HAITI Terms of Reference February 14, 2022

TERMS OF REFERENCE

Doctors Without Borders/ Médecins Sans Frontières (MSF) is an international medical humanitarian organization determined to bring quality medical care to people in crises around the world, when and where they need regardless of religion, ethnical background, or political view. Our fundamental principles are neutrality, impartiality, independence, medical ethics, bearing witness and accountability.

The Stockholm Evaluation Unit (SEU), based in Sweden, is one of three MSF units tasked to manage and guide evaluations of MSF’s operational projects. For more information see: evaluation.msf.org.

<table>
<thead>
<tr>
<th>Name of evaluation:</th>
<th>Evaluation of The Haiti Emergency Response (OCA)</th>
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<tbody>
<tr>
<td>Starting date:</td>
<td>March 1st, 2022 (exact date TBD)</td>
</tr>
<tr>
<td>Duration:</td>
<td>Final deliverable to be submitted by latest April 30th, 2022</td>
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<tr>
<td>Requirements:</td>
<td>Interested applicants should submit:</td>
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<tr>
<td></td>
<td>1) A proposal describing how to carry out this evaluation (including budget in a separate file),</td>
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<td></td>
<td>2) a CV, and</td>
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<td></td>
<td>3) a written sample from previous work</td>
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<tr>
<td>Deadline to apply:</td>
<td>At 2359hrs CET on February 28th, 2022</td>
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<tr>
<td>Send application to:</td>
<td><a href="mailto:evaluations@stockholm.msf.org">evaluations@stockholm.msf.org</a> with the subject line “HAITI”</td>
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<tr>
<td>Note:</td>
<td>Despite the ongoing Covid-19 pandemic it is anticipated that this evaluation will involve travel to Haiti and may also require elements of remote data collection.</td>
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MEDICAL HUMANITARIAN CONTEXT

On August 14, 2021, a 7.2 magnitude earthquake hit the southern part of Haiti, mainly impacting the Departments of Sud, Grand’Anse and Nippes. The earthquake had a significant impact on the population in the region, affecting about 800,000 people¹ (including 340,000 children) and resulting in more than 2,240 deaths and 12,700 injured. In the aftermath, access to adequate healthcare was a challenge² due to lack of medical supplies, as well as significant damage to buildings and infrastructure including health facilities and water networks.³

¹ OCHA
² According to UNICEF’s U-Report survey, the earthquake damaged or destroyed approximately 90 health centres, with 60% of affected people stating that health services close to them had been interrupted.
³ 800K affected people (Source: UN System in Haiti), 650K needed emergency humanitarian assistance (Source: UN System in Haiti), 754.2K acutely food-insecure people in the three quake-affected departments (Source: World Food Programme), 2.2K people dead (Source: Haitian Civil Protection General Directorate, DGPC), 137.5K+ damaged and destroyed homes (Source: DGPC)
Médecins Sans Frontiers (MSF) responded in all three departments, through the three operational centres (OCs) already present in the country: Operational Centre Amsterdam (OCA), Operational Centre Brussels (OCB) and Operational Centre Paris (OCP). OCA was concentrating on department of Nippes, with focus on the commune of Baradères, and some activities in L’Asile and Miragoane.4

A small team from the existing OCA mission in Port-au-Prince undertook the first assessments, starting the day after the earthquake. Medical supplies were brought for initial donations, while more staff and supplies were mobilised into Haiti and the area of the OCA interventions. OCA teams were in Nippes very quickly for the assessment, which continued during several weeks. Some other organisations were present also quickly (e.g. WaSH actors), though MSF was one of the first health actors. The entire earthquake response was managed by the Emergency Desk (Edesk) based in Amsterdam although it relied on support services (HR, Log Supply etc..) from the existing mission with some reinforcements sent to ensure capacity in these activities.

