MEDICAL HUMANITARIAN CONTEXT

MSF in partnership with the KwaZulu-Natal Department of Health supports a HIV/TB project in the Mbongolwane and Eshowe areas (King Cetshwayo District). The Bending the Curves project was introduced in 2011 and aimed to reduce the incidence of HIV and TB, in addition to reducing HIV and TB related morbidity and mortality (bend the epidemic curves downwards) in line with the South Africa National Strategic Plan (2012-2016) aimed at fighting HIV, STIs and TB.

In 2013, Médecins Sans Frontières, Epicentre, and the Department of Health (DoH) implemented a population-based survey to assess parameters of the HIV epidemic in the sub-district of Eshowe/Mbongolwane, where MSF has been working since 2011. The findings of that survey helped MSF and the DoH to implement activities and adapt strategies in the sub-district. The SA department of health has introduced in 2016 a “Universal Test and Treat (UTT)” strategy and with this it was expected that there would be an identifiable improvement across the entire HIV prevention and treatment cascade i.e. HIV positive status awareness, ART coverage and viral load suppression. Subsequently, a second cross-sectional population survey was conducted in 2018.

The 2018 survey showed significant progress in combatting the scourge of HIV – with the overall 90-90-90 coverage target confirmed to have been achieved. That is, HIV positive status awareness increased to 90% in 2018 (up by 15% from 2013); ART coverage among those testing positive was 94% (up by 23% overall from 2013) while viral suppression among those on treatment, was up by 1% at 94% overall.

Results shown in the figure below.
The project included the following components:

1) **prevention**: through health promotion, community mobilization and awareness, condom distribution, medical male circumcision (MMC), prevention of mother to child transmission (PMTCT) and an HIV prevention package for students, all starting in 2012;

2) **HIV counselling and testing (HCT)**: including expanded community testing at clinics, fixed community testing sites, through a mobile van at schools and at events, and door-to-door testing (through Community Health Agents Programme (CHAPS)), starting in 2012 until beginning of 2018 which was then replaced by Luyanda sites (that offer HIV testing and other medical services compatible with the 2018 scope of work of the Community Health Workers in South Africa);

3) **linkage to care and early ART initiation**: through follow up of people who tested positive at community and health facilities and lost to follow up tracing by CHAPS since 2012, conducting clinics in the Technical College in Eshowe and a mobile clinic focusing on the high risk populations at the farms, and a vertical male clinic Philandoda was established in the Eshowe Taxi Rank offering HCT, MMC, ART initiation and follow-up, STI screening and treatment of minor illnesses;

4) **retention in care and adherence for HIV-infected people**: through HIV initiation and adherence counselling conducted by lay counsellors, differentiated models of care (community and facility clubs, community ART support groups (CAGs), fast lane or community pick up points (PuP)) and mentoring on implementation of the national adherence guidelines.

This evaluation will cover these four components, with a strong focus on activities related to linkage to care component (completion of a first medical clinic visit within 30 days after an HIV diagnosis) and community interventions. It includes community based activities: CHAPS¹, Fixed Sites, M1SS² (schools, farms, industrial area, testing, comm events, churches, sports events), MMC³, Community PR (Imbizos, War Rooms, liaison traditional

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¹ Community Health Agents Program
² M1SS: mobile one-stop shop
³ MMC: Male medical circumcision
leaders, traditional leaders feedback meetings, training THPs\(^4\), CAB\(^5\) etc.), Mobilization, CHW\(^6\) Linkage, Adolescent Groups, Child Support Groups, Youth camps and community health volunteers including patient supporters.

**REASON FOR EVALUATION / RATIONALE**

The results released from this year’s survey have generated an overwhelmingly enthusiastic response from policymakers, civil society, partner organizations and donors across the world, as well as UNAIDS, which launched its 2019 report in Eshowe, specifically inspired by the achievements of MSF’s work with the South African NDOH.

Policymakers have focused on the specific relevance – if any – that the results have for SA’s nationwide efforts to tackle the disease. A comparison of national level data, obtained through the fifth South Africa Social and Behavioural and community health volunteers including patient supporters.

- **Results of 2\(^{nd}\) Population based survey**

<table>
<thead>
<tr>
<th>2013</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st 90</td>
<td>76%</td>
</tr>
<tr>
<td>2nd 90</td>
<td>70%</td>
</tr>
<tr>
<td>3rd 90*</td>
<td>93%</td>
</tr>
</tbody>
</table>

Comparison with national statistics (SAH5M9): 2018

- **Results of 2\(^{nd}\) Population based survey**

<table>
<thead>
<tr>
<th>1st 90</th>
<th>2nd 90</th>
<th>3rd 90*</th>
</tr>
</thead>
<tbody>
<tr>
<td>85%</td>
<td>71%</td>
<td>88%</td>
</tr>
</tbody>
</table>

It seems that Eshowe achieved higher figures for all these three indicators, and especially for treatment initiation, than the average results across South Africa. However, these results should be interpreted with care due to differences in methods and population samples. Of specific importance from a policy perspective is therefore, what Eshowe did differently to achieve a level of linkage that is on average 24% higher than that achieved by South Africa overall. To put these results into perspective, this means that in Eshowe, 80% of people living with HIV had an undetectable viral load, compared to 53% in the national survey. Given that Undetectable = Untransmissible (U=U) this means the potential for new infections is much lower in Eshowe compared to nationally. The very low incidence results in Eshowe is in line with this hypothesis. This is the basis for the request for this evaluation of the Eshowe project.

