

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 it 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.

Name of evaluation:	Evaluation of Advanced HIV component of the Beira project, Mozambique
Starting date:	June, 2022
Duration:	Final report to be submitted <i>by latest</i> in October 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:	Sunday 5 th June, 2022
Send application to:	evaluations@stockholm.msf.org

BACKGROUND

Beira Context

Beira is an important harbor city of Mozambique of great economic importance and potential to the country. Beira had a population of 397,368 in 1997, which grew to 681,486 in 2020¹. It holds the regionally significant Port of Beira which acts as a gateway for both the central interior portion of the country and the land-locked nations of Zimbabwe, Zambia and Malawi.

A large proportion of the people living in Beira has poor living conditions and a poor quality of life. This is mainly due to poor urban infrastructures (e.g. drainage, drinking water, sewage, electricity) as well as poorly functioning services (e.g. education, health and safety). The so-called 'bairros desordenados' are examples of the poor living conditions in Beira. Furthermore, unplanned, and uncoordinated urban development negatively affects the living conditions of the inhabitants of Beira, especially in flood prone areas.

Beira town has an estimation of 16.3% HIV prevalence in general population². In 2020, according to Ministry of Health (MISAU), in Beira city 57.499 people were on antiretroviral treatment, of whom

¹ MSF Beira Project Document 2022

² MSF Beira Project Document 2022

10,073 are registered at Munhava Primary Health Centre. In 2020, 3,156 TB suspected cases were detected in Beira (43% confirmed). Among the confirmed cases, 758 (55,8%) were children. The number of patients with multidrug resistant TB (MDR-TB) was 105. The rate of co-infection was 64% (considering that 99% of patients were tested for HIV).

MSF-OCB History in Beira

In 2014 MSF started working in Beira, as part of The Corridor project. This project offered a contextualized and comprehensive package of care to Key Populations (KP) along a major transport corridor running through Mozambique and Malawi³. Beira and Tete, in Mozambique, and Mwanza, Zalewa, Dedza and Nsanje in Malawi were the locations along the route where MSF implemented its activities.

In 2015, MSF also intervened in two primary Health Centres (HC), Munhava and Ponta Gea, supporting MoH implementation of specific HIV related activities including routine Viral Load (VL) monitoring and pharmacy management.

In 2017, the corridor project evolved to deliver a quality and tailored package of HIV prevention and treatment, as well as Sexual and Reproductive Health (SRH), to KP. The project stopped trying to follow them up across borders. Since then, MSF has continued to work with KP in Beira community. In addition, in 2017, MSF started supporting HIV care, notably in Munhava HC.

In 2018, MSF project in Beira was significantly reoriented and started targeting the general population in addition to KP. The medical areas covered by this new project included AHD, SRH and Tuberculosis (TB). MSF worked in three main settings: 1) the community; 2) the Munhava HC; and 3) the emergency room of Beira Central Hospital (BCH). In 2019, MSF started supporting the Ponta Gea HC, mainly with training and mentoring.

Towards the end of 2021, MSF developed a mentoring component to the project aimed at reinforcing the MoH staff's skills and mainly focused on AHD. The project ambition is to extend mentoring support in Beira to 10 new HCs, beyond the health settings where was already implementing it (Munhava HC, Ponta Gea HC and BCH).

3 KP targeted in this project included sex workers, Men who have Sex with Men (MSM) and workers in mobility.

AHD component (2017-2021)

As mentioned above, the first activities of MSF in Beira focused on AHD started in 2018 in Munhava HC. and in the BCH emergency room, supporting the early identification and management of AHD patients. In 2019, MSF supported also Ponta Gea HC in the management of AHD patients. In the two first health facilities, MSF implemented a hands-on approach with MSF staff directly involved in AHD related activities, while in the last one, MSF support was done mainly through training and mentoring of the MoH staff.

In all cases, MSF activities covered early identification and management of AHD patients, AHD patient support and follow-up, recording and monitoring systems, laboratory capacity, and referrals and counter referrals between different centers (BCH and other HCs). Pediatric care was also part of AHD cohort in Munhava HC.

Various initiatives aimed at reinforcing the skills of and engaging MoH staff working in these health structures were conducted by MSF with limited results. To properly address this issue, MSF developed in late 2021 a mentoring component. The standard mentoring scheme to be implemented in each facility includes theoretical training (1 month), beside mentoring (3 months), supervision (6 months), and monitoring.

