

## Terms of Reference

Médecins Sans Frontières (MSF)/Doctors Without Borders 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](https://evaluation.msf.org).

Promoting a culture of evaluation is a strategic priority in order to be accountable, seek for continuous improvements and achieve organizational learning. MSF does not evaluate only because of external requirements, for example donors related ones. These Terms of Reference should be seen as a starting point for the evaluation process. The evaluator(s) are welcome to challenge them and suggest for example different or additional perspectives, as they see fit during the inception phase. The evaluation process should rely on solid methodology to achieve credible results and should also ensure to put values and use in the forefront. The evaluation must involve and include different actors and counterparts in an adequate manner during the whole process.

<b>Project:</b>	SIDA Project , Kinshasa, DRC
<b>Start/end date:</b>	May 2022 - Oct 2022
<b>How to apply:</b>	Interested candidates are invited to submit: 1) A proposal describing how the evaluation will be conducted (including a budget in a separate file) 2) CV (s) 3) A written example of an evaluation already carried out
<b>Deadline to apply:</b>	20 <sup>th</sup> April, 2022
<b>Application to be submitted to:</b>	evaluations@stockholm.msf.org
<b>Specific considerations:</b>	Field data collection expected in June or July 2022, to be confirmed during the initial phase of the evaluation, together with the SEU and consultation group for the evaluation.

## THE PROJECT AND THE EVALUAND

Médecins Sans Frontières Operational Center of Brussels (OCB) has been operating in the Democratic Republic of Congo (DRC) since 1977 and is since 2002 running an HIV/AIDS project in Kinshasa (Sida project), at different levels of the health pyramid.

The Sida project aims to achieve quality of care, innovation, and advocacy for patients. It is "catalyst for change" in the sense that it aims to influence national politics<sup>1</sup>. MSF activities provide care at all levels of the cascade and raising awareness among healthcare providers and patients (in waiting rooms, in PoDis – distribution points for ARVs – and via patient associations) is also crucial.

The project provides care for advanced HIV at the Kabinda Hospital Center (CHK, 100% MSF structure), with over 1800 patients in 2021. The CHK was initially an Outpatient Treatment Centre, which later included hospitalizations and then also became a referral hospital for patients with advanced HIV, as well as a training and excellence centre for MSF and its partners.

The project also supports, through a **decentralization component**, activities for non-advanced HIV/AIDS in different structures. The decentralization component includes among others support through mentoring as well as simplified technical platform. The decentralization of HIV/AIDS care to primary and secondary levels was initiated by the project in 2005 and has undergone many changes, in terms of strategy, number, type and location of the structures supported, as well as the type of support offered by MSF. The objective of the decentralization component is to improve access and quality of care within the city's health facilities, with screening, treatment, monitoring of adherence, suspicions of treatment failures, as well as viral load.

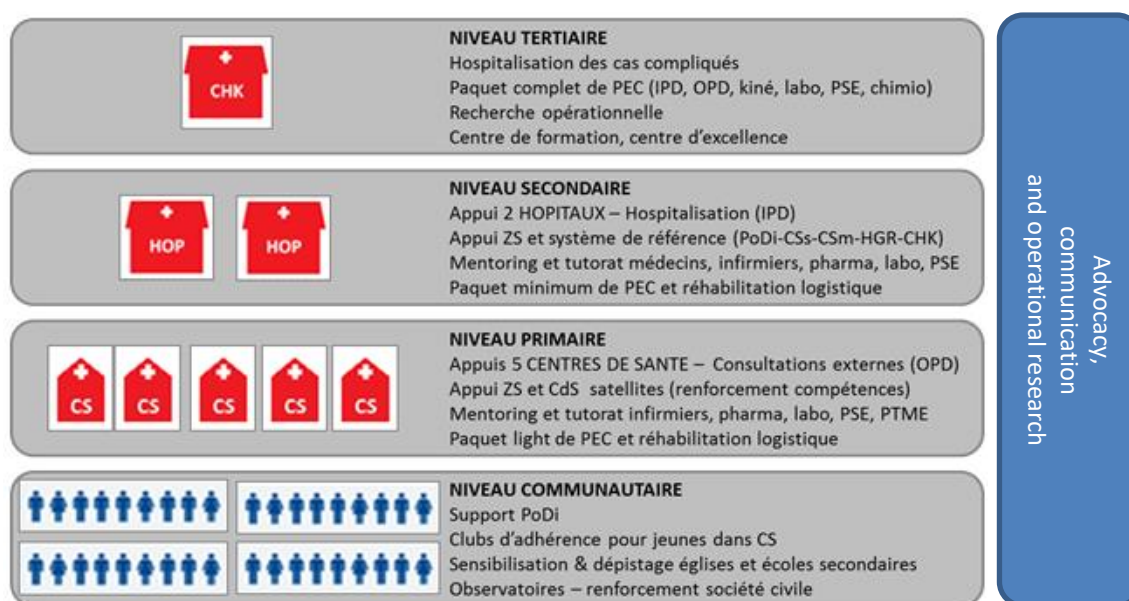
**It is this decentralization component that is the subject of this evaluation, for the period 2017-2022.**

In February 2022, the project supports via the decentralization component:

- two partner hospitals managed by the Ministry of Health (MSPP): Luyindu Hospital Centre (end of MSF support scheduled for the end of April 2022) and Saint Joseph Hospital Centre.
- six health centres (St Clement, St Ambrose, St Anne, St Joseph (Out-patient Department), Mokali and Tshimungu).
- activities at community level.

