

MEROQ

CONSULTANCY PLC

Monitoring Evaluation Research &
Quality Improvement

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The Right Choice for Research &
Scientific Inquiries

ORGANIZATIONAL PROFILE

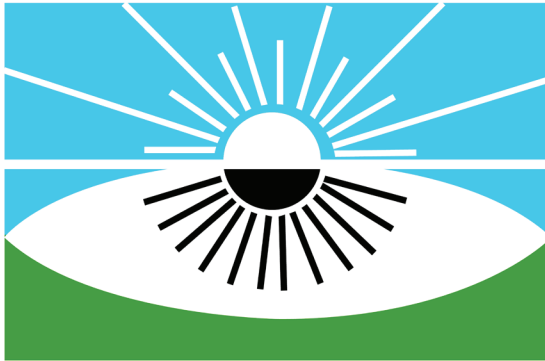
OCTOBER
2020

Addis Ababa, Ethiopia



Market Survey,
Gasuba, Kodo





MERQ
Consultancy
PLC

Monitoring Evaluation Research & Quality Improvement

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2020

ADDIS ABABA, ETHIOPIA



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MESSAGE FROM THE FOUNDER

More than anything, MERQ is a concept, an idea that has been formulated through an iterative process blending the thoughts of five experts to create a research hub that engages in filling the gap in evidence that is needed by policymakers, implementers, program managers, and healthcare and social service providers. All of the activities in which MERQ engages target optimal use of the findings and create learning opportunities in the process.

MERQ has been loyal to its motto of optimizing use of observations, findings and discoveries. In all our engagements, the MERQ team adheres to these principles, and we have managed to deliver all our assignments with the utmost professional wit and determination. We have employed several strategies to stimulate timely and thoughtful use of our studies' findings. This has enabled us to establish platforms for optimal use, which range from the dissemination of findings that impact routine service delivery to the development of a 15-year roadmap for programs.

We know Ethiopia inside and out; and we continue to stay current to real-time cultural & demographical changes. We are committed to serving the country to the best of our ability and we are always ready to enthusiastically and genuinely engage in matters of public health and social importance.

With the human resources, technical capacity, and physical capability that we have built over the last eight years, we believe we have become a pragmatic choice for research, implementation, capacity building, quality improvement and program evaluations.

If you are thinking of conducting research, scientific inquiries, or carrying out implementation science projects in Ethiopia, Africa, or beyond, contact us and we will be prompt in responding.

This organization profile will give you a glimpse of MERQ as an organization, including what we have done and who we have worked with our great teams and our ambitions.

Respectfully



Alula M. Teklu, MD, MPH
Founder and Managing Partner

1. ABOUT MERQ?

1.1. History and Legal Status

MERQ (Monitoring, Evaluation, Research and Quality Improvement) Consultancy PLC is a registered private firm (Principal Registration No. AR/AA/2/0004690/2008; Business License No. 14/666/712675/2006). MERQ was established in Ethiopia in 2013 with its main office in Addis Ababa, Ethiopia. It has a sister company registered in the United States of America and a branch office in Semera, Afar, Ethiopia.

1.2. Vision









MERQ aspires to become a leading institute in program evaluation, research and capacity building for health and social sciences in Ethiopia and beyond.

1.3. Mission

Through rigorous and pragmatic program evaluation, research, training and technical assistance, our multi-disciplinary team of professionals supports policymakers, program managers and service providers by generating relevant, valid and credible evidence to enhance informed decision-making and ultimately improve the health and wellbeing of all global citizens.

1.4. Values and Principles

MERQ adheres to the following principles and values:

	Independence	We are loyal to scientific methods and processes. We share results without any manipulation. We serve the truth.
	Inquisitive environment	With a belief that only a better opinion/method/suggestion wins, we foster an environment in which questioning, investigating, and learning are highly encouraged.
	Utilization-focused	In our evidence generation efforts, we prioritize the optimization of utilizing evidence by the intended users for their intended purposes.
	Rigorous methods	We make no compromises in the science of research. We always choose the best available method to answer the question at hand and transparently acknowledge our limitations.
	Pragmatism	We opt for pragmatism in most circumstances. Whenever there is a tradeoff, we optimize the balance between scientific rigor and practical applicability.
	Belief in the power of evidence	We inform decision makers by providing evidence that is collected and interpreted using the right methods, over any other source to inform decision makers.
	Continuous learning	We treat every engagement as an opportunity to learn and find better ways of doing things.
	Collaborative engagement	We treat research as a collaborative process in which users, methods, scientists and reality come together in the search for and/or the revelation of truth.



2. OUR SERVICES

MERQ provides consultancy and technical assistance on:

2.1. Program/Project Evaluations and Assessments

With proven experience and qualified professionals, MERQ conducts evaluations and assessments of projects and programs. We design and implement project evaluations and generate accurate and utilizable reports. MERQ also provides support for the operationalization of actions for improvement that are recommended in the evaluation reports. In its evaluations, MERQ promotes the use of Utilization-Focused Evaluation in order to ensure the intended use of evaluation findings by the intended users for their intended purposes. In addition to conducting external evaluations, we provide technical assistance to internal evaluation teams as well.

2.2. Research and Publication

We conduct research activities that extend from design and publication to following up on recommendations. MERQ has developed the human resources and infrastructure needed to effectively conduct high-quality research. We facilitate the proper design and conduct of research by employing rigorous and pragmatic methods involving community- and health facility-based data sources, electronic data collection and quality assurance, robust data analysis, collaborative synthesis of evidence, and recommendation formulation. We support our clients in the operationalization of recommendations and production of publications targeting scientific communities and decision makers. We also provide study monitoring services where we independently verify adherence to protocols and procedures.

2.3. Trainings

MERQ provides trainings focused on health and psycho-social issues. We provide these trainings to individual and group applicants interested in acquiring substantial knowledge and skills in the areas of research design, data analysis, program/project evaluation, leadership, project design and management, and quality improvement in relation to health and health-related issues. MERQ has an affiliated training facility with different capacities and amenities. MERQ's short-term trainings consist of regular trainings offered to individual applicants once a year based on a pre-defined training calendar, and demand-based trainings that can be provided any time of the year for group applicants. Online applications for individual applicants will be open on MERQ's website shortly.

