

CALL FOR APPLICATIONS

Evaluator(s) for the evaluation of

The position of Medical Operational Responsible (MOR) in MSF Berlin

APPLICATION DEADLINE: 8th March 2024

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	Medical Operations Manager (MoM) position MSF Germany and within the MSF-OCA Operations Department
Expected start	March 2024
Duration	Final deliverables to be submitted by end of June 2024
Application Requirements	<ol style="list-style-type: none"> 1) A proposal detailing the plan to conduct the evaluation and the expected budget (estimated workload: 40 consultancy days) 2) A cover letter highlighting applicants' experience with similar past assignments (max 1 page) 3) CV of applicant (s) <p>Applications should be sent to veuapplication@vienna.msf.org</p>
Deadline to apply	8th March 2024

CONTEXT

The Berlin Cell as it stands now was a response to the revision of the OCA operational setup linked to the discontinuation of the Toronto desk. Among many reasons, the ultimately critical mass of operations was deemed essential for good operational management and performance. Instead of creating an additional cell in Berlin, Amsterdam or elsewhere, the missions managed by the Toronto cell were redistributed over the remaining desks with the aim of revisiting this decision after two years. After this redistribution of missions, the Berlin cell managed a larger portfolio of countries. To be able to manage the portfolio effectively it was decided to use the opportunity to pilot a new management setup, which considered the organisation's desire to increase medical leadership represented in the (operational) management of the organisation.

The restructuring included the creation of a new position of Medical Operational Responsible (MOR), which combined the Health Advisor (HA) position, and the Operational Management (OM). It was agreed at the time that the position would have operational responsibilities delegated by the Operational Manager (OM) who remained responsible for the entire portfolio. The final allocation of responsibilities and agreement on role was decided after discussions between the Public Health Department and Operations.

As part of the decision, it was agreed to evaluate the MOR position after a year. The evaluation Terms of Reference (ToR) included a survey, some key performance data review, and a roundtable discussion of key stakeholders (Head of the Public Health Department, the Coordinator of Health Advisors, Director and Deputy Director of Operations and the Operational Manager (Berlin). The evaluation report will be available as part of the desk review document process.

PROJECT DESCRIPTION

The current set up which is being evaluated stems from the year 2012/2013. The projects managed by the Medical Operations Manager (MoM) position are almost all from the Former Soviet Union (FSU) states. They include Russia, Belarus, Tajikistan, and Uzbekistan. Russia and Belarus counted as one mission under the Operational Centre Amsterdam (OCA) and the same logic for Uzbekistan and Tajikistan. In both missions, there is a heavy medical focused program component, which includes the clinical trial in Karakalpakstan (Nukus – Uzbekistan) and in Minsk – Belarus. The clinical trial is managed and coordinated by the team (PRACTECAL) in the MSF Manson unit from the UK. PRACTECAL bears responsibilities for finances and technical program accountability in great collaboration with the MoM and the mission to facilitate progress and communication.

Sierra Leone came into the portfolio in 2017. The context for Sierra Leone is different from the FSU countries but the logic for the portfolio remains in line with the medical related innovative ambitions within the organisation. The portfolio composition has grown but with more and clearer roles and responsibilities for the MoR - MoM position after the first evaluation and other meetings that followed on the future of the Berlin cell structure.

The portfolio remains medical heavy but relevant for the organisation. The main topics include TB with all its mode of approach from treatment to mode of care. The missions under this portfolio have managed drug sensitive TB, drug resistant TB, Multiple drug resistance TB and even extreme drug resistance TB. They have piloted and managed to prove that decentralisation of treatment is possible and can be advocated for, they have contributed to

the 9-month short course TB treatment regimen, and now focusing on the possibility of using new drugs through a clinical trial. In Belarus the mission is working with MoH to contribute to treatment outcome by making sure patients and clients affected by TB and having issues with treatment adherence receive support needed. In Sierra Leone, the focus is on maternal, child health, and a newly started TB program.

EVALUATION PURPOSE AND OBJECTIVES

The purpose of this evaluation is to inform the operations and public health departments and the desk in Berlin on the strengths, challenges, and opportunities of the MoM position set-up.

SPECIFIC OBJECTIVES

1. Facilitated insight on improvement possibilities on how the role of the MoM can be used effectively within the portfolio set up.
2. Increased awareness on the strengths and opportunities of MoM set up within the portfolio, operation, PHD and generally the MT.
3. Created understanding of the challenges of the MoM structural set up in-order to facilitate maximum benefit of all stakeholders including the OST, MST and CMT.

EVALUATION QUESTIONS

RELEVANCE:

- *Why should we have a portfolio structure with a medical operations manager?*
- *Does this structure save the intended purpose linked to the identified needs?*
- *What are the advantages of this structure of MoM?*

APPROPRIATENESS:

- *Is the MoM structure appropriate according to the perception (expressed needs/demand) for the portfolio*
- *What are the disadvantages of the setup of the MoM?*
- *Are the operational objectives strategically appropriate to achieve the objectives of the MoM portfolio?*
- *What would you suggest as improvement needed for appropriate and timely adaptations of the structure?*

EFFECTIVENESS:

- *How effective is the MoM structure compared to the traditional OM structure?*
- *What are the common challenges concerning effectiveness of this structure?*
- *What are the limitations/opportunities inherent in the approach?*
- *In the MoM set up, what should be done differently to make the structure effective?*

EFFICIENCY:

- *Is the MoM structure efficient? How does it compare to the traditional standard set of OM/HA?*

COVERAGE:

- *To which extent do OST members feel left out in process they normally should have been involved in?*
- *Are there any factors that hinder contribution towards the intended goals of the missions based on the structural set up?*
- *To which extent do OST members/mission feel involved in management and supporting the mission? Would this be different compared to the standard structure?*
- *To which extent do OST members/mission feel excluded in the management and support of the mission in the portfolio?*

IMPACT:

- *Does the MoM structure make a difference?*
- *What is the benefit of the MoM position?*

CONNECTEDNESS:

- *What long-term problems can be identified, and how have they been taken into consideration?*
- *What local capacities and resources have been identified? How does the project connect with these?*

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
- Meeting/discussion/interviews with key-team members at HQ and field levels (Former and present members)
- Focus group discussion for Berlin 1 and 2 OST (The budget should include a visit to the Berling Office for the focus groups)
- Qualitative data analysis through thematic

EXPECTED DELIVERABLES

The main expected results from this evaluation is to provide insight and knowledge on what can be improved based on the experience of the desk, OST members and the mission expectation as the MoM structure continues. The understanding after this evaluation should help also in capitalising what could be useful in the standard portfolio as well based on the positive effect of the evaluation results.

- **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 relevant fields, and working experience in Humanitarian settings and MSF (Experience in Public Health and evaluation will be a plus)
Experience	Essential: <ul style="list-style-type: none"> • Minimum 5 years of experience in Humanitarian Programmes Experience of conducting evaluations incl. reflections on both, organisation and structure • Excellent communication and writing skills in English • Experience working in one of MSF's Operations Departments at HQ level as well as at field level Desirable: Minimum 5 years of professional experience in epidemiology Experience working in both, Medical and Operations Capacity in/with MSF
Competencies	Essential: <ul style="list-style-type: none"> • Strong knowledge of quantitative methodologies • Excellent writing skills • Excellent organisational and planning skills