in social sciences (sociology, anthropology) or equivalent field:
- Have at least five (5) years of professional experience in the area of field surveys in the context of the evaluation of social and health projects and programs
- Have a good knowledge of health systems in West African countries,
- The mastery of computer tools for word processing and data analysis (Word, Power point, Epi Info, Excel, and ACCESS) would be an asset,
- Language skills: Fluency in French and English, both written and spoken

VI. CONTRACT DURATION

The duration of the consultation is forty-five (45) days maximum from the date of signature of the service contract to the submission of the final report and the scientific article. The Consultants will carry out missions in the selected health districts (the list of Beneficiary Countries and CES is attached as an annex to the Terms of Reference).

VII. BUDGET

The consultancy activity is fully funded by WAHO, through the REDISSE project.

Annex:

Information on CES established under REDISSE project funding

I	Benin	Distance from the capital	Accessibility (road conditions)	Other observations (security, etc..)
1	Banikoara	693 km	Good	Good security level but close to W-forest
2	Tanguiéta	642 km	Good	Good security level but close to Pendjari-forest
3	Allada - Zè - Toffo	55 km	Good	Good security level
4	Parakou - N'Dali	418 km	Good	Good security level
5	Savè - Ouèssè	245 km	Good	Good security level
6	Aplahouè - Dogbo - Djakotomey	178 km	Good	Good security level
7	Djougou - Copargo - Ouaké	464 km	Good	Good security level
8	Cotonou 2-3	0 km	Good	Good security level
9	Porto-Novo - Aguégué - Sèmè-Podji	35 km	Good	Good security level
10	Pobè - Adja-Ouèrè - Kétou	108 km	Good but under construction in some sections	Good security level

II	Mali	Distance from the capital	Accessibility (road conditions)	Other observations (security, etc..)
1	Kéniéba	481	bad	
2	Kita	187	Good	
3	Kangala	96	Good	
4	Nara	371	Fair	Red zone area
5	Kadiolo	457	Good	
6	Sikasso	367	Good	
7	Ségou	236	Good	
8	Tominian	463	Good	Red zone area
9	Commune 4-1	Bamako ville	Good	
10	Commune 4-2	Bamako ville	Good	

III	Mauritanie	Distance from the capital	Accessibility (road conditions)	Other observations (security, etc..)
1	Hodh Ech Chargui	1100	Good	Good
2	Hodh El Gharbi	814	Good	Good
3	Assaba	604	Good	Good
4	Gorgol	418	Good	Good
5	Brakna	260	Good	Good
6	Trarza	204	Good	Good
7	Adrar	433	Good	Good
8	Tagant	610	Good	Good
9	Ghidimakha	653	Good	Good
10	Nouakchott	0	Good	Good

IV	Niger	Distance from the capital	Accessibility (road conditions)	Other observations (security, etc..)
1	Niamey 5	Niamey ville	Good	Good
2	Arlit	1120	Good	Good
3	Loga	221	Good	Good
4	Tessaoua	777	Good	Good
5	Aguié	737	Good	Good
6	Mirriah	915	Good	Good
7	Matamèye	870	Good	Good
8	Keita	625	Good	Good
9	bouze	570	Good	Good
10	Kollo	30	Good	Good

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V	Nigeria	Distance from the capital	Accessibility (road conditions)	Other observations (security, etc..)
	EDO STATE/BENIN CITY			
1	Oredo LGA	495.4 km	By Air and Road	'By Air and road"' means the team will have to fly to state capital and then go by road to the location.
2	Ovia south West LGA	529.5 km	By Air and Road	
3	Ovia North East LGA	460.6 km	By Air and Road	
4	Ikpoba Okha LGA	514.8 km	By Air and Road	
5	Orthionmwon LGA	464.9 km	By Air and Road	
6	Esan South East LGA	391.4 km	By Air and Road	
7	Esan North East LGA	362.2 km	By Air and Road	
8	Etsako West LGA	344.5 km	By Air and Road	
9	Etsako East LGA	326.9 km	By Air and Road	
10	Etsako Central LGA	318.3 km	By Air and Road	
	PLATEAU STATE			There are issues of banditary and kidnapping in these locations. There may be