2.4. Healthcare Quality Measurement and Improvement

MERQ supports healthcare facilities in the establishment and effective functioning of internal quality measurement and improvement processes. Our services in this area include developing a quality improvement strategy, facilitating the establishment of a quality management infrastructure, supporting quality measurement (including conducting patient satisfaction assessments and clinical audits), and providing coaching for the implementation of quality improvement cycles. MERQ builds the capacity of staff to ensure that health facilities can run internal quality improvement processes on their own. MERQ also supports health institutions in accreditation processes.

2.5. M&E Design

MERQ consults organizations so that they can develop a strong M&E system for their programs and organizational functions. Our consulting service aims to establish and integrate the M&E system into organizations' routine functions (e.g., participatory M&E plan development). In the process, we build the capacity of the staff involved. As part of this service, we provide organizations with technical support in designing program theories and frameworks; performance indicators; data capture, recording, and reporting templates; reporting channels; and systematized data analysis and information use.

2.6. Project Implementation Services

MERQ is a home of experts with diverse expertise and experiences in health and social sciences. In order to provide project implementation services, MERQ set up a project implementation team to implement any type of project in the area of health and social issues. This includes the provision of technical assistance to implementing agencies and regional and federal government bodies, as well as implementing pilot projects and enabling readiness to scale projects up.

2.7. Data Collection and Survey Monitoring

MERQ has an advanced data management system, including a network of trained and experienced data collection fieldworkers, high-level experts in data management, data collection and storage infrastructure (i.e., a central server with reliable connectivity, updated data collection and management software, and a data security system). MERQ recruits data collection teams trains and manages data collection for researchers who would like to outsource these components of their research projects.

For researchers handling their own data collection activities, we provide survey monitoring services. These include the independent monitoring of activities such as recruitment and training of data collectors and supervisors, as well as data collection fieldwork and data management.

2.8. Evidence Synthesis

This service includes the synthesis of existing datasets or published evidence to support better decision making. Evidence synthesis is conducted through participatory and rigorous process of data source mapping, extraction of data/information, and synthesis.

2.9. Development of Documents

MERQ develops Standard Operational Procedures, manuals, protocols and guidelines for its clients based on up-to-date evidence. These services are provided as either an extension of evidence generation projects or a stand-alone service based on the needs of clients.

2.10. Organizing Events

We organize trainings, research conferences, seminars, and scientific exhibitions. We also coordinate the design and development of content and publications for the events.

3. OUR FOCUS AREAS

We focus on the priority health issues of Ethiopia and other developing countries, including

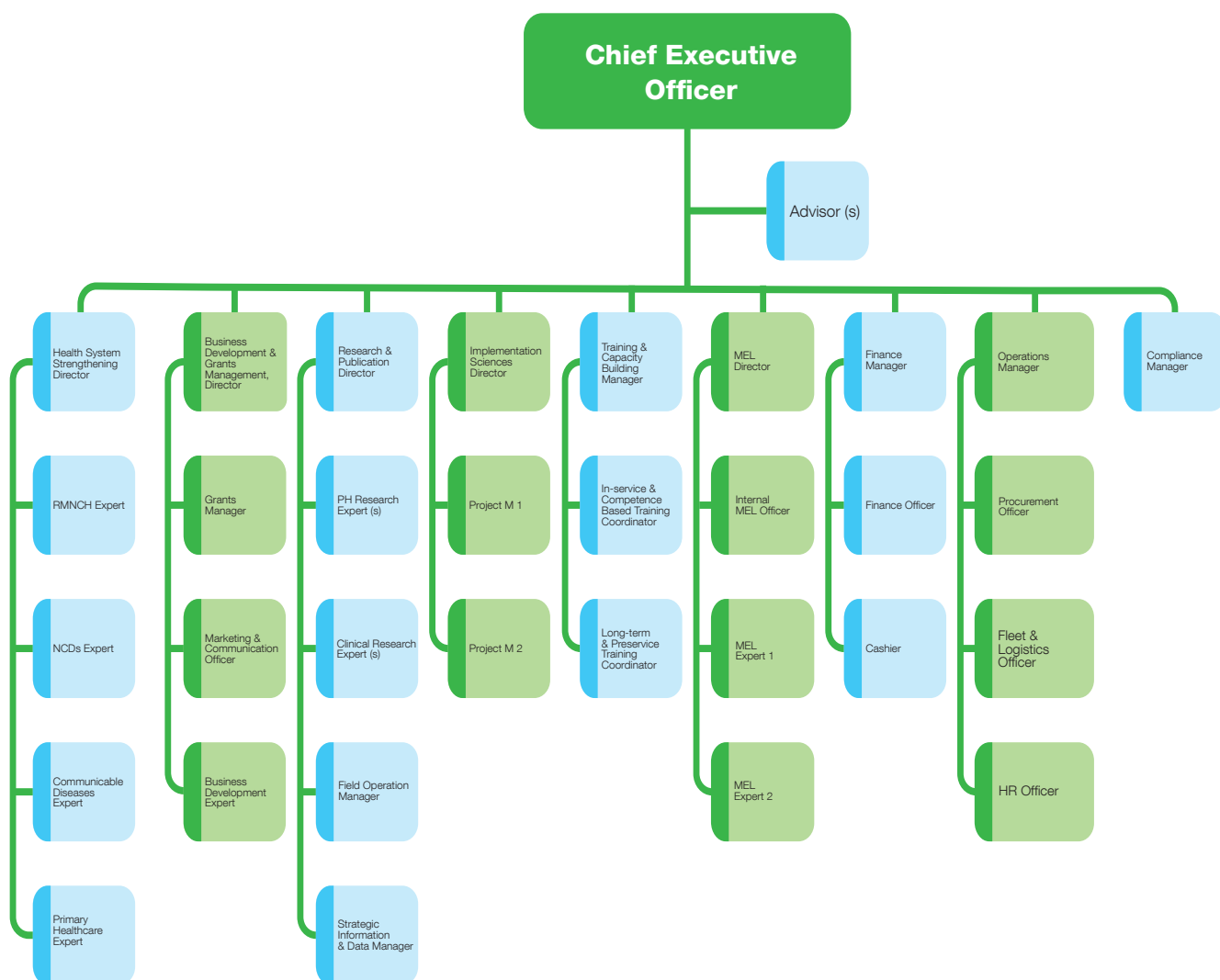
- Reproductive, maternal, newborn, and child health (RMNCH)
- Communicable and non-communicable diseases
- Water, sanitation and hygiene (WaSH)
- Adolescent and youth health
- Public health emergencies and humanitarian services
- Health communication
- Mental health
- Health system and health policy
 - ✓ Community health and primary healthcare
 - ✓ Healthcare quality
 - ✓ Inter-sectoral collaboration
 - ✓ Pharmaceutical systems
 - ✓ Healthcare financing
 - ✓ Human resource for health
 - ✓ Health information system
- Human nutrition and food security
- Gender
- Medical and health science education
- Climate change and resilience
- Equity in health



4. STRUCTURE AND HUMAN RESOURCE

4.1. Structure

MERQ is led by a Chief Executive Officer. Under the CEO, there are advisors, directors and managers to whom teams, consultants and experts report.



