

TERMS OF REFERENCE

**Data management and coordination support to National Laboratories
Coordination Centre (NLCC) and District Ebola Response Centres.**

Introduction

Prompt laboratory diagnosis is a crucial enabler for reduction of Ebola transmission. It is needed both for effective case management, and for generating data to inform an effective response to the epidemic. It contributes to the goal of reducing Ebola transmission by:

- Reducing the time for patients with Ebola to be referred for treatment;
- Enabling patients who test negative for Ebola to return to the community as quickly as possible: minimising the amount of time they spend in Community Care Centres, and thereby their risk of infection;
- Generating data which can be used for surveillance and to monitor epidemic trends and guide an effective response.

Ebola diagnostic resources in Sierra Leone are overseen by a National Laboratories Coordinating Centre (NLCC) situated within the structure of the National Ebola Response Centre (NERC). The NLCC emerged from the Laboratories Technical Working Group (LTWG) re-mobilised by the Ministry of Health and Sanitation in October 2014.

In the LTWG's analysis, the goal of the laboratory system should be to ensure prompt Ebola testing turnaround (reducing time from sample being drawn to communication of result – ideally to <24hrs). This requires improvements in two areas:

1. Improving capacity in the labs: increasing the equipment and staffing to deliver an increased number of diagnostic tests per day across the country, with appropriate geographic distribution of labs.
2. Improving coordination across the full specimen management process: including training of staff, specimen collection, transport, logistics, dissemination of results, etc).

This Terms of Reference is for a service provider to support the second priority of improving data management and systems coordination.

To ensure this support and coordination drives operational improvements, it will be particularly important to embed coordination and data management support at district level as part of the District Ebola Response Centre (DERC) coordination structures.

Purpose and Approach

Improving data management in support of laboratory coordination

The national Laboratories Technical Working Group (LTWG) led by Ministry of Health and Sanitation, was mobilised on 21 October 2014 and has designed the overall system for laboratory coordination. DFID seeks an operational partner to work with and support the LTWG to provide support on data management and information flows including data collection, analytics, training on databases, and results dissemination.

Exact responsibilities under this work stream would need to be agreed in collaboration with DFID, the NLCC, and the DERs and would need to be **flexible** to respond to emerging challenges, and the rapidly evolving situation.

A detailed matrix listing suggested outputs and activities for longer-term data management and coordination support is attached at Annex B. For the immediate implementation and priority design phase, the key deliverables are as follows:

By the end of the first week (14 December):

1. Essential technical operational staff recruited and in post to support NLCC (minimum of 1 data manager, 1 private secretary);
2. Data management and coordination support needs clearly defined following consultation with NLCC and partners (based on key informant interviews at national, and district level, across the laboratory, case management and surveillance pillars);
3. Action plan framework to increase operational efficiency and effectiveness drafted. [Action plan framework will continue to be reviewed and amended on weekly basis].

Weeks 2-4

For the team supporting the NLCC:

1. Priority actions within draft plan initiated start week 2 (earlier if clear opportunities to intervene and respond)
2. Key performance indicators for the laboratory system designed (in consultation with the NLCC), and reporting/presentational tools developed to assist the NLCC present to the situation room at the NERC.
3. Key manuals and SoPs collated and disseminated as appropriate.
4. NLCC secretarial and office management needs agreed and met

For the strategic advisor and international experts

5. Based on recommendations from the action plan:
 - a. Initiate targeted training/ advice as and when priority and easy to address training gaps are identified (e.g. to ensure common reporting tools are being filled in correctly).
 - b. Develop longer-term action plan and training programme with related materials and logistics arrangements for laboratory staff to ensure accurate and timely results dissemination provided or facilitated and mobilise relevant expertise.

- c. Prioritise mobilising , briefing and training staff to initiate mentoring support for end-to-end diagnostic process in Port Loco and Bombali districts provided or facilitated, to ensure we achieve maximum impact from new PHE labs.
- 6. Additional in-country staff recruited where there has been an identified need as part of the action plan (e.g. ICT coordinator).
- 7. Action plan (draft 2) developed with recommendations for any requirements for longer-term data management and coordination support.

