CALL FOR APPLICATIONS

EVALUATION OF THE MSF OCA’S MISSION IN UZBEKISTAN FOR 2011-2021

APPLICATION DEADLINE: 28 November 2021

Médecins Sans Frontières/Doctors Without Borders (MSF) is an international medical humanitarian organisation providing quality medical care to people in crises around the world, regardless of religion, ethnic background or political views. Our fundamental principles are neutrality, impartiality, independence, medical ethics, bearing witness, and accountability.

The Vienna Evaluation Unit, based in Austria, is one of three MSF units tasked with managing and guiding the evaluation of MSF projects. For more information see http://evaluation.msf.org/

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<th>Subject/Mission</th>
<th>MSF OCA’S MISSION IN UZBEKISTAN FOR 2011-2021</th>
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<td>Expected start</td>
<td>December 15, 2021</td>
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<tr>
<td>Duration</td>
<td>Final deliverables to be submitted by April 3, 2022</td>
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Application Requirements:

1) A proposal containing an initial version of evaluation matrix and the expected budget¹ (total estimated workload: 45 consultancy days)
2) A cover letter highlighting applicants’ experience with similar past assignments (max 1 page)
3) CV(s)
4) One example of past evaluation report in a similar context or topic

Applications should be sent to veuapplication@vienna.msf.org

Deadline to apply: 28 November 2021

¹ Please specify the gross amounts and applicable VAT/tax rates (or indicate if a VAT exception applies) in the budget proposal. Please note that MSF Austria is not part of the EU’s Reverse Charge VAT mechanism. Do not include field data collection/travel costs, as they will be calculated separately based on MSF policies.
CONTEXT

MSF Operational Centre Amsterdam (MSF OCA) has worked in Uzbekistan continuously since 1998 to provide support for diagnostics and treatment of tuberculosis (TB) care in the Republic of Karakalpakstan. In Karakalpakstan, MSF’s scope of work has grown from a focus on DOT strategies to the implementation of a comprehensive care programme for drug resistant (DR) and drug sensitive (DS) TB and of the globally significant clinical trial TB PRACTECAL. The clinical trial seeks to evaluate the safety and efficacy of new and repurposed anti-TB drugs in a drastically shorter regimen of 6 months. In the comprehensive care component of the project, MSF supports the Ministry of Health (MoH) in the rollout of protocols reflecting global best practices, introduces innovations through operational research and pilots, and promotes shorter course regimens with the use of new and repurposed anti-TB drugs.

Since 2013, MSF has operated an HIV project in Tashkent that focuses on the diagnosis and treatment of co-infected patients, with particular emphasis on co-infection with HCV, syphilis, and other opportunistic infections. The HIV project also hosts the Tashkent site for the clinical trial TB PRACTECAL.

MSF in Uzbekistan mainly works through the MoH in an advisory and supportive capacity. MSF has maintained positive standing with governmental authorities in Uzbekistan. In general, acceptance is maintained by MSF through adherence to approval processes and by offering collaborative and technical support in treatment and diagnosis innovations.

MSF has historically kept a low profile in Uzbekistan due to the restricted space to maneuver permitted to international NGOs in the country. At national level visibility of MSF is low, while in Karakalpakstan MSF is better known. MSF has been able to negotiate increased access to patients over time and is the only international organization working in healthcare facilities, but access remains suboptimal. MSF has limited relationships with high-ranking authorities in the government.

Hence, while MSF interventions in Uzbekistan have evolved over time, during the last decade they have focused on the following objectives:

- increasing access to and improve the quality of diagnosis and treatment of Drug Resistant Tuberculosis (in Karakalpakstan) and HIV and major co-infections (in Tashkent);
- determining and implementing shorter, less toxic, and more effective treatment regimens and models of care for TB patients in the targeted areas, with a special focus on MDR and XDR treatments;
- advocating for (1) the advancement of person-centred approaches to care in the national healthcare system, (2) improved access to effective TB/HIV medicines, (3) improved care for people living with HIV across Uzbekistan, and (4) reduced stigma at the government, social, and individual levels against people living with TB/HIV.

EVALUATION PURPOSE, OBJECTIVES, AND QUESTIONS

After 23 years of presence in Uzbekistan, MSF OCA plans to assess choices, approaches and the impact activities have and have had in the past on the ground.

The overall purpose of the evaluation is to assess the impact of MSF activities in Uzbekistan and to produce evidence-based lessons learned from projects implemented in the past 10 years which may feed into shaping programs in the future.

