



Call for Applications

Project Evaluation: Project Evaluation: Evaluation of the OCG Emergency Response in Ukraine (2022–2023)

APPLICATION DEADLINE: 06/10/2025

Médecins Sans Frontières (MSF) is an international humanitarian medical organization that provides medical care to people in crisis around the world, regardless of religion, ethnicity, or political beliefs. MSF's core principles are neutrality, impartiality, independence, medical ethics, bearing witness, and accountability. More information on MSF can be found [here](#).

The Vienna Evaluation Unit (VEU), based at MSF Austria, is one of two MSF units responsible for managing and guiding evaluations of MSF projects and programs worldwide. More information on MSF evaluations and the VEU is available [here](#).

Evaluation Topic	Evaluation of the OCG Emergency Response in Ukraine (2022–2023)
Purpose of the Evaluation	To learn from the emergency response process in Ukraine in order to produce actionable recommendations, and to assess the pertinence of MSF's emergency response in a conflict context. The evaluation will focus on timeliness, effectiveness, and appropriateness of interventions, identifying strengths, challenges, and areas for improvement in future emergency responses.
Intended Use	The evaluation is intended to generate recommendations and lessons learned for MSF, particularly regarding the pertinence and effectiveness of emergency responses in conflict contexts like Ukraine. It will inform future emergency response strategies by identifying strengths, challenges, and areas for improvement. The results of the evaluation will be shared with and used by a range of internal MSF OCG stakeholders and the broader MSF movement.
Period Evaluated	February 2022 – December 2023
Duration of Evaluation	4 months
Planned Start Date	3rd November 2025

<p>Application Documents Required:</p>	<ol style="list-style-type: none"> 1. CV(s) 2. Cover letter highlighting the applicant(s)' relevant expertise and experience for this assignment (max. 1 page) 3. Initial proposal of an evaluation matrix (max. 2 pages) 4. Writing sample of a completed or co-authored evaluation (if co-authored, specify your exact contribution) 5. Total fees (the indicative budget allocated for this evaluation is 25,000 euros (plus travel, visas and field trip expenses). The final budget is subject to negotiation depending on factors such as the composition and size of the evaluation team and/or the level of fieldwork required. Consultants are encouraged to clearly justify any deviation from the indicative budget in their financial proposal.) <p>Applications must be sent to: veuapplication@vienna.msf.org by 06/10/2025.</p>
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1. CONTEXT

MSF's Operational Centre Geneva (OCG) began its activities in Ukraine in 2014, focusing on Hepatitis and primary healthcare activities. Following the full invasion in February 2022, the mission was managed under the Emergency Desk (E-desk), focusing on providing critical emergency responses in Eastern and Central Ukraine. For security and operational efficiency, the mission operated from two coordination hubs: Lviv and Kyiv.

In early 2024, a strategic decision was made to transition the mission from emergency response back to regular operations under Cell 2, as the context no longer necessitated a large-scale emergency intervention. All projects in the eastern regions were closed, with only one project remaining operational in Vinnytsia.

The evaluation focuses on the period from February 2022 to December 2023, when after a complex evacuation of the Mariupol team, the mission transitioned from Cell 2 under the management of the E-desk.

In response, MSF transitioned from its regular mission to an emergency response, focusing on medical and mental health support for internally displaced persons (IDPs), populations on the move, and vulnerable communities near the frontlines. MSF strengthened hospital capacity through training and logistical support while ensuring frontline hospitals could maintain operations. MSF also provided surgical and trauma kits, medications for non-communicable diseases, and non-food items. The war also resulted in significant psychological distress, particularly among displaced persons, leading MSF to deliver mental health support to affected populations.

During the evaluated period, the Emergency Cell conducted the following activities:

- **Dnipro and Zaporizhzhia (UA113):** Support to specialised healthcare facilities and people with special needs through nursing and mental health care.
- **Vinnytsia (UA114):** Access to mental health trauma care.
- **Eastern Ukraine (UA116):** Ensuring access to healthcare in conflict-affected areas.

In 2024, the mission shifted back to a more structured, long-term approach focused on war-related PTSD treatment through the PTSD Recovery Centre in Vinnytsia (UA114).

2. PURPOSE OF THE EVALUATION

The purpose of this evaluation is to learn from the emergency response process in Ukraine in order to generate recommendations and to assess the pertinence of MSF's emergency response in a conflict context. The evaluation will cover the period from February 2022 to December 2023, when MSF's Operational Centre Geneva (OCG) shifted to an emergency response under the Emergency Desk.

The evaluation will focus on timeliness, effectiveness, and appropriateness of interventions, including OCG's medico-operational choices, coordination of humanitarian aid, medical assistance, logistical support, and crisis management. It aims to identify strengths, challenges, and areas for improvement to inform similar emergency responses in the future.

The results of the evaluation will be shared with and used by a range of internal MSF OCG stakeholders, and the broader MSF movement to strengthen MSF's capacity to respond to emergencies in complex conflict settings.

3. EVALUATION : OBJECTIVES, CRITERIA AND QUESTIONS

To evaluate the emergency response efforts of OCG in Ukraine from February 2022 to December 2023, assessing the timeliness, effectiveness, and appropriateness of interventions. This includes analysing OCG's medico-operational choices, coordination of humanitarian aid, medical assistance, logistical support, and crisis management to identify strengths, challenges, and areas for improvement in future similar emergency responses.

