

**FEDERAL MINISTRY OF HEALTH
NATIONAL TUBERCULOSIS AND LEPROSY CONTROL
PROGRAMME**

**EPIDEMIOLOGICAL ANALYSIS OF TUBERCULOSIS
BURDEN AT NATIONAL AND SUB NATIONAL
LEVEL**

(EPI – ANALYSIS SURVEY)

**TERMS OF REFERENCE
FOR
ZONAL CONSULTANTS**

MARCH, 2017

**TERMS OF REFERENCE FOR 6 ZONAL CONSULTANTS FOR A NATIONAL
TUBERCULOSIS EPI – ANALYSIS SURVEY**

Request for 6 Zonal Consultants for Tuberculosis Epi – analysis survey

The National Tuberculosis and Leprosy Control Programme (NTBLCP) with funding support from the Global Fund for AIDS, TB and Malaria (GFATM),

through the Association for Reproductive and Family Health (ARFH) is hereby seeking for qualified Consultants to conduct an EPIDEMIOLOGICAL ANALYSIS OF TUBERCULOSIS BURDEN AT NATIONAL AND SUB NATIONAL LEVEL (EPI – ANALYSIS SURVEY) in the 6 geo – political zones (North West, North East, North Central, South East, South West and South South) of the country. The successful candidates will facilitate the Epi-analysis Survey in the states that comprise each geo – political zone.

The terms of reference will become an integral part of the contract that may be awarded as a result of this tender procedure.

1.0BACKGROUND

Nigeria is one of the leading 22 high burden countries for Tuberculosis that accounts for 80% of the Global TB burden and has benefitted from Global Fund resources since 2005. Despite the huge investment in the country, there is a growing demand for additional investment to support the country in order to mitigate the huge burden of disease which since 1980's has been fuelled by the emergence of HIV infection.

2.0EPI – DATA ANALYSIS IN 2014

In 2014, a review of the epidemiological profile of the TB programme in the country was conducted with Technical Support from WHO. The Epi analysis was driven by the need to generate relevant information for the Global Fund Concept note for the New Funding Model as well as the review and modification of the TB National Strategic Plan (2015 – 2020).

Findings from the Epi analysis showed that the greatest strengths of TB surveillance in Nigeria include the external consistency of its data, its adherence to best-practices in recording and reporting as described by WHO guidelines, the ongoing action for the transition from paper to electronic, case-based system, and it's monitoring of the incidence and prevalence of HIV among TB cases. Primary challenges noted were difficulty in analyzing aggregated, national and sub-national level TB surveillance data due to inappropriate data storage; the weak capacity of available human resources to maintain large datasets, regularly analyse and critically review surveillance data; the lack of a national vital

registration system with standard coding of causes of death, and the low coverage of the existing system of civil events registration.

Based on these findings, a number of strategies were included in the NFM concept note to address these challenges and strengthen the Monitoring & Evaluation System in the country.

2.1 RATIONALE FOR EPI REVIEW IN 2017

Following the successful application for the 2015 – 2017 NFM Global Fund application, a number of initiatives to improve data management were implemented and presently the country is gearing up for the next round of Global Fund applications (2018 – 2020). In addition, 2017 marks the midway point of the implementation of the TB National Strategic plan (2015 – 2020), which will necessitate the need for a mid - term evaluation of the NSP to determine the effectiveness of the strategies in the NSP towards the reduction of the burden of TB in the country and the effectiveness of data systems in the country.

To this end, the country intends to carry out a second Epi-data review in order to:

1. Understand (both at national and state level) how the burden of the TB disease has been influenced by the implementation of prevention and treatment interventions from the Global Fund, PEPFAR, Government and other partners' interventions from 2015 till date.
2. Understand trends in service coverage over time at national and state levels (including TB, MDR-TB, TB/HIV & DST for both first and second line anti-TB drugs).
3. Understand service delivery bottlenecks contributing to the very low TB service coverage in Nigeria (TB case finding/treatment, MDR-TB and TB/HIV)
4. Ensure the appropriate allocation of funding to further reduce the burden of the disease and ensure improvement in the quality of life of people living with TB.

5. Provide an overview of the TB surveillance system and Monitoring and Evaluation (M&E) activities that are necessary to strengthen surveillance and measurement of TB burden in Nigeria.

