

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, and works primarily with Operational Centre Brussels. For more information see our website evaluation.msf.org.

Promoting a culture of evaluation is a strategic priority 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.

Evaluation name:	Evaluation of MSF's Lassa fever project in Abakaliki, Nigeria
Starting date:	June 2023
Duration:	Final report to be submitted by November 2023 at the latest
Requirements:	Interested applicants should submit: 1) A proposal describing how to carry out this evaluation (including budget in a separate file), 2) CV(s), and 3) a written sample from previous work
Deadline to apply:	2359hrs CET on Tuesday June 6 th , 2023
Send application to:	evaluations@stockholm.msf.org marked «ABALA»
Special considerations:	The evaluation will require field visit to the project, which will be planned during inception phase, through discussions with the project, consultation group for the evaluation and SEU Evaluation Manager.

BACKGROUND¹

Lassa fever in West Africa

Unlike most viral hemorrhagic fevers, Lassa fever is an endemic disease in West Africa, and not a rare virus that emerges as sporadic cases or in outbreak form. Although it is difficult to determine the true incidence, it is estimated that up to 300,000 infections and more than 5,000 deaths from Lassa fever occur yearly across West Africa. An infection with Lassa fever leads to death in more than 40% of hospitalized patients. Lassa fever has the highest incidence of any viral haemorrhagic fever in the world, with the most cases in Nigeria and the Mano River Union (MRU) countries of Sierra Leone, Liberia, and Guinea.² The Lassa virus is one of only eight pathogens that the World Health Organization considers to be of the highest priority, *“likely to cause severe outbreaks in the near future, and for which few or no medical counter measures exist”* (WHO, 2017).

MSF-OCB project in Abakaliki, Nigeria

As an emergency medical humanitarian organization, Médecins Sans Frontières (MSF) has historically been intervening in many contexts dealing with outbreaks, including hemorrhagic fevers, as well as neglected tropical diseases. MSF Operational Center of Brussels (OCB) has been supporting the Alex Ekwueme Federal University Teaching Hospital of Abakaliki (AE-FUTHA), Ebonyi State, Nigeria, since 2018, aiming to provide quality care for Lassa fever patients as well as contribute to changes in policies and practices. In the view of MSF, Lassa fever remains a neglected disease in Nigeria with major gaps in public health knowledge (e.g., estimating the real disease burden and prevalence or understanding the transmission patterns), interventions (i.e., optimal case detection and treatment), and investment in Research and Development for better diagnostics, treatment or vaccines, and intervention models.

A Lassa fever outbreak was declared at the end of 2017, and MSF OCB teams visited Ebonyi State in February 2018. After two months of support came an official request from the AE-FUTHA, calling for a longer intervention from MSF. The rationale for the opening of the project was based on three main gaps identified:

- Epidemiology and notably active surveillance, including contact tracing
- Case management, including patients’ journey, infection prevention and control procedures (IPC) and safe burials
- Diagnostics and laboratory services, with long turnaround time and distant sample testing

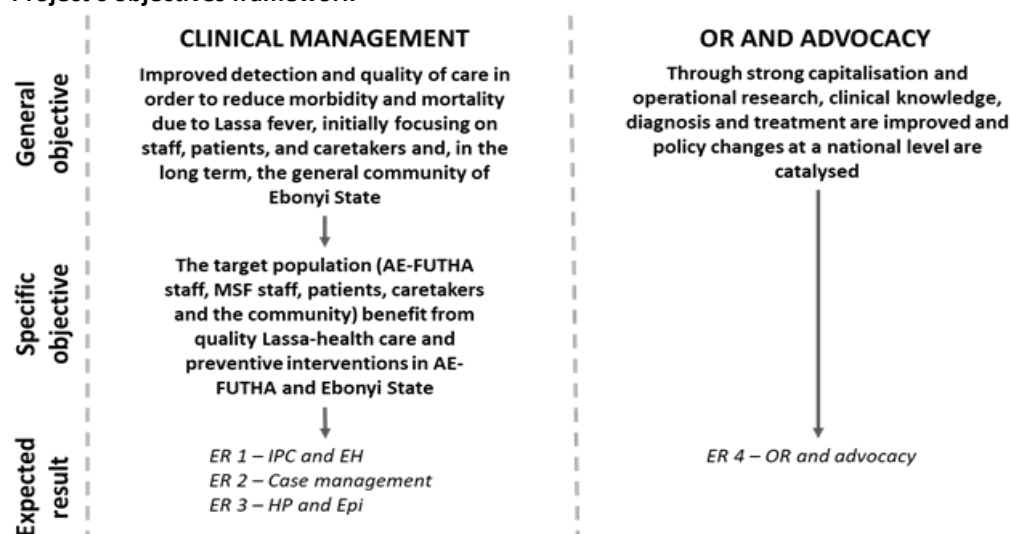
The Abakaliki project has two main components:

- Direct response: aiming at protecting healthcare workers (HCWs), caregivers and other patients and providing quality care for suspected and confirmed cases. This component includes Epidemiology, Diagnosis and Case Management.
- Operational research and advocacy: aiming at changing practices and policies through advocacy and results of operational research.