4.2. Consultant Researchers

In addition to permanent technical staff members, MERQ hires and collaborates with professionals from local and international universities, other organizations, and freelancers in order to respond to the increasing demand for consulting services in diverse areas. Currently, we have more than 50 high-level consultants with more than 15 specialties within our network.

4.3. Data Collectors and Supervisors

We have a database of data collectors and supervisors who have attended intensive data collection trainings during their previous involvement with MERQ. Our database includes information about each data collector and supervisor, including their educational background, experience, data collection expertise, gender, language skills, experience with data collection software and previous performance. Their performance is measured in every assignment and their rank is updated based on their accomplishments.

Breaking barriers with determination for evidence generation
Data Collectors in Somali Region



5. OFFICE SPACE AND PHYSICAL PRESENCE

5.1. Ethiopia Offices

MERQ has two offices in Addis Ababa and one office in Afar.

Office #1: Taddesse Chekol Commercial Complex, 8th floor #805, Addis Ababa, Ethiopia

Office #2: Gutter Building, #M01, Addis Ababa, Ethiopia

Office #3: Semera town, Afar region, Ethiopia

5.2. US-based Sister Company

MERQ Consultancy PLC has an established sister-company, MERQ Consultancy PLC LLC, 5218 Tabard Ct, Baltimore, MD 21212, USA.

5.3. Future Expansion Sites

MERQ aspires to have offices in Ghana, Eritrea, South Sudan, Zimbabwe, and South Africa in the coming years. We strictly follow the rules and regulations of the countries in which we operate in.



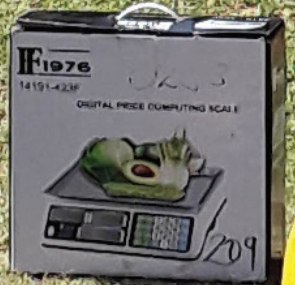
6. GOVERNANCE AND MANAGEMENT

MERQ is owned by share-holders who have formed a board that makes strategic decisions. All functions are led by the CEO. There is a senior management team that is guided by its own SOP, over which the CEO presides.

Our financial management system is designed in line with generally accepted accounting principles. We use Quickbooks accounting software keeping separate records for each project following government, donor, and internal rules, policies, and procedures.

In order to ensure the standardized and responsive operation of internal processes and effective accomplishment of deliverables, MERQ has developed and adheres to different policies and Standard Operating Procedures (SOPs). MERQ adheres to the following policies and SOPs:

- Data collection procedures, data sharing and use policy
- Data quality assurance protocol
- Human resource development and management policy
- Finance and procurement policy
- Environmental protection policy
- Senior management team SOP
- Code of conduct for suppliers
- Conflict of interest procedure
- Human trafficking and modern slavery policy
- Anti bribery policy
- Whistleblower policy
- Risk assessment policy
- Safeguarding policy
- Duty of care





7. DATA COLLECTION CAPACITY

7.1. Electronic Data Collection Capacity

MERQ owns all the necessary equipment for paperless data collection, including GPS-enabled tablet computers, solar chargers, power banks, and car chargers.

7.2. Connectivity, Storage and Data Sharing Capacity

MERQ has a secure central server which is connected through fiber. While data collecting occurs in the field, the server receives data from the field 24/7. The data from the server is backed up continuously to external data bank devices and the required safety protocols and equipment are in place to ensure the safety of the data.

7.3. Data quality assurance structure and principles

The data quality assurance standards of MERQ involve multi-layer procedures, including a set of actions before, during, and after data collection (Figures 1 to 3). Major data quality assurance aspects are the inclusion of stringent validation rules in electronic data collection tools, strict field level supervision, and central data quality assurance and monitoring processes.