*Figure 1: Project activities at all levels of the health pyramid (2020)  
from « 07. Document Projet Sida 2020 »*

*Note: at primary level, six health centers are supported early 2022 (vs 5 in 2020)*



<sup>1</sup> 07. SIDA Project 2020 Document

Throughout the years, the project has supported several structures through the decentralization component, and has disengaged from some of them<sup>2</sup>, handing over to other actors. The evaluation will include some of these structures supported in the past.

An evaluation of the decentralization component has already been conducted and finalized in 2020. It focused on the evolution of the strategy from 2005 to 2017, as well as the results achieved. It also suggested avenues for reflection on the strategy implemented from 2017 onwards. The round table organized by the project in 2017 and the mid-term review of September 2020 confirmed the decentralization strategy and defined the main lines until 2022, with a particular focus on mentoring in the supported structures, as well as implementation of a so-called integrated zonal approach (MSF supports healthcare provision at all levels of the health pyramid within a health zone).

## PURPOSE AND EXPECTED USE

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The purpose of this evaluation is **to evaluate the decentralization component of the project from 2017 to 2022.**

A round table will be organized in early 2023 to define the future of the project. This evaluation will inform the preparation of this round table and the decisions to be taken for the future of the project, with regard to decentralization. What are the lessons to take into account when continuing with decentralization activities and defining the strategy from 2023 onwards?

The evaluation will be used primarily by the Sida project, but it can also inform other or future HIV/AIDS projects, in DRC or elsewhere, as well as be useful for partners in DRC and other actors in the field of HIV/AIDS.

The perspectives and values of different stakeholders (e.g., MSF, MSPP, partners, patients, and communities) will be given particular attention in this evaluation.

## EVALUATION QUESTIONS

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**QE 0:** Description of the decentralisation component, from 2017 to early 2022. This decentralisation component is the subject of all subsequent evaluation questions.

**QE 1:** Were the objectives relevant given the needs observed and expressed, the context, and MSF's priorities?

**QE 2:** Was the strategy, design and implementation coherent given the context and existing resources? How could the approach have been more coherent?

**QE 3:** To what extent have past experiences (and in particular the previous evaluation) been taken into account in the definition and implementation of the decentralisation strategy 2017-2022?

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<sup>2</sup> Roi Baudouin hospital (end of support in June 2017), CME NGaba (end of support December 2020), Kimia, Lisanga and Libondi health centres (respectively June 2019, January 2020 and September 2020) as well as Kasai Maternity Hospital (December 2021).

**QE 4:** Were the different actors and counterparts sufficiently taken into consideration?

**EQ 5:** Has the decentralization component achieved its expected results?

- To what extent are the outputs in line with the quality standards and expected results?
- What were the reasons (enabling or hampering factors, expected or unexpected challenges) behind achievement – or not – of expected results?
- How could decentralisation have been more effective?

**QE 6:** Which resources were needed, were they available, could they have been mobilised in a more efficient or sustainable way?

**QE 7:** What is the impact of decentralisation component?

- To what extent has the decentralisation component achieved its general and specific objectives?
- To what extent has decentralisation led to or is likely to achieve sustainable results? This question will cover among others the prospect of handover of activities and takeover by other actors.
- What are the effects of decentralisation as perceived by patients and counterparts?
- What are the expected or unexpected negative and positive consequences of decentralization?

## EXPECTED RESULTS

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### 1. Start-up report in French (May 2022)

According to SEU standards, after a preliminary review of documents and initial interviews with key stakeholders, not least consultation group members for the evaluation. It will include a detailed evaluation proposal, including methodology and timeline.

### 2. Restitution/debriefing with the project and stakeholders at the end of field data collection (summer 2022).

### 3. First version of the final evaluation report (Sept 2022)

According to SEU standards, it will answer evaluation questions and include conclusions, lessons learned and possible recommendations (where appropriate, and ideally generated collaboratively, see point 4. Working session).

The report will also include to what extent the previous evaluation has been taken into consideration.

### 4. Working session

With the participation of the commissionaire and consultation group for the evaluation. This session is an integral part of the final report writing process: the evaluator(s) will present the findings, in order to gather initial feedback from participants, as well as start a discussion on it, lessons learned and recommendations (where appropriate, and ideally generated collaboratively).