The evaluation context can be defined as the need to produce intelligence that will assess the impact of medical and advocacy strategies, as well as provide food for thought to feed the discussion on next strategies for MSF OCA in Uzbekistan.

For this, the review shall focus on the following objectives and evaluation questions (EQ):
Objective 1. Document and analyse the intended and unintended results of MSF OCA’s projects in Uzbekistan

EQ 1.1. To what extent have objectives of individual projects been achieved?

EQ 1.2. What where the main unintended results of MSF activities in Uzbekistan and how did they impact the achievement of Mission’s main objectives/goals?

EQ 1.3. What have been the main barriers and enablers to success/failure for individual projects?

EQ 1.4. What role has the advocacy strategy played in the achievement of project objectives and in shaping public health policies?

Objective 2. Determine the extent to which MSF OCA’s planned activities were in accordance with identified needs ( Appropriateness)

EQ 2.1. Were the exploratory missions and other problem-defined activities adequate to the context? Did they provide sufficient information to define an intervention strategy and projects?

EQ 2.2. Were activities designed and implemented in response to the MSF country policy (MSF Uzbekistan Mission Strategy) and MSF regional strategies?

EQ 2.3. To what extent did the political context influence the design of projects and activities?

EQ 2.4. What role has the hands-off approach represented? How has the hands-off approach evolved and has it been applied equally to all projects?

Objective 3. Determine the degree of efficiency with which MSF OCA implemented projects in Uzbekistan

EQ 3.1. Was there adequate finance of projects and activities?

EQ 3.2. Were projects and activities well-staffed in quantity and in relation with adequate experience and expertise as required by activities?

EQ 3.2. Did the projects have enough support from Country Coordination and elsewhere in MSF OCA?

EQ 3.3. Has there been any delay/shortage in the supply of drugs, diagnostic tests, etc?

EQ 3.4. Was the monitoring and reporting system in place (including the used indicators) adequate for assessing the performance of projects in terms of achieving their respective objectives?

Objective 4. Determine the role MSF innovation activities (research) implemented in Uzbekistan played in the Country strategy and for the wider MSF/Medical Humanitarian community

EQ 4.1. What new achievements have the Uzbekistan projects produced and how did they influence MSF or MoH strategy in the country?

EQ 4.2. How have MSF OCA’s projects in Uzbekistan contributed to the management of MDR TB and HIV elsewhere?

Note: the implementation of the TB PRACTECAL Clinical Trial within the Uzbekistan Mission is out of scope of this evaluation, however the trial outcomes should be included when considering Evaluation Objective 4 and its evaluation questions.

METHODOLOGY AND DATA SOURCES

Evaluators are expected to elaborate a methodology based on remote and on-site data collection methods, including:
• Interviews with key stakeholders, (e.g. national staff, present and former TB/HIV advisor(s), Medical Coordinator(s), Head of Mission(s), (Medical) Operations Manager(s), Operations Advisor(s), Advocacy Manager(s), Ministry of Health partners, World Health Organization members, Access Campaign);

• Desk review of Mission documents, detailing changes over time as well as how activities have been adjusting to the needs of the patients and the gaps observed when working with the MoH;

• On-site observation of ongoing project activities.

EXPECTED OUTPUTS

An inception report outlining the scope, workplan, timeline, methodology and limitations will be provided by January 20, 2022.

Field visits will happen in February 2022 (approx. 2 weeks).

A first draft report is expected by March 6, 2022.

A final report with an executive summary, charts visualizing data, and recommendations is expected by April 3, 2022.

A power point presentation to accompany the evaluation findings should be prepared by the evaluator(s) for ease of presenting findings. Results will be presented to the Commissioners team, field mission, Cell and the VEU stakeholders shortly after presenting the final report.

PROFILE / REQUIREMENTS FOR THE APPLICANTS

The applicants should have the following qualifications and experience:

- Minimum 5 years’ experience in MDR TB, HIV and programme management
- Minimum 5 years’ experience of evaluating humanitarian projects
- Track record evaluating complex organisational setups
- Strategic outlook and thinking
- Knowledge of the role of medical research and innovation
- Strong understanding of humanitarian principles
- Track record in completing complex evaluations
- An excellent knowledge of English (spoken and written), Russian not compulsory but will be a strong asset
- Excellent analytical and writing skills
- Experience in negotiations/work with MoH in resource constrain countries

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2 Data collection in Uzbekistan is strongly preferred. However, due to ongoing Covid-19 pandemic the evaluation might need to be conducted remotely. Evaluators will be expected to adapt their methodology accordingly.