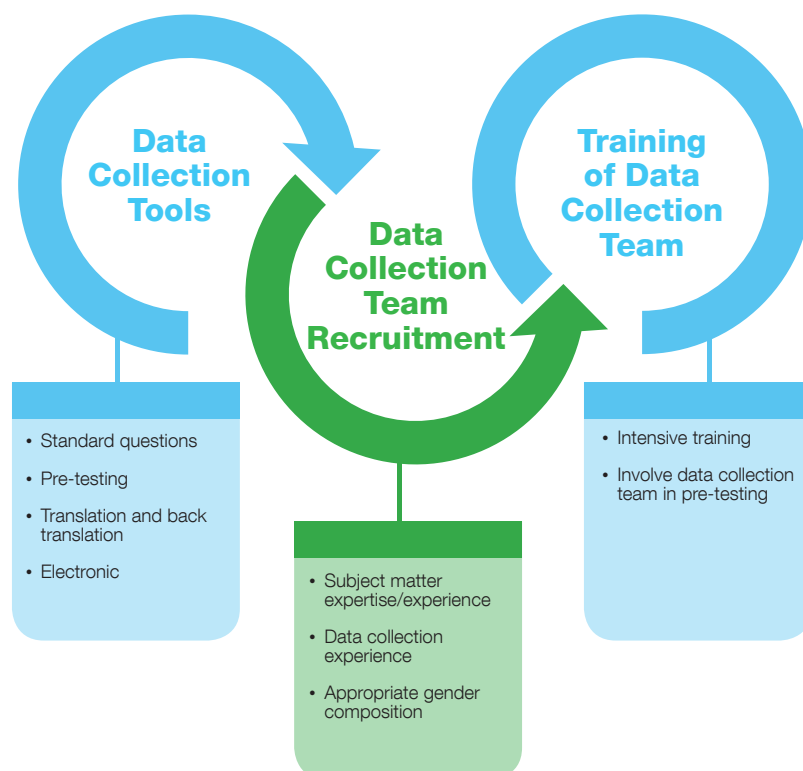


Figure 1. Quality assurance activities before data collection

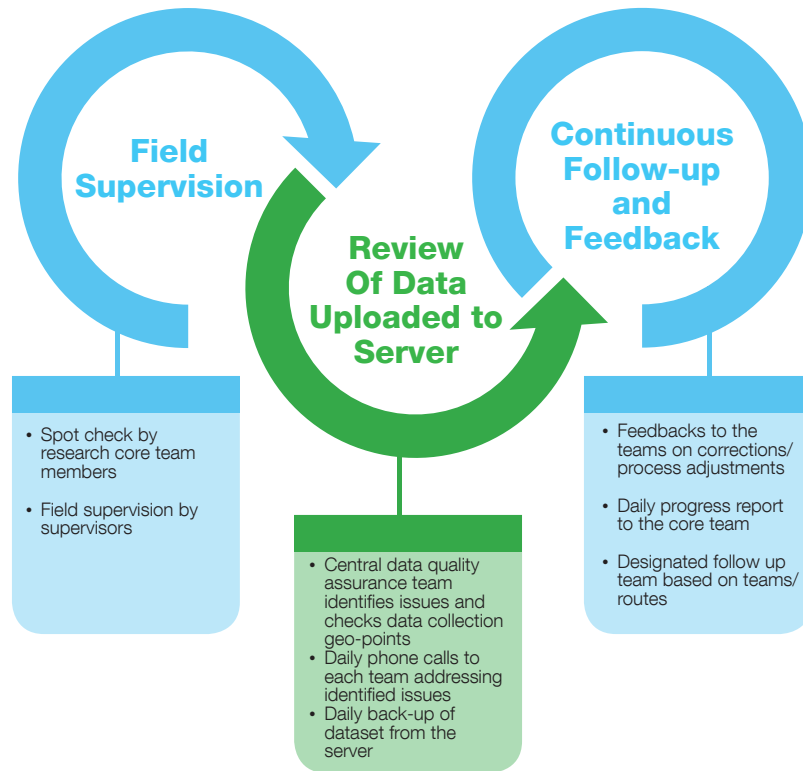


Figure 2. Quality assurance activities during data collection

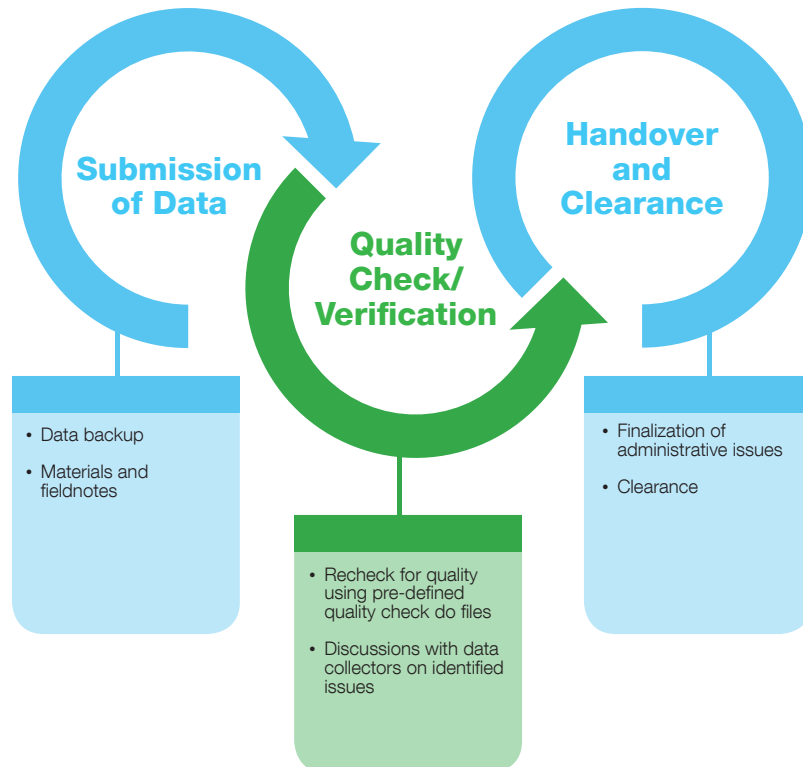


Figure 3. Quality assurance activities after data collection

7.4. Software

As an institutional standard, MERQ uses only licensed software except for software that is publicly available for free. Software commonly used for data management and analyses are Stata, R, SPSS, NVIVO, Tableau, CS-Pro, and ODK.

The logo for Stata, featuring the word "STATA" in a bold, blue, sans-serif font with a registered trademark symbol (®) to the upper right.The logo for R, consisting of a large, blue, stylized letter "R" centered within a light gray oval.The logo for SPSS, featuring the word "SPSS" in white, bold, sans-serif font centered within a solid red square.The logo for NVIVO, with the word "NVIVO" in blue, sans-serif font followed by three blue diamond shapes.The logo for Tableau, featuring a cluster of colorful plus signs (+) in orange, yellow, and red to the left of the word "tableau" in a blue, lowercase, sans-serif font.The logo for CS-Pro, featuring a stylized, 3D-rendered letter "C" in blue and a letter "S" in purple, intertwined.The logo for Open Data Kit (ODK), featuring a blue diamond shape, an orange arrow pointing right, and a green "X" shape, with the text "OPEN DATA KIT" below.

8. SUPPLIERS WITH LONG-TERM AGREEMENTS

MERQ has an affiliated hotel that provides hotel services during training and other events. The hotel has a training hall, refreshments and beds for participants as needed. MERQ has a framework agreement to receive these services with consideration of value for money and quality.

MERQ also has a framework agreement with a known transport company that provides vehicles for field activities. This enables MERQ to provide a proactive and efficient transport service to its staff and data collection team. In the framework agreement, the transport company is responsible for providing reliable vehicles, as well as managing the safety of travelers. We also have a strong relationship with the biggest laboratory services provider in Ethiopia.

9. PARTNERS AND CLIENTS

MERQ has worked with 10 local universities including: Mekelle University, Hawassa University, St. Paul's Hospital Millennium Medical College, Addis Ababa University, Gondar University, Bahir Dar University, Mada Walabu University, Haramaya University, Defense University, and Semera University.

