

CALL FOR APPLICATIONS

For an Epidemiologist for the

Evaluation of Community-based Surveillance (CBS) in North of Idlib and West Aleppo Countryside (IDAL Project), Syria

APPLICATION DEADLINE: 15th January 2023

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: evaluation.msf.org

Subject/Mission	Evaluation of Community-based Surveillance (CBS) in North of Idlib and West Aleppo Countryside (IDAL Project), Syria
Expected start	Beginning of February 2023
Duration	Final deliverables to be submitted by end of May 2023
Application Requirements	<ol style="list-style-type: none"> 1) A proposal detailing the plan to conduct the evaluation and the expected budget (estimated workload: 50 consultancy days) 2) A cover letter highlighting applicants' experience with similar past assignments (max 1 page) 3) CV of applicant <p>Applications should be sent to veuapplication@vienna.msf.org</p> <p>Note: the epidemiologist will be part of a team of 2-3 evaluators from the VEU, and depending on his/her/them experience will be the lead evaluator</p>
Deadline to apply	15th January 2023

CONTEXT

MSF-OCBA is currently running 2 projects in NWS, supporting health care facilities including: maternities, hospitals, PHCCs, mobile clinics and COVID 19 hospitals. MSF is working in partnership with local stakeholders (DoH and local NGOs) and is generally in charge of supervision, technical support and donation of medical supplies. The projects aim to contribute to reduce mortality and morbidities in improving the access to quality and free of charge health care. Both projects are run in remote management with the coordination team based in Amman, Jordan (including Field Cos & PMRs) and the field teams, all Syrian nationals, based directly in NAP and IDAL.

IDAL project was initiated in 2019 and is located in Idleb and Western Aleppo countryside. The project supports One maternity, 3 PHCs, 4 MCs, and One COVID-19 isolation unit (close for now). In 2020, MSF-OCBA decided to increase its presence and support at community level, in order to better understand the population needs and adapt its support accordingly, while engaging the community. The aim being as well to detect any health event and disease outbreak early enough to respond timely and adequately. Figures 1 and 2 depicts the areas the CBS covers in IDAL and NAP respectively.

PROJECT DESCRIPTION

MSF-OCBA launched the CBS program in northwest Syria in 2020 to monitor health needs, and morbidity and mortality trends within OCBA's catchment areas. It fits within the strategic visioning of MSF-OCBA for 2020-23 and beyond focuses on proximity, and vows to be "unambiguously people-centered".

The Community Based Surveillance was designed in 2020 and a team of 28 CHWs was deployed in 14 camps in Idlib and Jabel Saman districts (IDAL catchment area), while the program has been extended to NAP project in March 2022. During the first six months the program was run through a partner in Idal, then directly by MSF with the CHWs under MSF Contract. Authorizations to run the program were provided monthly by the Authorities, subjected to monthly reports, then every six months and finally annually for 2022. Questions related to SV, SGVB, comments/statements on perception of authorities are very sensitive topics for the HTS and SSG and could jeopardize the project.

There are two components to the CBS: one that deals with immediate reports of reportable conditions or unusual deaths or events by either community members or partners, and another component that deals with routine surveillance data collection utilizing short questionnaires (Please see the SOP in Annex 1). For both types of data collection, any information of unusual trends or events will be analyzed. If thresholds are reached, an alert will be called. First the CHWs or CHW supervisor will verify the alert. Upon verification, a multidisciplinary investigation will be launched. If warranted this investigation will be followed by the appropriate response.

The routine surveillance component of the Syria CBS uses a unique model of data collection, automated analysis and reporting system (Figure 3). Data are collected every work day by CHWs electronically using KoBo Collect on mobile devices; data are then compiled, cleaned and enriched through a series of R scripts. Then, the "prepared" data will be fed through another series of scripts to produce automated reports. The mission epidemiologist checks the data daily for errors or unusual reports and edits the automatically produced biweekly report of significant trends (by mid round, the CBS would have covered 25% of the population in each target area) and an in-depth monthly report (see Annex 2 and 3 for sample reports).

1. EVALUATION PURPOSE AND SCOPE

EVALUATION QUESTIONS

The overarching aim of this retrospective evaluation to assess the quality of the CBS program in IDAL, Syria from the period February 2021 until July 2022 (18 months), or until the last date of data collected by the CBS in 2022. Specifically, this evaluation seeks to assess the CBS program in respect of its effectiveness, efficiency, and process. The outcomes hoped to be achieved are:

1. To determine the quality of the CBS strategy to detect specific outbreaks and trigger adequate action.
2. To establish lessons learned regarding its set up process and implementation.
3. To use the findings to finetune the CBS program in IDAL and Northen Aleppo (NAP), including definition of programme indicators and data collection tools.
4. To inform the potential design and implementation of the CBS program in other projects and settings.

Evaluation questions:

In order to achieve these objectives, the evaluation will answer the following evaluation questions:

EQ1. How accurate has been the CBS regarding the early detection of health events or illness trends?

EQ2. How useful has been the CBS in terms of the response triggered?

EQ3. How effective has been the CBS regarding early detection and referral of patients?

EQ4. How has the CBSS influenced health promotion initiatives in the communities where it was implemented?

METHODOLOGY

The evaluation should apply an implementation evaluation design with a mixed method approach as appropriate to each evaluation question and based on data availability.

The inquiry will include:

- Review and analysis of project documents (Review of CBS SOPs, alert tracking system and other tools in use, CBS implementation plans and reports, LogFrame, situation reports, annual reports,EWARN reports).
- Analysis of available project quantitative data: HMIS & CBS.
- Discussions/interviews/focus groups with key project stakeholders, including:
 - Implementation team members: MSF headquarters staff who provided support to the project; international and Syrian staff involved in the project.
 - External partners including stakeholders.

The whole evaluation will be conducted remotely without field visits or travelling involved

EXPECTED DELIVERABLES

- **Inception report**, including the evaluation matrix and methodology, presents a detailed data collection and reporting plan, data collection tools (e.g. focus group/ interview guides and generic questions), etc.

- **Debriefing workshop** to update stakeholders on the assessment progress and findings, check accuracy of data, confirm findings and assess feasibility of recommendations.
- **Draft and final evaluation reports** (max. 30 pages, with a max. two-page executive summary) prepared in-line with VEU evaluation report requirements.
- **Dissemination outputs**, including PPT presentation on the evaluation and a poster summarising evaluation result, and a draft article for a scientific publication.

PROFILE / REQUIREMENTS FOR EVALUATORS

The evaluation team should collectively have the following qualifications and experience:

Qualifications	Essential: Ph.D. or Master in epidemiology, and working experience in Humanitarian settings (Experience in Public Health and evaluation will be a plus)
Experience	Essential: <ul style="list-style-type: none"> • Minimum 5 years of professional experience in epidemiology • Minimum 5 years of experience in Humanitarian Programmes • Experience with setting up and follow-up community-based surveillance or more traditional disease surveillance systems • Experience of conducting evaluations • Excellent communication and writing skills in English Desirable: Experience working in/with MSF Experience working in conflict situations with displaced /refugee populations Speaking Arabic
Competencies	Essential: <ul style="list-style-type: none"> • Strong knowledge of epidemiology and disease surveillance systems • Strong knowledge of quantitative methodologies • Excellent writing skills • Excellent organisational and planning skills