1 1	Bassa	190.0 km	By road	need to engage security personnel to support this trip.
1 2	Jos East	300.2 km	By Air and Road	
1 3	Jos North	269.4 km	By Air and Road	
1 4	Barkin Ladi	271.6 km	By Air and Road	
1 5	Mangu	299.1 km	By Air and Road	
1 6	Pankshin	342.0 km	By Air and Road	
1 7	Kanam	431.6 km	By Air and Road	
1 8	Kanke	361.8 km	By Air and Road	
1 9	Shendam	332.9 km	By Air and Road	
2 0	Langtang South	366.7 km	By Air and Road	

VI	Guinea	Distance from the capital	Accessibility (road conditions)	Other observations (security, etc..)
1	Labé	431 km	Accessible	Safe from morning till 18 :00 pm
2	Lelouma	485 km	Accessible	Safe from morning till 18 :00 pm
3	Koubia	475 km	Accessible	Safe from morning till 18 :00 pm
4	Tougue	521 km	Accessible	Safe from morning till 18 :00 pm
5	Mali	557 km	Accessible	Safe from morning till 18 :00 pm
6	Kankan	690 km	Accessible	Safe from morning till 18 :00 pm
7	Kouroussa	595 km	Accessible	Safe from morning till 18 :00 pm
8	Kerouane	835 km	Accessible	Safe from morning till 18 :00 pm
9	Siguiriri	771 km	Accessible	Safe from morning till 18 :00 pm
10	Mandiana	775 km	Accessible	Safe from morning till 18 :00 pm

VII	Guinée-Bissau	Distance from the capital	Accessibility (road conditions)	Other observations (security, etc..)
1	Bafata	141 - 150	Critical road conditions	
2	Bijagos	50 miles (Island area)	Boat/canoe	
3	Biombo	47	Good road conditions	
4	Bolama (São João)	295	Critical road conditions	22 nautical miles by Sea
5	Cacheu	106	Good road conditions	
6	Farim	148	Critical road conditions	
7	Gabu	191	Critical road conditions	
8	Oio	76	Critical road conditions from Bissau to Jugudul (58 kms)	
9	Quinara	227	Critical road conditions from Bissau to Buba	
10	Sab	3	Critical road conditions	

VIII	Liberia	Distance from the capital	Accessibility (road conditions)	Other observations (security, etc..)
1	Montserrado	Information not yet available	Information not yet available	Information not yet available
2	Gbarpolu	Information not yet available	Information not yet available	Information not yet available
3	Grand Cape Mount	Information not yet available	Information not yet available	Information not yet available
4	Bong	Information not yet available	Information not yet available	Information not yet available
5	Lofa	Information not yet available	Information not yet available	Information not yet available
6	Nimba	Information not yet available	Information not yet available	Information not yet available
7	Maryland	Information not yet available	Information not yet available	Information not yet available
8	River Gee	Information not yet available	Information not yet available	Information not yet available
9	Grand Gedeh	Information not yet available	Information not yet available	Information not yet available
10	Sinoe	Information not yet available	Information not yet available	Information not yet available

IX	Sierra-Leone	Distance from the capital	Accessibility (road conditions)	Other observations (security, etc..)
1	Kenema	193 km	Good	Road from the district headquarter to other communities within the district are not too good though accessible but not tar- marked roads' no security threats
2	Western Area, Urban (PCMH/ODCH & Connaught)	10 -15 km	Good	
3	Tonkolili	126 km	Good	
4	Kailahun	291 km	Good	
5	Koinadugu	195 km	Good	
6	Moyamba	124 km	Good	
7	Kono	205 km	Good	
8	Pujehun	192 km	Good	
9	Bombali	116 km	Good	
10	Both e	202 km	Good	

X	Togo	Distance from the capital	Accessibility (road conditions)	Other observations (security, etc..)
1	Akebou	239 Km	Good	Safe
2	Tchamba	374 km	Lome -Sokode (350 km good) from Sokode-Tchamba (bad)	Safe
3	Bassar	407 Km	Lome -Sokode (350 km good) Medium road conditions from Sokode to Bassar (under construction)	Safe
4	Binah	461 Km	Good	Safe
5	Oti	573 km	Good	Safe
6	Kpendjal	735 Km	Good	A certain security risk exist
7	Cinkasse	680 Km	Good	A certain security risk exist