DFID would like to have an opportunity to review the appointment of Core Staff including: Team Leader, Laboratory Data Manager and the Project Manager before their contract is confirmed.

Budget

The budget ceiling is based on indicative maximum resources needed for the 4 week inception period.

Invoices for actual costs/days billed to DFID, will be reviewed to ensure they provide good value for money in terms of the proposed fees for local and international staffing, transport and other costs.

Methodology and Reporting

Outline work-plan for week 1 sent 9th December for discussion with DFID at inception meeting.

The team should attend an inception meeting at the DFID office on Thursday 11 December to discuss the work-plan. At the inception meeting, DFID will provide key background information about the current operational context, and finalise proposed deliverables for the week ahead.

As this is a rapidly-evolving crisis situation, deliverables will be reviewed at the end of each week and agreed for the week ahead.

The service provider should report to DFID (, DFID Sierra Leone) for monitoring and agreeing weekly deliverables.

Proposed Dates and Duration

This immediate implementation and priority design phase should begin Monday 8th December, and end on Tuesday 9th January.

The team should submit an inception report detailing an assessment of need for ongoing technical assistance, and indicate resources required in order to provide any essential on-going data management and coordination support at national or district level no later than 2nd January. .

Duty of Care

The Supplier is responsible for the safety and well-being of their Personnel (as defined in Section 2 of the Contract) and Third Parties affected by their activities under this contract, including appropriate security arrangements. They will also be responsible for the provision of suitable security arrangements for their domestic and business property.

DFID will share available information with the supplier on security status and developments in-country where appropriate. The Supplier is responsible for ensuring appropriate safety and security briefings for all of their Personnel working under this contract and ensuring that their Personnel register and receive briefing as outlined above. Travel advice is also available on the FCO website and the Supplier must ensure they (and their Personnel) are up to date with the latest position.

The Supplier is responsible for ensuring that appropriate arrangements, processes and procedures are in place for their Personnel, taking into account the environment they will be working in and the level of risk involved in delivery of the Contract (such as working in dangerous, fragile and hostile environments etc.).

The supplier commits they will be fully responsible for Duty of Care in line with the risk matrix at Annex A below and the Ebola and non-Ebola healthcare and medevac notes for Sierra Leone that will be given to them. They also commit that:

- They fully accept responsibility for Security and Duty of Care.
- They understand the potential risks and have the knowledge and experience to develop an effective risk plan.
- They have the capability to manage their Duty of Care responsibilities throughout the life of the contract.

Annex A

DFID Overall Project/Intervention - Summary Risk Assessment Matrix:

Location: Sierra Leone

Date of assessment: 29 August 2014

Theme	DFID Risk score
Country/Region	Sierra Leone
OVERALL RATING¹	3
FCO travel advice	5
Host nation travel advice	N/A
Transportation	4
Security	3
Civil unrest	3
Violence/crime	3
Terrorism	2
War	1
Hurricane	1
Earthquake	1
Flood	2
Medical Services	5
Nature of Project/Intervention	3

1	2	3	4	5
Very Low risk	Low risk	Med risk	High risk	Very High risk
Low		Medium	High Risk	

¹ The Overall Risk rating is calculated using the MODE function which determines the most frequently occurring value.

Annex B

Priority activities for immediate implementation and design phase highlighted.

