

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.

Subject/Mission:	Evaluation of Karachi Hepatitis C project
Starting date:	May 2022
Duration:	Final report should be submitted by end of September 2022 with a draft report submitted by the middle of September 2022.
Requirements:	Interested applicants should submit: 1) A proposal describing how to carry out this evaluation (including budget in a separate file), 2) a CV, and 3) a written sample from previous work
Deadline to apply:	9 th May 2022, 00:00 CET
Send application to:	evaluations@stockholm.msf.org
Note:	Despite the ongoing Covid-19 pandemic it is anticipated that this evaluation will involve travel to Karachi and may also require elements of remote data collection. The visa process for foreign visitors to Pakistan can take up to 8 weeks.

MEDICAL HUMANITARIAN CONTEXT

The scale of the Hep C epidemic in Pakistan became apparent soon after a test for Hep C virus became available in 1989. Several national initiatives have been launched between 2005 and 2019, including the Chief Minister's initiative in 2011, which saw the devolution of responsibility for hepatitis prevention and control to the provinces, and the recentralisation under the 2019 Prime Minister initiative to control the Hepatitis C initiative. The burden of Hep C in Pakistan remains high and represents a major public health concern. It is estimated that, at current rates of progress, the prevalence and incidence of HCV and HCV-related mortality will continue to increase until 2030¹. The second hardest-hit country in the world, Pakistan is not showing significant progress in tackling its HCV

¹ *Eliminating viral hepatitis: time to match visions with action.* (2017). Editorial, *The Lancet*.

burden². In the same period, an estimated annual incidence will increase by 60%, and nearly 1.5 million HCV-associated deaths will occur³.

Sindh province is the second most populated province of Pakistan with approximately 47 million inhabitants. It is characterised by hot summers and mild winters and has strong agricultural and industrial sectors. Karachi, the provincial capital, is one of the most diverse cities in Pakistan and is made of 18 towns and 178 Union councils. It has a population of 14.9 million inhabitants (2017 census) which represents an increase of 59% on the census data from 1998. Machar Colony Union Council is part of Kemari town and is one of the biggest slums in Karachi. It is settled on Port authority land and is home to a largely undocumented population of migrants and descendants of migrants from Bangladesh, Afghanistan, and Burma. Access to government services is limited and the Pashtun and Bengali populations live largely separate lives. Baldia Town is an important industrial area and home to another of Pakistan's largest slums. The last population estimates from 1998 show 400,000 inhabitants of largely Muhajir and Pashtun origin. Government facilities are limited, and health care is limited to one Primary Health Centre.

Under the Chief Minister (CM) initiative, Sindh province has 70 sentinel sites providing free Hep C treatment, vaccination, and health promotion/social mobilization activities. Karachi has 13 sentinel sites, 11 of which are in secondary and tertiary level facilities with satellite clinics. Pakistan's Ministry of Health (MoH) registered generic Direct Acting Antivirals (DAAs) at much discounted prices and made generic Sofosbuvir (SOF) (400mg) available at US\$10 per month⁴.

Several risk factors have been associated with HCV infection in Pakistan, including poor infection control in healthcare settings, including unlicensed clinics, dispensaries, and at home with traditional birth attendants and spiritual healers. Primary prevention interventions (e.g., hand hygiene, safe and appropriate use of injections, safe handling and disposal of sharps and other waste, training of health personnel) encounter significant economic and cultural barriers. The costs associated with the procurement and proper disposal of single use syringes and other disposable sharp material pose significant obstacles to the MoH as well as smaller healthcare providers, although the use of disabling syringes is now compulsory. Access to the Hep C care in Sindh and specifically Karachi is hampered by inconsistent availability of HCV drugs in the MoH program, cost of diagnostics, restrictive criteria in MoH program, centralization of care, passive case finding, limited availability of advanced drugs and limited advocacy around Hepatitis.

MSF IN KARACHI

MSF OCB has been working with Hepatitis C in Machar Colony since 2015 and has been able to demonstrate that a decentralized, integrated model of care for Hepatitis C can be effective in a high-prevalence, low-resource setting in terms of cure rates. Decentralized models of care are proven to

² *Eliminating viral hepatitis: time to match visions with action. (2017). Editorial, The Lancet.*

³ *Eliminating viral hepatitis: time to match visions with action. (2017). Editorial, The Lancet.*

⁴ Source: Mahmood, H, Qureshi, H, Glass, N, and Averhoff, F. Optimizing medicines and treatment regimens for hepatitis C patients in Pakistan. World Hepatitis Summit 2017; São Paulo, Brazil; Nov 1–3, 2017. Poster 4a. (accessed March 3, 2018.) http://www.worldhepatitisummit.org/docs/default-source/posters/4a_dr-hassan-mahmood.pdf?sfvrsn=2

increase access for patients and reduce overall cost⁵, and MSF believe that this is the right way to proceed for Hepatitis C treatment in Pakistan, especially with the very high prevalence in the country.