3.0 OBJECTIVE OF THE TB EPI REVIEW

The objectives of the Epi data review will be to

- I. Describe and assess current national and State TB surveillance and vital registration systems, using the Standards and Benchmarks Checklist, with particular attention to their capacity to measure the level of and trends in TB disease burden (incidence and mortality).
- II. Assess the level of, and trends in, TB disease burden (incidence, prevalence, mortality) using available surveillance, survey, programmatic and other data.
- III. Assess over time the coverage of services at national level and disaggregated by State (including DST, MDR-TB, TB/HIV)
- IV. Assess (both at national and State level) the bottlenecks for finding TB cases and placing them on treatment (including availability of screening, diagnosis and treatment services)
- V. Assess whether recent trends in TB disease burden indicators are plausibly related to changes in TB-specific interventions taking into account external factors including economic or demographic trends.
- VI. Define the investments needed to directly measure trends in TB disease burden in the future.

4.0 DESCRIPTION OF THE SERVICES & SCOPE OF THE CONTRACT

4.1 Contract Objectives and scope

The Epi analysis will be conducted in the 36 states & FCT of the country divided into 6 geo – political zones.

The work under this contract has the specific objective of conducting an Epidemiological analysis of the trends and burden of Tuberculosis in the 36 + 1 states of the country, as well as

1. Appraise the extent of implementation of the investment plan derived from the 2014 epi-analysis and the impact it has made on TB surveillance and data management system
2. Review and summarize data available to assess the level of and trends in disease burden (nationally, sub-nationally and among subpopulations) as well as supporting data that are relevant to analyze the extent to which changes in disease burden can be explained by programmatic efforts or other factors.
3. Review and analyze health facility data on service coverage trends (at national level and disaggregated by states). This includes service coverage trends on TB care and prevention, MDR-TB and TB/HIV
4. Assess service delivery capacities/gaps and bottlenecks (including availability of TB screening, diagnosis and treatment services) and correlate this with service coverage trends.
5. Assessment of the quality and coverage of surveillance data using the WHO TB surveillance checklist.
6. Analysis of the level of and trends in TB mortality and TB prevalence as derived from the 2012 National TB Prevalence survey and subsequently through TIME modelling.
7. Analysis of trends in TB case notifications and the extent to which these reflect underlying trends in TB incidence or other factors
8. Analysis of programme performance and financing in recent years using NTBLCP approved indicators
9. Analysis of trends in variables that are not related to the TB program specifically but that can influence the burden of TB
10. Overall conclusions about:

- a) The robustness of estimates of TB incidence, prevalence and mortality and their sources of uncertainty
- b) Level of and direction of change in TB disease burden and whether there is “demonstrated impact”, “progress towards impact”, “no or limited progress towards impact” or inconclusive/insufficient data to assess impact
- c) the extent to which changes in disease burden reflect programmatic efforts or other factors
- d) investments needed to improve evidence about impact (trends in disease burden) in future.

4.2 Description of the work/ tasks

With regards to the deliverables, the following tasks shall be carried out following the timeframe of the contract

4.2.1 Tasks

1. Desk review: Conduct an in-depth analysis of the quality and availability of programmatic data across States in the geo – political zones. This will include but not be limited to Quarterly statistical data, programmatic reviews, surveys, evaluations, Operations Research and assessments. This will involve assessment of data sources on case notification, laboratory services (including GeneXpert, Culture and AFB diagnostic sites), private facility and community service data. Quality check and validation: Assess whether the available data provide complete, reliable and consistent information on trends in disease burden.
2. Analysis and synthesis: Analysis of epidemiological data that will be elaborate and comprehensive in nature to allow in-depth understanding of the disease pattern and the extent of programmatic coverage and interventions as well as financing. Where possible, State-specific analysis of disease notification and treatment outcomes will be done.
3. Impact Analysis: This will involve an assessment of the extent to which programmatic efforts have had an impact on trends in disease burden. This could inform strategic investment recommendations by making evidence-based cases for investment to focus on priority areas and where

these interventions could make the greatest impact on disease burden. In addition, this impact assessment will aim at addressing the overall impact on the burden of TB cases and deaths. Consideration will be given to determine the contribution of the Global Fund, PEPFAR and other Donors with explanations of the effects along the results correlated from inputs to outcomes.