MERQ is a member of the Ethiopian Evaluation Association (EEVA) and the Ethiopian Public Health Association (EPHA). We have also worked with EMwA, EPHA, ESOG and EMA.

Our international clients include the WHO, the Fred Hallows Foundation, Save the Children, MSH, NEP+, CIRHT, Ethio-Canada, the Twinning Center, Monash University, the University of Michigan, Maintains, Johns Hopkins University, Options, Vital Waves, and Nova metrics. MERQ has also collaborated with Exemplars in Global Health, which aims to provide evidence-based insights from positive outliers in global health to help decision-makers achieve large-scale success).

We partnered with and provided technical assistance to the Ministry of Health, regional health bureaus and the IfPHC in the areas of evidence generation and programing. Most members of the MERQ team serve in different institutions as board members, advisory council members and participants in different professional platforms.



10. RECENT PROJECTS

10.1. The national assessment of the Ethiopian Health Extension Program (HEP)

Status	Completed
Project duration	October 2018 to October 31, 2020
Funding source	Bill & Melinda Gates Foundation
Client	Ministry of Health
Mechanism	Grant
Category of project	Evaluation and program assessment

Brief description

The national assessment of the Health Extension Program was conducted with a general objective of assessing the status, determinants, and prospects of the HEP and identifying challenges and areas of intervention for program and policy decisions in the Ethiopian health sector. More specifically, the project assessed the:-

- relevance of the HEP components to Ethiopians' health needs;
- implementation status of the HEP;
- population coverage of essential services related to the HEP;
- adequacy of resources needed to implement the HEP;
- contribution of the HEP to recent gains in health status;
- determinants of implementation of the HEP; and
- key areas of intervention for the future improvement of the HEP.

This assessment involved, more than 15000 respondents (women, men and girls), 179 health centers, 343 health posts, and 584 health extension workers in 62 woredas were assessed (in all regions). This assessment addressed all the health system components and health outcomes were addressed. Both quantitative and qualitative data were collected, and accompanied by a systematic review of existing literature in primary healthcare. The assessment utilized the PHCPI framework and the Utilization-Focused Evaluation approach. This project involved more than 65 local and international experts with the required skills and professions.

Outputs

Document (hard and electronic copies)

1. Alula M. Teklu, Yibeltal K. Alemayehu, Girmay Medhin, et al (2020). National Assessment of the Ethiopian Health Extension Program: Final Master Report. Addis Ababa, Ethiopia: MERQ Consultancy PLC
2. Alula M. Teklu, Yibeltal K. Alemayehu, Girmay Medhin, et al (2020). National Assessment of the Ethiopian Health Extension Program: Final Abridged Report. Addis Ababa, Ethiopia: MERQ Consultancy PLC
3. National Assessment of the Ethiopian Health Extension Program: Poster Book [containing 43 posters]
4. Policy briefs: 11 briefs covering important topics
5. Fact sheet: National and regional indicators

10.2. Baseline assessment of the status of RH services, teaching and research in ten midwifery schools and two medical schools in Ethiopia

Status	Completed
Project duration	2017
Funding source	Centre for International Reproductive Health Training at the University of Michigan (CIRHT) – University of Michigan
Client	Saint Paul Millennium Medical College, University of Michigan - CIRHT
Mechanism	Contract
Category of project	Evaluation and program assessment

Brief description

MERQ consultancy was responsible for developing study protocols, training and deploying data collectors, collecting, managing, and analyzing data; and writing the assessment report regarding the capacity, preparedness and challenges of health science colleges/midwifery schools in Ethiopia, MERQ also provided reproductive health training, research and clinical service in order to prioritize programmatic support and establish benchmarks for future evaluation

Scope: ten institutions of higher learning

Outputs: A report has been submitted to the client.

10.3. Final evaluation of Ethiopia - Canada Maternal, Newborn and Child Health (MNCH) project

Status	Completed
Project duration	2017
Funding source	Ethiopia - Canada MNCH Project
Client	Ethiopia-Canada MNCH Project
Mechanism	Contract
Category of project	Evaluation and program assessment

Brief description

MERQ was selected to assess the project and document the contributions, strengths and weaknesses of the Ethiopia - Canada Maternal, Newborn and Child Health (MNCH) project in-terms of the project's relevance, effectiveness, efficiency, and sustainability.

Scope: facilities in Oromia and Addis Ababa

Outputs: A final report has been submitted to the client.

10.4. Landscape analysis of the status of Regional Health Bureaus in Ethiopia

Status	Completed
Project duration	2018
Funding source	Twining Centre – American International Health Alliance (AIHA)
Client	MoH
Mechanism	Contract
Category of project	Evaluation and program assessment

Brief description

MERQ conducted qualitative and quantitative data collection and analysis, and prepared and shared a comprehensive report showing the status of existing strategies, functional structures, managerial process coordination, gaps, and priority areas for intervention in the health system, in line with HSTP.

Scope: national

Outputs: A comprehensive report and a PPT submitted to the client.

10.5. TT plus project evaluation in Bale and East Shoa Zones of Oromia Region, Ethiopia

Status	Completed
Project duration	2019
Funding source	The Fred Hollows Foundation
Client	The Fred Hollows Foundation
Mechanism	Contract
Category of project	Evaluation and program assessment

Brief description

MERQ consultancy was responsible for developing study protocols; training and deploying data collectors, deployment of data collectors, collecting, managing and analyzing data; and report writing. The main objective of the assessment was to determine the efficacy of a new, enhanced model of eye care for Ethiopia that builds upon routine models of eye care and integrates established services for trachoma and cataracts. Both quantitative and qualitative methods of data collection were employed; quantitative data were collected from 583 respondents using eye health services, and engagement and satisfaction assessments tools. About 1,202 cataract patient registries were extracted and reviewed.

Scope: two zones of the Oromia region

Outputs: A report has been submitted to the client

10.6. Mid-term evaluation of maternal death surveillance and response (MDSR)

Status	Completed
Project duration	2014 (4 months)
Funding source	World Health Organization (WHO) and Options
Client	World Health Organization (WHO) and Options
Mechanism	Contract
Category of project	Evaluation and program assessment

Brief description

MERQ conducted a mid-term evaluation of the Maternal Death Surveillance and Response (MDSR) program as implemented in Ethiopia.