**OVERALL OBJECTIVE and INTENDED USE**

**OVERALL OBJECTIVE.** To assess the effectiveness and replicability of MSF’s Eshowe intervention, and to identify those elements\(^7\) within the project which have played a key role (overall and related to linkage to care).

**INTENDED USE.** This evaluation is aimed primarily at informing MSF-OCB in their conversations with SA’s DoH on the national HIV program, with the aim to advise on how to better to implement (or scale back) activities in order to improve the performance of the HIV cascade with focus into linkage to ART services. It may also be used by MSF in their conversations with other regional and international actors.

\(^4\) THP: Traditional health practitioners
\(^5\) CAB: Community Advisory Board
\(^6\) CHW: Community Health Worker
\(^7\) Intervention elements refer to a range of project components (such as strategy, objectives, activities)
SPECIFIC OBJECTIVES

What were the most effective elements\(^8\) of the MSF intervention in Eshowe?

- To what extent have the agreed objectives been achieved?
- What were the main barriers and enabling factors for achievement or non-achievement of objectives?
- What are the specific elements of the MSF Eshowe intervention that have played the most significant role in project effectiveness? (overall and especially on linkage to care and enrollment into ART).
- To what extent did the intervention optimally approach population at higher risk of HIV? (i.e., young men and women, sex workers, men who have sex with men).
- What could have been done to make the intervention more effective?

What elements of the intervention can be replicated elsewhere?

- How does the MSF intervention in Eshowe compare with SA National Plan? What did MSF do in Eshowe that was identifiably different?
- What are the elements of the MSF intervention in Eshowe, that are scalable and could be incorporated into SA’s national HIV program?
- What are the lessons learned from MSF’s Eshowe intervention to facilitate HIV management (with special attention to linkage to care) in South Africa’s or other MSF HIV projects in similar contexts?

EXPECTED DELIVERABLES

- Inception Report
  As per SEU standards, after conducting initial document review and preliminary interviews.
  It will include a detailed evaluation proposal, including methodology.
- Draft Evaluation Report
  As per SEU standards.
  It will answer to the evaluation questions and will include conclusions, lessons learned and recommendations.
- Working Session
  With the attendance of commissioner and consultation group members.
  As part of the report writing process, the evaluator will present the findings, collect attendances’ feedbacks and will facilitate discussion on lessons learned.
- Final Evaluation Report
  After addressing feedbacks received during the working session and written inputs.
- Other dissemination deliverables
  As defined in the attached dissemination plan.

TOOLS AND METHODOLOGY PROPOSED

In addition to the initial evaluation proposal submitted as a part of the application (see requirement chapter), a detailed evaluation protocol should be prepared by the evaluators during the inception phase. It will include a detailed explanation of proposed methods and its justification based on validated theory/ies. It will be reviewed and validated as a part of the startup phase in coordination with SEU.

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\(^8\) As mentioned in the note before, intervention elements refer to a range of project components (such as strategy, objectives, activities)
RECOMMENDED DOCUMENTATION:

- Project documents (project proposals, logframes, sitreps, annual reports, field visit reports)
- MSF project-related documents (operational research, publications)
- Eshowe SEU evaluation (conducted by Richard Bedel in 2016 regarding the first 90)
- Eshowe epicenters surveys (2013 and 2018)
- National and regional (SA HIV national policies, SA reports)
- External literature and documentation of similar experiences

PRACTICAL IMPLEMENTATION OF THE EVALUATION

<table>
<thead>
<tr>
<th>Number of evaluators</th>
<th>2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Timing of the evaluation</td>
<td>February-May 2020</td>
</tr>
<tr>
<td>Required amount of time, per evaluator (Days)</td>
<td>To be decided</td>
</tr>
</tbody>
</table>

Preliminary findings to be shared with consultation group by April 2020
Final report to be delivered by May 2020.

PROFILE /REQUIREMENTS: EVALUATOR(S)

- Proven evaluation competencies (10 years)
- Formal background/studies on public or international health
- Experience in HIV/Aids programing (5 years), with special interest on South African region (experience in linkage to HIV care and community engagement as asset)
- Language requirements: English (Fluent)
- MSF experience as asset
- Applications will be evaluated on the basis of whether the submitted proposal captures an understanding of the main deliverables (as per this ToR), a methodology relevant to achieving the results foreseen and the capacity of the evaluator(s) to carry out the work.

Application
Interested applicants should send their expression of interest by submitting their CV, a written sample from previous work and an evaluation proposal (including budget in a separate file). Applications will be evaluated on the basis of whether the submitted proposal captures an understanding of the main deliverables (as per this ToR), a methodology relevant to achieving the results foreseen and the capacity of the evaluator(s) to carry out the expected work.

Complete applications should be submitted by 16 February latest to ana.chaurio@stockholm.msf.org

When sending your application, you also agree that we will register your data in our register and manage it in accordance with the Data Protection Regulation. If you are selected for the consultancy, your personal data might be shared with MSF Operational Centers. If you are not selected, we will save your data for up to two years for our statistics.