Output	Proposed activities
1. NLCC has data collection, collation and reporting support. <i>Under direction of LTWG, develop data collection and reporting arrangements on lab system performance for NLCC, including data products for NLCC to routinely present to NERC.</i>	<ul style="list-style-type: none"> Facilitate agreement of Key Performance Indicators by LTWG/NLCC (for example, indicators could include total lab throughput, turnaround times of diagnostic samples, sample backlogs) Support data collection/collation from labs and district coordination cells (Western command centre, DERCs) Facilitate agreement of reporting formats (e.g. scorecards) for NLCC to present to the NERC Situation Room and CEO. Generate agreed data products for NLCC
2. NLCC provided with operational data and analytics required to support effective evidence-based decision-making. <i>In collaboration with LTWG, analysis to match Ebola diagnostic requirements (new cases, convalescents, dead body swabs) to available laboratory capacity.</i>	<ul style="list-style-type: none"> Collate and map data on diagnostic needs (e.g. numbers of tests required daily by different facilities) Maintain data on available lab capacity Present options for increased operational efficiency to the NLCC (on a weekly basis) and generate “real-time” alerts when needs and capacity are not well-aligned. Collect/collate data to inform NLCC decision-making on supply chain management for diagnostic supplies (specimen tubes, swabs, etc)
3. District lab coordination structures provided with operational data and analytics to support efficient and effective operations. <i>Generate data products both to support day-to-day operations and to monitor whether diagnostic requirements and lab capacity are well-matched.</i>	<ul style="list-style-type: none"> As required, generate data products for district lab coordination teams (these will be embedded in District Command Centres / DERC), including collating and mapping data on diagnostic needs and lab capacity at district level. Work with RSLAF (and other technical assistance supporting the lab specimen transport network) to identify routes that effectively match diagnostic requirements (tests/day needed) with available lab capacity and collate monitoring data to generate reports on system performance and recommendations for system improvements.
4. National and district lab coordinators trained and supervised on use of lab databases.	<ul style="list-style-type: none"> Training needs for data entry and analysis (particularly on operational use of lab databases) scoped and training plan designed with relevant expertise mobilised. Priority and easy to address training needs met. Communication

Output	Proposed activities
<i>Train coordinators at NLCC, district command and control structures, and labs (and provide supervisory support as needed)</i>	<ul style="list-style-type: none"> strategy for roll out of harmonized template for lab reporting drafted weeks 2-3 Support NLCC to ensure harmonized template for lab reporting effectively rolled out. Where required, support analyses of labs data for surveillance purposes.
5. Coordinated national system in place for dissemination and data management of lab test results. <i>Monitor and course correct that labs are correctly using existing reporting tools (as mandated by NLCC), and implement new web-based database platform if proves feasible.</i>	<ul style="list-style-type: none"> Agree actions to support consistent use by labs of current (spreadsheet) dissemination channels to labs, district coordination centres, NLCC, and surveillance pillar and initiate support plan. In collaboration with NLCC and labs, design, deliver and manage secure web platform for dissemination of lab test results (anticipated to be based on databases used by labs to manage test data).
6. Facility-level specimen management has robust monitoring and QA. <i>Support audits and monitoring visits; collate data and summarise findings for NLCC.</i>	<ul style="list-style-type: none"> In collaboration with NLCC and WHO – conduct audits of specimen management in holding centres and CCCs (focusing on labelling, completion of the lab form, packaging and storage; the service provider will <u>not</u> enter “red zones”), using audit tools and SOPs developed by LTWG. Collate findings and recommendations for NLCC.
7. Clearly documented manuals and SOPs in place for Ebola diagnostics <i>Collate existing manuals and SOPs; collaborate with NLCC to identify and produce additional SOPs and ‘process maps’</i>	<ul style="list-style-type: none"> Support LTWG to collate manuals and SOPs. Work with NLCC to identify any additional SOPs that may be required. In consultation with LTWG, generate ‘process map’ documents (for NLCC, district command centres, and other elements of the lab network) where these are needed and do not exist.
8. NLCC has management and logistics resources needed to function effectively.	<ul style="list-style-type: none"> Mobilise logistics support as required to ensure that MOHS staff seconded to work with Ebola laboratories have required transport, accommodation, etc. (If not already in place via e.g. Western command centre) Put in place CUG mobile phone network for lab coordination. Provide Secretariat function for NLCC.