Scope: national

Outputs: a report has been submitted

Published: Factors promoting and inhibiting sustained impact of a mental health task-shifting program for HIV providers in Ethiopia

10.7. Effectiveness of training of HIV care providers to use mental health screening in identifying patients with mental health issues

Status	Completed
Project duration	2013
Funding source	Johns Hopkins University (JHU)
Client	Johns Hopkins University (JHU)
Mechanism	Contract
Category of project	Evaluation and program assessment

Brief description

MERQ conducted an assessment of the effectiveness of training HIV care providers to use mental health screening in identifying patients with mental health issues.

Outputs: A report has been submitted.

Publication: Jerene D, Biru M, Teklu A, Rehman T, Ruff A, Wissow L. Factors promoting and inhibiting sustained impact of a mental health task-shifting program for HIV providers in Ethiopia. *Glob Ment Health (Camb)*. 2017;4:e24. Published 2017 Dec 4. doi:10.1017/gmh.2017.21 (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5719476/>)

10.8. End-term project evaluation of treatment literacy and adherence education

Status	Completed
Project duration	2015
Funding source	NEP+
Client	Joshua Consultancy, NEP+
Mechanism	Contract
Category of project	Evaluation and program assessment

Brief description

MERQ conducted an end-term evaluation of the implementation of treatment literacy and adherence education to assess the effectiveness of the program with all its components.

Outputs: A report has been submitted to the client

10.9. Assessment of the integration of maternal death surveillance and response (MDSR) with public health emergency management (PHEM) in Ethiopia

Status	Completed
Project duration	2016
Funding source	World Health Organization (WHO)
Client	World Health Organization (WHO)
Mechanism	Contract
Category of project	Evaluation and program assessment

Brief description

MERQ consultancy developed study protocols, conducted data analysis and prepared an assessment report regarding the degree of MDSR-PHEM integration and factors associated with the level of integration in Ethiopia.

Scope: selected health facilities in Amhara, SNNPR, Afar and Addis Ababa

Outputs: A report has been submitted to the client

10.10. Technical assistance for the development of Roadmap for Optimizing the Ethiopian Health Extension Program - 2020 to 2035

Status	Completed
Project duration	January – August 2020
Funding source	Bill & Melinda Gates Foundation
Client	Ministry of Health, Ethiopia
Mechanism	Grant
Category of project	Capacity building and technical assistance

Brief description

The project was initiated after the findings of the HEP assessment were released, as a major recommendation of the assessment. MERQ provided technical support to the MOH and its implementing partners. As a project led by the MOH, the role of MERQ was to provide technical expertise and other resources to the development of the report. Among other things, MERQ carried out:

- an analysis of the Ethiopian Health System (situational analysis);
- a projection of key population and health system characteristics;
- a benchmarking assessment (local & international best practices);
- the development of the goals, milestones and strategic initiatives;
- the development of the implementation arrangement, and monitoring and evaluation framework;
- the prioritization of the initiatives; and
- the resource gap analysis for the roadmap's costs.

Moreover, MERQ served as the secretary of the steering committee and technical working groups in which all of the project's stakeholders convene and to make decisive decisions.

Outputs

Document:

Ministry of Health (2020). Realizing Universal Health Coverage through Primary Health Care: A Roadmap for Optimizing the Ethiopian Health Extension Program 2020 – 2035. Addis Ababa, Ethiopia: Ministry of Health.

10.11. Comprehensive training on research methods

Status	Completed
Project duration	2018
Funding source	Ethiopian Midwife Association (EMwA)
Client	Ethiopian Midwife Association (EMwA)
Mechanism	Contract
Category of project	Capacity building and technical assistance

Brief description

MERQ was responsible for developing training manuals and presentations. A four-day training for staff members of EMwA and research advisory committee members was done using the materials that were developed for this particular group.

Scope: national

Outputs: Training materials prepared [PDF and PPT formats]

10.12. Capacity building on scientific writing for academicians and program experts in the area of primary healthcare

Status	Ongoing
Project duration	January 2020 – September 2020
Funding source	Bill & Melinda Gates Foundation
Client	MOH, RHB, partners and local universities
Mechanism	Grant
Category of project	Capacity building and technical assistance

Brief description

This project is being implemented with the major objectives of building the capacity of researchers and implementers in the health sector; and publishing peer-reviewed journals and other published products from the data collected for the national assessment of the health extension program. In this project, experts from different stakeholders of PHC stakeholders were selected for capacity building and scientific writing. These stakeholders include young researchers from local universities, consultants, researchers from research institutes (IIfPHC) and professional associations, MOH and its implementing partners and experts in PHC. These experts (cumulative: #80) went through a series of capacity building sessions which included trainings on conceptualizing scientific papers, research paradigms, data management, and data analysis; scientific writing skills; policy brief development; mentorship in the process of manuscript development; and reviewing drafted manuscripts. For effective management of the project, these researchers were assigned to specific manuscript topics (#42) and policy briefs (#11) based on their preferences. Moreover, the writeup of these scientific products was managed under three cohorts. MERQ partnered with PREPSS (the University of Michigan's Pre-Publication Support Service) and with senior public health experts in the country and abroad for the provision of training, mentorship, review services and copy-editing.

Outputs

Document (Hard & Electronic Copies):

1. 42 Draft manuscripts;
2. Policy Briefs: 11 briefs covering important topics;

10.13. Surveying households for evidence-based insurance systems in Ethiopia (willingness and ability to pay for CBHI; impact of CBHI on health service utilization, financial protection, equity, and women empowerment)

Status	Completed
Project duration	January 2020 – September 2020
Funding source	Bill & Melinda Gates Foundation
Client	Ethiopian Health Insurance Agency
Mechanism	Grant
Category of project	Research

Brief description

This project had two main studies. The first study was conducted with the main objective of assessing the impact of CBHI on health service utilization, out-of-pocket payments, financial risk protection, and related outcomes among member households.

Study 1, specifically, assessed the effect of CBHI on:

- The utilization of health services
- Equity in health service utilization
- Catastrophic and impoverishing health expenditures among households
- Women's empowerment in accessing health services
- Health service delivery among health facilities providing services to CBHI members

The second study under this project was conducted to estimate the willingness and ability to pay for CBHI membership among households in Ethiopia's the informal sector.

Study 2 had two specific objectives: assessing WTP and ATP for CBHI membership among households in the informal sector and assessing factors associated with WTP for CBHI membership among households in the informal sector.