4. Report Writing: Provide detailed and evidence based recommendation for strategic decision making and further intervention.

4.2.2 Expectations

The zonal level consultant will support the work of the WHO TA and will also be expected to

1. Support the conduct of a the TB Epi – analysis survey aimed at using State, LGA and facility based TB data to document trends in TB control.
2. Assess the quality and availability of state level TB data (program reviews, surveys, HMIS, LIMS, evaluations or assessments etc) and the investments needed to improve measurement of disease burden at state level.
3. Facilitate quantitative data collection: The data for this Epidemiological appraisal will be collected through desk review and field data collection at the states. As such the consultant will be expected to work with the National Tuberculosis, Leprosy and Buruli Ulcer Control Programme (NTBLCP) to
 - a. Design, field-test and finalise the data extraction tools
 - b. Train Research Assistants in the data collection tools, ethics, the Epi-analysis process, data editing, form completion, note-taking and quality control mechanisms
 - c. Lead and coordinate the supervision of the data collection within selected States, Local Government and Health Facilities in the respective zones. This will include quality assurance of data collected
 - d. Oversee data entry and cleaning of all data captured
4. Work with the WHO TA to commence data cleaning and analysis as soon as data collection is concluded and complete cleaning and analysis of data

within 1 weeks of data collection with tables and charts of results available for review.

5. Produce a preliminary report as soon as the review is completed
6. Participate in stakeholders' workshop for planning and dissemination of the Epi-analysis results and recommendations
7. Submit final data sets for the Epi – analysis.
8. In agreement with ARFH and the NTBLCP, the findings from the Epi-analysis will be synthesized into a report that shall
 - a) The results from the Epi – Analysis survey;
 - b) A comprehensive assessment of the trends in TB control and correlation to programmatic achievements.
 - c) Provide highlight of key programmatic implications derived from the Epidemiological analysis to inform strategies for subsequent grant applications and planning.

4.3 Deliverables, reporting and project schedule

The deliverables necessary to this tender are:

- Report of desk review and clean data sets from the survey.
- Tables and charts of results.
- Full Report of Epi – analysis survey with recommendations for programmatic action.

4.3.1 Data protection

Data protection for the data collected under this contract should be ensured by following existing regulations

4.3.2 Duration of the Contract

The time frame for this contract is 12 days: **30th March – 14th April, 2017**

4.3.3. Place of performance of the contract

All tasks will be expected to be performed as specified by NTBLCP

5.0 Payments: This will be based on approved Global Fund rate for this consultancy.

6.0 Qualifications

- Post-graduate degree in Public Health/Epidemiology. (MSc or PHD)
- The consultant should have minimum of 10 years relevant epidemiological research and technical experience in Nigeria and a working knowledge of the states.
- The consultant should demonstrate relevant experience in evaluation of Tuberculosis programmes at National and International levels and in the geo – political zone of their preference.
- Demonstrate excellent skills in the use of the computer as well as be able to analyze data using available data analysis software.
- The Consultant should be familiar with Global Fund, WHO and USAID project implementation, procedures and operations
- The consultant should be able to demonstrate that he/she has undertaken similar analyses or research studies previously.
- The consultant should possess the ability to communicate complex trends and concepts in simple, clear, engaging language, with attractive graphic, pictorial and mapping images and exhibits.
- Fluency in English and excellent report writing skills is crucial
- Applicants should state their preference for the geo – political zone that they would be interested in working.

Submission of Applications/Closing Date

Interested candidate must submit a covering letter bearing the reference code **EPI/NTBLCP/ARFH/RSH-2017** on the subject title of the mail and detailed curriculum vitae. No hard copy or paper submission will be accepted. Send all applications and request for clarification to **epianalysis_TB@arfh-ng.org**.

All applications are due by **28th March, 2017**. Applications received after this date will not be accepted.

- Please reference the job title and reference code on the covering/application letter.
- Address the covering letter to:
Head, Monitoring & Evaluation
Association for Reproductive and Family Health
- E-mails received without the appropriate subject line and incomplete applications will not be considered.