In 2020 MSF revised its strategy for the period 2021-2024 to build on the success and capitalise on earlier experience while leveraging its core strengths in advocacy, knowledge transfer, outreach, technical expertise, and resources. The new strategy takes into consideration the limits of the organisational capacity and recognises that MSF does not have the capacity to screen and treat people in the numbers required to make a difference on the epidemiology of the disease in Karachi or Sindh Province. Instead, it aims to strengthen the models of care, generate evidence, develop links with existing health actors, engage stakeholders, transfer knowledge and advocate for improved policies for Hep C treatment at the provincial, national, and international level. At the heart of this strategy is micro-elimination approach called 'Bending the Curve', which aims to demonstrate the effectiveness of a mass Hep C screening, testing, and treatment program.

Bending the Curve is a 3-year systematic approach to rapidly scale up screening, testing and treatment of Hep C patients and community sensitization or health promotion activities in Machar Colony, to bend the curve of Hepatitis C infections in Machar Colony and will be documented through operational research for advocacy. It is hypothesized that using mass screening on community level, testing, and treatment, coupled with extensive community outreach for prevention will bring down incidence and prevalence in the population of Machar Colony. As such, the Bending the Curve intervention could serve as a model for scale up of screening, diagnosis, and treatment to reach the 2030 targets.

Due to the Covid 19 pandemic and Covid related activities within the project location, certain activities have not been implemented as planned.

SUMMARY OF PROJECT OBJECTIVES

Objective	
Overall Objective	Hepatitis C related mortality and morbidity is reduced amongst the neglected population of Karachi through the different MSF programs with MSF health partners.
Specific Objectives	The specific objectives are that the population from urban slum, Machar Colony and from Baldia Town make use of quality Hepatitis-C prevention, diagnosis and treatment from MSF and its partners through a decentralized, integrated model of care that is cost-effective in a high-prevalence setting.
Target Population	Machar Colony population – 150,000 people (marginalized population)
	Catchment population of Baldia PHC: between 100,000 and 150,000 people

⁵ See <https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0175562>; <https://academic.oup.com/inthealth/article/12/1/19/5266434>; <https://pubmed.ncbi.nlm.nih.gov/33051950/>

PURPOSE

The project has developed and reoriented over the years and this evaluation is an opportunity to reflect and take stock of the current strategic direction. It necessarily orients around learning and is ex-ante meaning that it should look at the project's strategic design (inputs, activities, outputs, and outcomes) and the likelihood of success within the given context. The evaluation should elucidate the project theory and identify causal assumptions that may help the project to make strategic adaptations.

INTENDED USE

The evaluation will be used primarily to inform strategic planning discussions at a round table meeting planned during 2022. The evaluation should contribute to strategic discussions by enhancing the shared understanding of the project design and objectives and assessing the current and progress towards the expected results.

EVALUATION QUESTIONS

The following questions are indicative only. The evaluation questions can be elaborated during the proposal and inception phases of the evaluation in collaboration with the stakeholders.

1. How relevant is the project when considering the needs of the population and the principles and priorities of the organisation?
2. How appropriate is the strategic design of the project when considering the overall objective and the context?
3. How effective are the project activities likely to be and what will work best, for who, under what circumstances and why?
4. How valuable are the outcomes likely to be for those effected by project?
5. How worthwhile is the project overall and which parts or aspects of the program are likely to generate the most valuable outcome for the time, money, and effort we invested?

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. Theoretical Framework

It is envisaged that this evaluation will require a significant participatory and sense making exercise to develop the theory of the project (Theory of change, Logic model, etc.)

3. Draft Evaluation Report

As per SEU standards. It will answer to the evaluation questions and will include conclusions, lessons learned and recommendations.

4. 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 attendees' feedbacks and will facilitate discussion on lessons learned.

5. Final Evaluation Report

After addressing feedbacks received during the working session and written inputs.

6. *Other dissemination deliverables to be defined in a separate dissemination plan.*

TOOLS AND METHODOLOGY PROPOSED

The evaluation is expected to start with a logic model or theory of change that develops a theory for the project and provides the basis of the evaluation. The evaluation should be mixed methods and incorporate both the routine monitoring data and primary data collected as part of the evaluation.

In addition to the initial evaluation proposal submitted as a part of the application (see requirements), 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

- The Multi-year project action plan
- Medical narrative
- Advocacy strategy
- Planned and completed operational research
- Strategic documents and guidelines
- Other project documents, including log frames
- External literature and documentation

PRACTICAL IMPLEMENTATION OF THE EVALUATION

Number of evaluators	One or two
Timing of the evaluation	May - September 2022

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
- Operational context - experience in or familiarity with the region
- Language - fluent English (Required) and Urdu (Preferred)

Subject specific competencies

- Results based management - applies management principles, theory of change/logical framework for program analysis
- Hepatitis C - applies appropriate technical knowledge and solutions
- Public health - applies appropriate knowledge and theories

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 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 should apply to evaluations@stockholm.msf.org referencing **HEPKA** no later than **May 9th, 2022**. We would appreciate the necessary documents being submitted as separate attachments (proposal, budget, CV, work sample). Please include your contact details in your CV.

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

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