¹ Information in this section from MSF OCB Ebonyi Project document 2022

² <https://www.cdc.gov/vhf/lassa/index.html>

Project's objectives framework³



According to 2022 project document, the project aims to be *catalyst for change, responding to a neglected disease, with specific focus on reducing mortality, conducting research, and advocating for policy change at country and possibly regional (West Africa) level.*

PURPOSE AND INTENDED USE

This evaluation is wanted by the project and support teams in country and headquarters, to better understand achievements of the project to date (2018-2022) as well as highlight areas requiring attention or adaptations for the future. Findings and recommendations will inform the next project cycle and decision-making as part of the MSF OCB's annual planning process for 2024 (The Annual Review of Operations (AROs) held in October-November 2023).

EVALUATION CRITERIA AND QUESTIONS

The evaluation seeks to assess the overall value of the Abakaliki project for the period 2018-2022.

- 1) How relevant was the project and did it remain relevant when considering the needs, the context and the principles and priorities of MSF?
- 2) How appropriate was the design of the project considering its overall and specific objectives, as well as the context and needs?
- 3) To what extent has the project achieved its objectives, both in terms of direct response and with regards to its catalytic ambitions?
- 4) Which resources were needed for the project, were they available and to what extent were they used efficiently?
- 5) How coherent and connected is the project, with regards to local and global capacities and resources, in general and in the field of LF specifically?
- 6) What is the impact of the project?

³ Ebonyi Project document 2022

EXPECTED DELIVERABLES

▪ **Inception Report**

The inception report ought to include a detailed evaluation proposal including the methodology and evaluation protocol, developing further what has been proposed in the proposal. MSF attributes great value to the inception stage, particularly when ensuring shared understanding of a complex evaluation is key.

▪ **Real time learning**

Debriefing with the team in Nigeria, in connection to the field visit.

Continuous feedback to the consultation group for the evaluation, as preliminary findings emerge.

▪ **Draft Evaluation Report**

The draft ER ought to answer to the evaluation questions and the evaluation's stated purpose with the intended use in mind, basing this on analysis, findings, and conclusions – and if relevant – lessons learned and/or recommendations.

▪ **Working Session**

As part of the report writing process, a working session will be held with the commissioner, consultation group members and SEU evaluation manager. The evaluation team will present the preliminary findings, collect feedback and facilitate a discussion on recommendations (either to co-create recommendations or, if already developed, to discuss their feasibility).

▪ **Final Evaluation Report**

The final report will have addressed feedback received during the working session and written input from the feedback loop.

▪ **Dissemination and use**

- Presentation and discussion of the Final Evaluation Report to a general MSF audience in the form of a webinar.
- Summary report and/or other adequate support to share evaluation findings with patients and communities not least.
- *Other sense-making exercises, workshops and dissemination and use activities may be suggested in proposal, during or at the end of the evaluation process.*

The key deliverables (inception report, draft/final report) will be processed through a feedback loop, collecting input from the consultation group (see below, Practical Implementation of the Evaluation). Each deliverable is reviewed by the SEU and endorsed by the evaluation's commissioner.

TOOLS AND METHODOLOGY PROPOSED

In addition to the initial evaluation proposal submitted as a part of the application, a detailed evaluation protocol will be prepared by the evaluators during the inception phase, following access to documentation and initial discussions with the consultation group for the evaluation. The inception

report will include a detailed explanation of proposed methods and its justification based on validated theories. It will be reviewed and validated as a part of the inception phase in coordination with the SEU.

RECOMMENDED SECONDARY SOURCES

- Routinely collected medical data (raw data from medical databases)
- Project documents (project proposals, logframes, strategies, situational reports, annual reports, project visit and end of mission reports, organigrams, project budgets, assessments reports)
- Operational research initiatives
- National, regional and global documentation and guidelines
- External literature and documentation
- Strategic MSF and OCB documents, including Strategic Orientations, Operational Prospects, Medical Department Strategy, guiding principles

PRACTICAL IMPLEMENTATION OF THE EVALUATION

Number of evaluator(s)	Flexible. The SEU believes a team of evaluators would bring value to the process (rather than an individual)
Timing of the evaluation	Start: June 2023. Inception report: June-July Data collection: TBD Finish: Latest November 2023

The SEU involves a consultation group (CG) in this evaluation process, with the objective to increase understanding, buy-in, learning during the process as well as quality of the result. The CG is led by a commissioner. They have contributed to finalizing this ToR.

PROFILE/REQUIREMENTS FOR EVALUATOR(S)

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

Requirements

1. Proven evaluation competencies⁴
2. Academic background in public health
3. Experience in global health programming and project management, notably infectious diseases, and epidemic response.
4. Clinical experience of Lassa fever / program management experience linked to Lassa Fever.
5. Experience in Operational Research and Advocacy
6. Fluency in English (spoken and written)

⁴ The SEU references SEVAL's professional competencies, available at <https://www.seval.ch/en/standards-competences/competencies/>.

Valuable

7. MSF experience and/or understanding
8. Knowledge of the West Africa region and specifically Nigeria
9. Additional languages that could serve the evaluation process (eg documentation, interviews)

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, as well as how values and perspectives of different stakeholders will be brought into the process. The evaluator(s) will need to demonstrate an understanding of the evaluand and its context and reflect this 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). The evaluator(s) will not be hired full-time over the period.

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 **ABALA no later than 2359hrs (CET) on Tuesday June 6th, 2023**. 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.

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