The general objective of the response was to ensure continuation of access to health care, clean water and shelter to the population affected by the earthquake in the area around Baradères commune, focusing on the most remote locations. Additional activities included Non-Food Items (NFIs) distribution to affected families, targeting those whose homes had been severely damaged or destroyed.

**PROJECT LOGICAL FRAMEWORK**

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<tr>
<th>#</th>
<th>SPECIFIC OBJECTIVES</th>
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<tr>
<td>1</td>
<td>Ensure access to primary and secondary health care among the earthquake affected population</td>
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<td>2</td>
<td>Improve access to clean water in the immediate and medium term among the earthquake affected population</td>
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<td>3</td>
<td>Provide improved access to shelter and the ability to meet basic needs through the distribution of NFIs</td>
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<td>4</td>
<td>Ensure MSF is actively monitoring and prepared to respond to potential disease outbreaks through an active surveillance system and emergency preparedness</td>
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<td>5</td>
<td>Engage with the affected communities to ensure relevant and needs based implementation of activities, that improves the impact of MSF assistance and enables the community members to be part of, understand, engage with, and influence the delivery of MSF assistance</td>
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<td>6</td>
<td>Ensure existing and emerging needs across the Department are responded to by MSF or other humanitarian organisations</td>
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4 MSF-OCA had also responded in this area following Hurricane Matthew in 2016.
SUMMARY OF ACTIVITIES

Health
▪ Logistical donations to selected health facilities to enable continuation of activities (e.g. tents)
▪ Health facility ‘financial envelope support’ to one health facility in Baradères
▪ Mobile clinics in different areas in departments of Miragoane, L’Asile and Baradères
▪ Support for referrals from MSF Mobile Clinics (MC) and patients found during assessments needing referrals
▪ Staff support (MD, nurse) for the referral hospital in Nippes department (Miragoane), including follow up on referrals and donations
▪ Donations of medical items to selected health facilities
▪ Support via training and re-enforcement of surveillance activities for the MSPP in the Department of Baradères
▪ Health Promotion linked to the activities (WaSH, NFI distributions, MC)
▪ Sensitisation’ on mental health and sessions on coping mechanisms through the MC.

WatSan
▪ Emergency water supply in selected locations through water trucking, including water points, as well as surface water treatment plant in Baradères used to support some of these activities
▪ Repair of water networks in two areas of Baradères department: Baradères town, and Fond Tortue

NFI
▪ Blanket distribution of WatSan related items to approximately 10,000 households
▪ Targeted distribution of shelter items to specific households severely damaged by the earthquake
▪ Post-distribution survey conducted for WatSan distribution

PURPOSE
The purpose of this evaluation is to capitalise on the experience in Haiti by assessing the overall success of the emergency response and to evaluate the project’s relevance, appropriateness, effectiveness (including timeliness) and coherence in relation to agreed norms and standards for disaster response in humanitarian settings.

There is a particular interest to learn from the community- and patient-centred approach and the ‘financial support envelope’ to health centres.

INTENDED USE
The evaluation should provide findings and support a process to generate recommendations on possible adjustments related to emergency preparedness and response within the Haitian context and MSF-OCA operations more broadly.
EVALUATION QUESTIONS

The four evaluation questions (EQs) are based on the adapted DAC criteria from Active Learning Network for Accountability and Performance (ALNAP)\(^5\) and can be elaborated during the proposal and inception phases of the evaluation in collaboration with the stakeholders.

*The following questions are indicative only.*

**EQ1:** Was the intervention **relevant** when considering the populations needs and priorities as well as the principles and priorities of the organisation?
- What were the needs and priorities identified during the assessment phase?
- In what ways did the identified needs and priorities correspond to those expressed by the community and other stakeholders?
- How could the identification of needs have been improved and/or taken better account of the different perspectives involved?

**EQ2:** Were the activities **appropriate** to meeting the identified needs at different phases of the intervention and within the given context, including security and other contextual factors?
- What were the project activities (and modalities) of the intervention in the key areas of health, WatSan and NFI?
- In what ways did the selected activities (and modalities) respond to the identification of needs?
- What could have made the choice of activities (and modalities) more appropriate to the context and the identification of needs?