This project was conducted all over the country, in urban, agrarian, and pastoralist settings. In these two studies, 166 randomly selected enumeration areas were reached to get a total of 5,810 households and 101 health centers. Both qualitative and quantitative data were collected, which mainly focused on household consumption, market surveys, health service seeking and utilization, unmet healthcare needs, ability and willingness to pay via bidding games, disease occurrence, and issues related to equity. Moreover, the studies assessed the impact of CBHI in health service delivery with regards to the availability of basic resources and the status of service uptake. In this assessment, multiple categories of local and international professionals (eg., economists, evaluators, public health specialists, epidemiologists, statisticians, health system management experts, gender specialists, etc) were involved.

Outputs

Document (hard & electronic copies):

1. REPORT 1: The Impact of Community-Based Health Insurance on Health Service Utilization, Out-of-Pocket Health Expenditures, and Related Outcomes in Ethiopia
2. REPORT 2: Willingness and Ability to Pay for Community-Based Health Insurance Schemes in Ethiopia
3. Policy Briefs: 2 briefs covering important topics;
4. Posters: #5;

10.14. The effect of COVID-19 and government response measures on poor and vulnerable groups in urban areas in Ethiopia

Status	Ongoing
Project duration	July 2020 – February 2021
Funding source	Bill & Melinda Gates Foundation
Client	N/A
Mechanism	Grant
Category of project	Research

Brief description

This project aims to understand the impact of COVID-19 and government response measures on poor and vulnerable groups in Ethiopia's urban areas. The study uses a mixed methods design, employing both qualitative and quantitative methods of data collection. Semi-structured and qualitative diary-style interviews were conducted over the phone to explore the effects of COVID-19 and government measures along the following themes: knowledge and practices for preventing the transmission of COVID-19; urban poor households finance (i.e. their income, expenditures, and means of livelihood); food security; strategies for coping with the effects of the pandemic; access to health services and health-seeking behavior; access to education during school closures; access to WASH facilities; mental health status; and aid and support from the government, NGOs, and other organizations. The cities included in the study were: Addis Ababa, Mekelle, Dire Dawa, Adama, Gambela, Bahir Dar, Jigjiga, Bule Hora, Logia, and Semera. This study was commissioned by the UK Department for International Development (DFID), now known as the FCDO. It is funded by the Building Resilience in Ethiopia (BRE) program and implemented in partnership with the Maintains programme.

Outputs

Document (electronic copies):

1. Reports (1st and 2nd monthly reports released);

10.15. Exploring the current status of COVID-19 pandemic in Addis Ababa Ethiopia: A rapid assessment

Status	Completed
Project duration	July 2020 – August 2020
Funding source	Bill & Melinda Gates Foundation
Client	N/A
Mechanism	Grant
Category of project	Research

Brief description

In response to the growing global pandemic, MERQ conducted a study on the status of COVID-19 in Addis Ababa with the basic question; are we missing cases and deaths due to COVID-19? The study was conducted to: explore the status of the pandemic (numbers of cases and deaths); examine the trends in morbidity and mortality and identify whether there is evidence of excess deaths that could be attributed to COVID-19, which have not been captured by the existing surveillance system; and explore the possible explanations for the pandemic's current course of progression in Addis Ababa, Ethiopia.

This study was a rapid, having been designed and completed in a month but too broad. In this assessment, both qualitative and quantitative data were collected from health facilities, funeral sites, edirs, relatives of the deceased, key informants, HMIS data and websites. These data sources were triangulated to respond to the assessment questions.

Outputs

Document:

1. **Report:** Status of Covid-19 Pandemic in Addis Ababa, Ethiopia: A Rapid Assessment Report Draft manuscript;
2. **Submitted Manuscript:** Is There Evidence of Excess Deaths during the COVID-19 Pandemic in Addis Ababa, Ethiopia?

10.16. The status of contact tracing and quarantine services for COVID-19 in Addis Ababa

Status	Ongoing
Project duration	July 2020 – August 2020
Funding source	MERQ - internal sources
Client	N/A
Mechanism	Grant
Category of project	Research

Brief description

This project aims to assess the COVID-19 contact tracing and quarantine policy and practices in Addis Ababa, Ethiopia, identify the implementation gaps, and generate policy recommendations about the way forward based on the findings. The study employed both qualitative, and quantitative methods of data collection. The data sources were records in quarantine centers, the COVID-19 response teams from the Addis Ababa Health Bureau and sub-cities, discharged individuals from quarantine centers

who completed their stay, recovered and discharged individuals from treatment centers and quarantine centers. The methods used were record review, surveys with telephone interviews, key informant interviews, and observations.

Outputs

- Data collected from sources;

10.17. Perceived acceptability and feasibility of inhaled oxytocin intervention for the prevention of postpartum hemorrhage in low resource settings

Status	Completed
Project duration	2016 – 2017
Funding source	Saving lives at birth: a grand challenge for development
Client	Monash University, Australia
Mechanism	Contract
Category of project	Research

Brief description

MERQ coordinated all aspects of the research and conducted the data collection, processing and analyzing of qualitative data for the perceived acceptability and feasibility of inhaled oxytocin intervention for the prevention of postpartum hemorrhage in low-resource settings.

Outputs: A report has been submitted to the client

Publication: Two Manuscripts Published:

- ✓ Oliver VL, Lambert PA, Than KK, Mohamed Y, Luchters S, Verma S, et al. (2018) Knowledge, perception and practice towards oxytocin stability and quality: A qualitative study of stakeholders in three resource-limited countries. PLoS ONE 13(9): e0203810. <https://doi.org/10.1371/journal.pone.0203810>
- ✓ Victoria L Oliver, et al, Qualitative formative implementation research to inform introduction of a new essential medicine. Research in Social and Administrative Pharmacy, <https://doi.org/10.1016/j.sapharm.2019.07.011>

10.18. Effectiveness of the use of Chlorhexidine

Status	Completed
Project duration	2018
Funding source	Save the Children
Client	Save the Children
Mechanism	Contract
Category of project	Research

Brief description

MERQ was given the responsibility to independently conduct an evaluation on the effectiveness of use of chlorhexidine use for babies born at home, in four zones of the Oromia Region, where chlorhexidine was introduced by Save the Children.