Since the beginning of the MSF interventions, 1,737 AHD patients were attended in Munhava HC and 830 in Ponta Gêa HC. In Beira Central Hospital (BCH), MSF has identified 8,420 HIV positive patients in observation rooms of whom 62% had advanced HIV.

This evaluation will only cover this AHD component of the project.

PURPOSE AND INTENDED USE

PURPOSE. To assess the relevance, appropriateness, effectiveness, efficiency, and connectedness of the AHD component of the MSF intervention in Beira (2018-2021); and to identify the key lessons learnt.

INTENDED USE. This evaluation is primarily aimed at informing MSF-OCB conversations about the AHD component of the ongoing project. It should help in designing its main orientations for the next years, including potential necessary adaptations. It may also be used by MSF and other actors potentially interested in reflecting how to adequately address AHD in similar projects.

A second evaluation exercise is envisioned to be conducted in 2023, focusing on the mentoring component, initiated in late 2021.

EVALUATION CRITERIA AND QUESTIONS

To what extent was the AHD component of the project relevant, and how could it have been improved?

- *What were the main needs that the AHD component tried to address?*
- *To what extent were the main stakeholders involved in the identification of these needs?*
- *To what extent were these needs aligned with the priorities and values of the various stakeholders?*
- *Did AHD component's objectives correspond to the identified needs?*

To what extent was the AHD component of the project appropriate, and how could it have been improved?

- *Were the health interventions (related to AHD component) appropriate according to the target population?*
- *To what extent were the interventions (related to AHD component) tailored to other stakeholders' priorities*
- *To what extent were the interventions (related to AHD component) tailored to the local context, in terms of feasibility and capacity?*
- *Was the strategy (AHD component) appropriate to achieve its objectives?*

To what extent was the AHD component of the project effective, and how could it have been improved?

- *To what extent have the agreed objectives (of the AHD component) been achieved?*
- *What were the main enabling and challenging factors for achievement or under-achievement of objectives (AHD component)?*
- *What could have been done to make the AHD intervention more effective?*
- *To what extent did the AHD activities reach the target population?*
- *Were there any factors that hindered access for the population to the AHD services?*

To what extent was the AHD component of the project efficient, and how could it have been improved?

- *Was the medical intervention (AHD component) structure and staffing efficient?*
- *How worthwhile was the intervention (AHD component) when considering the benefit of patients and the time, money and energy put in by the project?*

To what extent was the AHD component of the project connected, and how could it have been improved?

- *What local capacities and resources were identified? How did the project (AHD component) connect with these?*
- *To what extent was MSF approach effective in attracting and working with main partners and stakeholders as a mean to achieve objectives and ensure continuity?*
- *What problems could be identified for the continuity of the medical interventions project (AHD component), and how were they taken into consideration?*

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.

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 attendees' 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 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/ies. It will be reviewed and validated as a part of the inception phase in coordination with the SEU.

RECOMMENDED SOURCES FOR SECONDARY DATA

- Project documents (project proposals, logistical frameworks, situational reports, annual reports, field visit reports)
- Documentation regarding the ongoing operational research initiatives in the project
- Medical data routinely collected by the project
- National and regional documentation
- External literature and documentation of similar experiences

PRACTICAL IMPLEMENTATION OF THE EVALUATION

Number of evaluators	To Be Determined (TBD)
Timing of the evaluation	June - October 2022
Dates for the data collection at project level	It will take place after the approval of Inception Report, exact date TBD.

PROFILE/REQUIREMENTS FOR EVALUATOR(S)

▪ Requirements:

- Proven evaluation competencies
- Formal background/studies on public/international health
- Experience in HIV programming
- Experience in Southern Africa region
- Language requirements: English (Fluent) and Portuguese (Fluent)

▪ Assets:

- Experience in formal capacity building
- Experience in Mozambique
- Experience and/or understanding of MSF

DISSEMINATION AND INTENDED USE

A detailed dissemination and use plan will be prepared in later stages of the process (notably as part of the inception report). Some activities to be conducted by the evaluators already planned included:

- Debriefing of preliminary impressions with MSF project staff, at the end of project visit.
- Webinar presentation to MSF (Lunch & Learn, 1 h')
- Presentation to the health authorities in Sofala province- DPS (details pending to be defined)

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 **BEIRA** no later than **SUNDAY 5TH JUNE 2022, 23:59CET**. We would appreciate the necessary documents being submitted as separate attachments (proposal, budget, CV, work sample and such). Please include your contact details in your CV. Please indicate in your email application on which platform you saw this vacancy.