### 5. Final report in French (SEU will organize the translation into English)

After sending the feedback received during the working session, as well as the written comments of the Evaluation Manager (SEU) and the consultation group, finalization of the report.

### 6. Webinar presenting the evaluation, followed by questions and discussion (audience MSF OCB all staff, and beyond if relevant). *Other dissemination activities may be suggested during the evaluation, including by the evaluation team. See suggestions in table below.*

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## TOOLS AND METHODOLOGY

In addition to the proposal submitted during the selection process (see evaluator profile section below), a detailed evaluation protocol should be prepared by the evaluators in the initial phase of the evaluation and presented in the start-up report. It will include an explanation of the proposed methodology as well as a justification based on validated theory(s). This protocol will be reviewed and approved at the end of the initial phase, under the coordination of the SEU.

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## DOCUMENTATION AND RECOMMENDED SOURCES

- Project documents (eg 2017 and 2020 round table conclusions, narratives, logframe, monthly and annual reports, medical database, organizational charts, presentations, visit reports, decision-making documents)
  - Direct contact with person(s) responsible for the collection and management of medical and other data at project and/or mission level.
  - MSF sources (strategic orientations, operational priorities, protocols and policies, universal medical indicators from MSF-OCB Medical department, operational research, 2019 evaluation report etc.)
  - National reports, guidelines, national policies
  - External literature, similar experiences, actors, standards etc.
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## IMPLEMENTATION OF THE EVALUATION

Number of evaluators	to be proposed
Evaluation Timeline	May-October 2022
Field visit for data collection	June/July 2022, to be confirmed.

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## PROFILE OF THE EVALUATOR(S)

- **Requirements:**
  - Demonstrated expertise in evaluation.
  - Experience in managing HIV/AIDS programs in middle and low-income settings.

- Experience with HIV/AIDS decentralization programmes.
- Excellent command of French and English. The evaluation report will be produced in French, most data will be available in French.

▪ **Merits:**

- HIV/AIDS clinical experience and training.
- Knowledge/experience of HIV/AIDS projects in middle and low-income urban contexts.
- Public health training.
- Experience and/or training in health systems, particularly in capacity building.
- Knowledge of the context, experience in DRC.

## DISSEMINATION and USE OF EVALUATION

The evaluation does not end with the final report. The SEU strives to ensure adequate dissemination and use of the evaluation, internally and externally when relevant. The purpose of this table is to provide some examples of activities to enhance use (indicative and non-exhaustive).

WHEN	OBJECTIVE	ACTIVITY	TOOL	AUDIENCE(S)	BY WHOM?
Recommendations Response and Implementation					
During the evaluation	Adjustment on the basis of preliminary results	Field debriefing after data collection.	Debriefing terrain	Project, partners	Evaluation Team
Working session	Presentation and discussion of preliminary results, co-creation of recommendations	Working session	Presentation and discussion	Consultation Group (CG)	Evaluation Team
Once the report is validated	Acting on findings and recommendations, dissemination of lessons learned	Action plan, management response	Final report + Management response	Consultation Group – Project and OCB	Commissioner (+ CG and Project)
Dissemination of Evaluation Results					
Once the report is validated	Sharing lessons learned	Dissemination of the report – publication on <a href="http://evaluations.msf.org">evaluations.msf.org</a>	Final Report	OCB and beyond – fully public	SEU
Once the report is validated	Sharing lessons learned	Evaluation Presentation and Discussion	Webinar	OCB (and beyond if relevant)	Evaluation Team

Once the report is validated	Sharing lessons learned	Information to partners, MSP	Flyer, short version, Presentation?	Partners	Project – support from SEU / evaluation team possible
Once the report is validated	Sharing lessons learned	Information for patients and communities	Flyer, others	patients and communities	support from SEU to be defined
Discussions and Further Reflections					
E.g. round table discussions, working group					

## APPLICATION PROCESS

The application must include **a technical proposal written in English**, a budget proposal, a curriculum vitae 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. The evaluator(s) will also need to demonstrate an understanding of context-specific issues and address the sensitivity of the topic at hand in the methodology as well as 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.

The level of effort is to be proposed by the evaluator(s) and the initial phase of the evaluation will make it possible to plan the rest of the evaluation period. The evaluator(s) will not be hired full-time over the period.

Applications will be evaluated based on 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 will submit their file to [evaluations@stockholm.msf.org](mailto:evaluations@stockholm.msf.org) referencing "HIVKII" **no later than at 23:59 CET on April 20<sup>th</sup>, 2022**. Please submit the documents in separate files (proposal, budget, CV, sample evaluation etc.). Please include the contact details in the CV(s).

Please indicate in your email application on which platform you saw this vacancy.