

**Call for expression of interest in consultancy**

**Monitoring Coverage for Mass Drug Administration South Sudan**

**We are CBM**

CBM is a Christian international development organisation, committed to improving the quality of life of people with disabilities in the poorest communities of the world irrespective of race, gender or religious belief.

Based on its core values and over 100 years of professional expertise, CBM addresses poverty both as a cause and as a consequence of disability and works in partnership with local and national civil society organisations to create an inclusive society for all.

**Our work**

In 2019, CBM, together with 347 partners, supported a total of 540 projects in 51 countries. We helped nearly 10.7 million people through our core activities, as well as reaching about 29 million people in 9 countries who were affected by Neglected Tropical Diseases (NTDs) and received treatment or underwent eye surgeries. An additional 31 million were treated through Mass Drug Administration (MDA). Our work included:

* Supporting comprehensive health care systems and services in eye health, ear and hearing care, community mental health and physical rehabilitation.
* Ensuring inclusive education for all, reaching the most marginalised.
* Building inclusive, resilient communities through community based inclusive development.
* Implementing inclusive emergency response and disaster risk reduction.
* Strengthening international advocacy and alliances to realise the human rights of persons with disabilities and the promotion of disability-inclusive development.
* Facilitating access to treatment against neglected tropical diseases for all persons living in areas at risk of infection.

**Background and rationale**

CBM is partner from the South Sudan Ministry of Health, since 2006 providing technical assistance and resources for the implementation of the National NTD Program. In 2021, through support from the programme Accelerating Sustainable Control and Elimination of Neglected Diseases (ASCEND) managed by Crown Agents, END Fund, Mectizan Donation Programme and CBM, integrated treatment campaigns in 47 counties endemic or co-endemic for Onchocerciasis and Lymphatic Filariasis (LF) through co-distribution of Mectizan and albendazole, were implemented. The target counties are distributed over 9 States (Lakes, Northern Bahr El Ghazal, Warrap, Central Equatoria, Eastern Equatoria, Jonglei, Unity, Western Equatoria, Western Bahr El Ghazal).

Strategies for elimination of selected Neglected Tropical Diseases (NTD) is including annual mass drugs administration (MDA) using effective drugs. These drugs have a broad-spectrum action and thus make it possible to fight against several parasites at the same time. Key to elimination of preventive chemotherapy (PC) NTDs is to achieve high treatment coverage (both therapeutic and geographic) to interrupt germs transmission and eliminate disease in the treated endemic area. In South Sudan, the World Health Organisation, donors and various stakeholders are supporting the National NTDs Programme with the implementation of annual MDA campaigns for control and elimination of NTDs

Onchocerciasis is treated by administrating Ivermectin through MDA campaigns to adults and children older than 5 years or more. Albendazole is added to it to treat LF. Whereas Ivermectin is distributed using a dosage pole that determines the number of tablets each person should receive (ranging from 1 to 4 tablets), one tablet of Albendazole is given to each person. Community Drug Distributors (CDDs) record treatment results in community treatment registers for both Onchocerciasis and LF. To inform on the progress towards eliminating of those diseases, effective monitoring and evaluation mechanisms of MDA campaigns are implemented in the national PC-NTDs control programs. Important success indicators are the therapeutic and geographic coverages. To date, data from the 2021 MDA has been reported for all 47 counties. To ensure reported treatment data are reliable, CBM will work with a consultant agency to carry out an Independent Coverage Survey (ICS). Out of the 47 counties, 9 counties will be selected for the survey.

**Terms of reference for consultancy**

CBM is looking for a consultant to carry out an Independent Coverage Survey (ICS) of the Mass Drug Administration against onchocerciasis and lymphatic filariasis in South Sudan.

**1. Purpose/ objectives**

Independent coverage surveys (ICS), also commonly known as post-MDA coverage surveys (or Coverage Evaluation Survey- CES), are to be conducted after MDA implementation for the following purposes, ensuring ethical requirement are met:

1. to validate reported coverage
2. to determine why individuals did, or did not, take part in the MDA by ingesting the drug;
3. to identify adverse and serious adverse events (SAEs);
4. to capture information about the knowledge, attitudes, and practices (KAP) of community members around NTDs
5. to gather vital programmatic information on BCC/IEC, LNOB, Gender and many others
6. to know the level of application of COVID-19 preventive measures?

**2. Deliverables, methodology, timeframe and duration**

The deliverable is the report that the consultant will provide at the end of the consultancy. Methodology:

1. Elaborating the survey protocol in collaboration with CBM and MoH;
2. Training of surveyors on the protocol and use of equipment, including field test.
3. Field testing of the protocol and revue of the protocol if required.
4. Analyzing the collected data
5. Providing feedback and the draft report to CBM - Submission of the final report
6. Presentation of the ICS findings during relevant NTD review meeting.

The timeframe/duration:

The Consultant will carry out the ICS training in April/May 2021, starting with a 3-day theory training of surveyors followed by a 2-day test of the ICS training in the field. The consultant will then analyze the data collected and provide the final report within a period of 2 months.

**3. Place /location of service delivered.**

The consultant will train the surveyors in Juba, South Sudan and lead the field-testing in Juba County.

Implementation of the ICS in 9 counties, selected through the WHO recommended sampling method.

**4. Who accesses deliverables of the consultancy and who benefits from the results**

The survey report will be delivered to the CBM NTD Programme Manager who will share it with the MoH National NTD Coordination and other stakeholders, such as ASCEND/Crown Agents, ENDFUND and MDP.

**5. Required Expert Profile**

1. Data manager and analyst, with a minimum of 8 years of relevant professional experience in data collection, monitoring and evaluation
2. Knowledge of South Sudan health sector data systems, incl. NTD data
3. Competency on capacity development for data collection and management
4. Competency on applying statistical software, such as MS Access and QGIS
5. Ability to analyze data and write a respective report.

**6. Expression of Interest**

Applicants should submit an Expression of Interest, including consultants’ organizational profile, reference and expected fees as well as anything else that you would like to share.

The Expression of Interest should be sent by February 23, 2021 to [recruit.nairobi@cbm.org](mailto:recruit.nairobi@cbm.org)

National candidates including academic institutions are encouraged to express their interest.

*WHO guidelines for safe population-based surveys and the National guidelines for COVID-19 mitigation have to be adhered to.*