Scope: four zones of the Oromia Region

Outputs: A report has been submitted to the client

10.19. Oxytocin injection quality in Ethiopia: A post marketing surveillance study in public and private facilities across three regions

Status	Completed
Project duration	2017
Funding source	Saving lives at birth: a grand challenge for development
Client	Monash University, Australia
Mechanism	Contract
Category of project	Research

Brief description

MERQ was responsible for developing study protocols, training and deploying data collectors, collecting, oxytocin samples, analyzing, and report writing for Oxytocin Injection Quality in Ethiopia: a Post Marketing Surveillance Study in Public and Private Facilities across Three Regions.

Scope: Oromia, Gambelia, Afar Regional Health Bureau and Addis Ababa Health Bureau.

Outputs: Report submitted and paper published

Lambert P, Nguyen T-H, Oliver VL, et al. Oxytocin injection quality in Ethiopia: a post-marketing surveillance study in public and private facilities across three regions. *Journal of Global Health Reports*. 2019;3:e2019081. doi:10.29392/joghr.3.e2019081

10.20. Deciphering barriers for reproductive, maternal, neonatal and child health services in Ethiopia (RMNCH)

Status	Completed
Project duration	2017
Funding source	Saint Paul Millennium Medical College (SPMMC)
Client	Saint Paul Millennium Medical College (SPMMC)
Mechanism	Contract
Category of project	Research

Brief description

MERQ consultancy was responsible for developing study protocols, collecting data, conducting data analysis, and writing a report depicting the factors and barriers regarding the low utilization of Reproductive, Maternal, Newborn, Neonatal and Child Health (RMNCH) services in the Ethiopia-Somalia region.

Scope: Somali region, SPHMMC

Outputs: A report has been submitted to the client

10.21. The influence of linkages, feedback mechanisms, and caregivers' mobility on immunization follow-up visits in Lideta, a sub-city of Addis Ababa, Ethiopia: A qualitative study

Status	Completed
Project duration	2016 – 2017
Funding source	Global Alliance for Vaccines and Immunizations (GAVI)
Client	Global Alliance for Vaccines and Immunizations (GAVI)
Mechanism	Contract
Category of project	Research

Brief description

This implementation research explored how the lack of functional linkages, feedback mechanisms among health facilities, and caregivers mobility can affect follow-up visits for routine immunization.

Scope: slum areas in Addis Ababa

Outputs: Report submitted papers published

Barriers of Antenatal Care Service Utilization in Somali Regional State Using Social Ecological Framework, Eastern Ethiopia, Ethiopia: a Qualitative Study, January 2020
DOI: 10.21203/rs.2.13486/v2

Exploring barriers to reproductive, material, child and neonatal (RMNCH) health-seeking behaviors in Somali region, Ethiopia

March 2019 PLoS ONE 14(3):e0212227 DOI: 10.1371/journal.pone.0212227

10.22. Advanced clinical monitoring (ACM) for patients with HIV infection

Status	Completed
Project duration	2013
Funding source	Ethiopian Public Health Institute (EPHI)
Client	Ethiopian Public Health Institute (EPHI)
Mechanism	Contract
Category of project	Research

Brief description

ACM - is a multi-university collaborative project involving a cohort study design with more than 4,000 patients selected from seven university based clinics. The project looks at the effectiveness of antiretroviral therapy (ART) among people living with HIV/AIDS in Ethiopia. It was undertaken with an agreement signed between EPHI and MERQ. A collaborative analysis of the available data was done, resulting in the publication of eight papers in peer reviewed journals.

Outputs

1. Magnitude of Antiretroviral Drug Toxicity in Adult HIV Patients in Ethiopia: A cohort study at seven teaching hospitals: Esayas Kebede Gudina, Alula M. Teklu, Asres Berhan, et al. Magnitude of Antiretroviral Drug Toxicity in Adult HIV Patients in Ethiopian: A cohort study at seven teaching hospitals. *Ethiop J Health Sci* 2017;27(si1):39-52. doi: <http://dx.doi.org/10.4314/ejhs.v27i1.5S>.
2. Predictors of Survival among Adult Ethiopian Patients in the National ART Program at Seven University Teaching Hospitals: A Prospective Cohort Study: Daniel Fekade, Teklu Weldegebreal, Alula M. Teklu, et al. Predictors of Survival among Adult Ethiopian Patients in the National ART Program at Seven University Teaching Hospitals: A Prospective Cohort Study. *Ethiop J Health Sci* 2017;27(si1):63-71. doi: <http://dx.doi.org/10.4314/ejhs.v27i1.7S>.
3. Predictors of Hospitalization among Children on ART in Ethiopia: a Cohort study: Abraham Haileamlak, Tesfalem Hagos, Workeabeba Abebe, et al. Predictors of Hospitalization among Children on ART in Ethiopia: a Cohort study. *Ethiop J Health Sci* 2017;27(si1):53-62. doi: <http://dx.doi.org/10.4314/ejhs.v27i1.6S>
4. Exploratory Analysis of Time from HIV Diagnosis to ART Start, Factors and effect on survival: A longitudinal follow up study at seven teaching hospitals in Ethiopia: Alula M. Teklu, Kesetebirhan Delele, Mulu Abraha, et al. Exploratory Analysis of Time from HIV Diagnosis to ART Start, Factors and effect on survival: A longitudinal follow up study at seven teaching hospitals in Ethiopia. *Ethiop J Health Sci* 2017;27(si1):17-28. doi: <http://dx.doi.org/10.4314/ejhs.v27i1.3S>.
5. Factors Associated with Mortality of TB/HIV Co-infected Patients in Ethiopia: Alula M. Teklu, Kesetebirhan Delele, Mulu Abraha, et al. Exploratory Analysis of Time from HIV Diagnosis to ART Start, Factors and effect on survival: A longitudinal follow up study at seven teaching hospitals in Ethiopia. *Ethiop J Health Sci* 2017;27(si1):17-28. doi: <http://dx.doi.org/10.4314/ejhs.v27i1.3S>.
6. Establishing a Multicenter Longitudinal Clinical Cohort Study in Ethiopia: Advanced Clinical Monitoring of Antiretroviral Treatment Project: Alula M. Teklu, Eyuel Tsegaye, Daniel Fekade, et al. Establishing a multicenter longitudinal Clinical Cohort Study in Ethiopia: Advanced Clinical Monitoring of Antiretroviral Treatment Project. *Ethiop J Health Sci* 2017;27(si1):3-16. doi: <http://dx.doi.org/10.4314/ejhs.v27i1.2S>.





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