**EQ3:** Was the intervention able to meet the objectives in an **effective** and timely manner with appropriate level of coverage and considering different groups?
- What were the project objectives and were they fully or partially achieved?
- What were the main reasons for achievement or non-achievement of project objectives?
- What could have made the implementation more effective and timelier in meeting the objectives?

**EQ4:** How **coherent** was the intervention within the broader humanitarian response?
- Who were the other humanitarian actors and what activities were they involved in?
- How did MSF link up with these other actors and activities in terms of project design and implementation?
- How could the intervention have better integrated into the broader humanitarian response?

EXPECTED DELIVERABLES

1. **Inception Report**
   As per SEU standards, after conducting initial document review and preliminary interviews. It will include a detailed evaluation proposal, including methodology.

2. **Draft Evaluation Report**
   As per SEU standards. It will answer to the evaluation questions and will include conclusions, lessons learned and recommendations.

\(^5\) ALNAP Evaluation of Humanitarian Action (EHA) Guideline 2016, criteria for evaluation of humanitarian action based on the Disaster Assistance Committee (DAC) criteria for international development.
3. 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.

4. Final Evaluation Report
   After addressing feedbacks received during the working session and written inputs.

5. Other
   Other dissemination deliverables to be defined in a separate 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. It will be reviewed and validated as a part of the inception phase in coordination with the SEU.

RECOMMENDED DOCUMENTATION

- Strategic documents and guidelines
- Project documents, including log frames
- External literature and documentation

PRACTICAL IMPLEMENTATION OF THE EVALUATION

<table>
<thead>
<tr>
<th>Number of evaluators</th>
<th>One or two</th>
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<tbody>
<tr>
<td>Timing of the evaluation</td>
<td>March 1st, 2022 – April 30th, 2022</td>
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PROFILE/REQUIREMENTS FOR EVALUATOR(S)

The evaluation requires an individual or team of individuals who can demonstrate competencies in the following areas.

Evaluation related competencies

- **Professional focus** - acts ethically, reflectively, enhances and advances professional practice of evaluation.
- **Technical focus** - applies appropriate evaluation methodology.
- **Situational focus** - considers and analyses evaluation context successfully.
- **Management focus** - conducts and manages evaluation projects skilfully.
- **Communication focus** - interacts and communicates successfully with stakeholders.
Context specific competencies
- Humanitarian context - incorporates and acts according to the humanitarian principles.
- Organisational context - upholds the principles and values of MSF
- Emergency/disaster context – knowledge and understanding of health programming in natural disasters
- Local context – Haitian context and language (including French and English)

Subject specific competencies
- Results-based management - applies management principles, theory of change/logical framework for program analysis.
- Health promotion – knowledge and understanding of health promotion
- Community- and patient-centred healthcare

APPLICATION PROCESS
The application should consist of a technical proposal, a budget proposal, CV, and a previous work sample. The proposal should include a reflection on how adherence to ethical standards for evaluations will be considered throughout the evaluation. In addition, the evaluator/s should consider and address the sensitivity of the topic at hand in the methodology as well as be reflected in the team set-up.

Offers should include a separate quotation for the complete services, stated in Euros (EUR). The budget should present consultancy fee according to the number of expected working days over the entire period, both in totality and as a daily fee. Travel costs, if any, do not need to be included as the SEU will arrange and cover these. Do note that MSF does not pay any per diem.

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 overall capacity of the evaluator(s) to carry out the work (i.e. inclusion of proposed evaluators’ CVs, reference to previous work, certification et cetera).

Interested teams or individuals should apply to evaluations@stockholm.msf.org referencing HAITI no later than at 23:59hrs CET on February 27th, 2022. We would appreciate if the necessary documents were submitted as separate attachments (proposal, budget, CV, work sample and such). Please include your contact details in your CV.