EQ1. In relation with the RELEVANCE, assessing how well the response aligns with the needs, priorities, and context.

- 1.1 How quickly was the response mobilised after the crisis began or escalated? What was the role of the existing mission pre-conflict in the response?
- 1.2 Was a sufficient needs assessment conducted before the response?
- 1.3 Did the response consider the specific needs of different groups (e.g., women, children, elderly, persons with disabilities, ethnic minorities, key populations)?
- 1.4 Were local contexts and conflict dynamics understood and considered in the response design?
- 1.5 Were local capacities and priorities considered in the response design?
- 1.6 Were the most affected and vulnerable populations accurately identified and prioritised? And were criteria for beneficiary selection clearly defined, transparent, and fair?
- 1.7 Were local communities and stakeholders consulted during the design and implementation of the response?
- 1.8 Did the response adapt to evolving needs over time (e.g., changes in displacement patterns, access issues, or conflict escalation)?
- 1.9 Was the response coordinated with other actors (including OCGs) to avoid duplication and address gaps?
- 1.10 Was the emergency response flexible enough to adjust based on new assessments or feedback?
- 1.11 Was the support provided by HQ timely, of quality and relevance for the mission and context?

EQ2. In relation with the EFFICIENCY of the intervention, looking at how resources (time, money, personnel, logistics) were used to achieve results — and whether those resources were used in the most cost-effective, timely, and coordinated way possible.

- 2.1 Were financial resources used efficiently and accounted for transparently?
- 2.2 Did the response maximise the use of local resources and capacities where feasible?
- 2.3 Were the timelines for delivery of aid appropriate and realistic?
- 2.4 Did the response meet critical needs within an acceptable time frame (e.g., first 72 hours, first 30 days)?
- 2.5 Did the outputs achieved justify the level of resources invested?
- 2.6 Were supply chains, procurement, and logistics well-managed and cost-effective?
- 2.7 Were there any bottlenecks or delays in implementation, and how were they addressed?
- 2.8 Was staff deployment appropriate in terms of number, skills?
- 2.9 Were staff and volunteers trained and equipped to operate efficiently in the emergency context?
- 2.10 Was monitoring data used to make timely adjustments and improve efficiency?
- 2.11 Were partnerships with authorities leveraged to reduce costs and improve implementation?
- 2.12 Was there enough space and consideration given to innovative strategies and out-of-the-box thinking for providing medical-humanitarian assistance?

EQ3. In relation with EFFECTIVENESS, focusing on whether the response achieved its intended objectives and improved the conditions of affected populations.

- 3.1 Were the planned objectives of the response achieved (fully or partially)?
- 3.2 Were the outcomes clearly defined and measurable from the outset?
- 3.3 Did the response result in improved conditions for the target population (e.g., access to healthcare)?
- 3.4 Was the response effective across all project locations?
- 3.5 Were hard-to-reach or marginalised groups successfully included in the response plan?
- 3.6 Were there measurable improvements in the well-being of affected populations?

EQ4. In relation to ACCESS, regarding the ability of affected populations to access aid and the ability of humanitarian actors to reach and operate in those areas.

- 4.1 Was OCG able to access all areas affected by the conflict?
- 4.2 Were there significant access constraints due to insecurity, infrastructure damage, or active fighting?
- 4.3 What strategies were used to overcome geographic barriers (e.g., remote programming, local partnerships)?
- 4.4 Were affected people able to safely and freely access the OCG services?
- 4.5 Were there any physical, economic, legal, or social barriers preventing access to aid (e.g., checkpoints, discrimination, gender restrictions)?
- 4.6 Were services located in places that were reachable for vulnerable populations, including persons with disabilities or those in remote areas?
- 4.7 Were negotiations conducted with conflict parties to secure access to affected areas?
- 4.8 Were humanitarian principles (neutrality, impartiality, independence) upheld in gaining access?
- 4.9 Was staff security managed effectively while ensuring continued access to communities?
- 4.10 Were all population groups (e.g., women, children, minorities, displaced persons, key populations) equally able to access assistance?
- 4.11 Was data disaggregated (by gender, age, disability, etc.) used to ensure inclusive access?
- 4.12 Were measures taken to reduce access barriers for particularly marginalised or at-risk groups?
- 4.13 Was access continuous and predictable, or frequently interrupted?

4.14 Were contingency plans in place for access disruption (e.g., remote management, local partners, pre-positioning supplies)?

EQ5. In relation with the IMPACT of the intervention.

5.1 In MSF, and especially during interventions in response to war, it is difficult to have direct measures of impact. This domain can be assessed through a discussion using some of the elements that will be produced to respond to most of the previous evaluation questions and by triangulating data sources.

4. EVALUATION METHODOLOGY AND DATA COLLECTION

The evaluation team will define the appropriate evaluation methodology during the inception phase, in collaboration with the VEU and evaluation commissioner.

As a preliminary idea, based on the described purpose and objectives, the evaluation design could include:

- *A mixed-methods approach combining quantitative and qualitative data to provide an overall picture of how the response functioned.*
- *Quantitative approaches such as surveys and analysis of programme outputs, beneficiary coverage, and budget and logistics reports to track indicators such as timeliness, resource use, and population coverage.*
- *Qualitative methods, including key informant interviews (KIIs) and focus group discussions (FGDs), with affected populations, humanitarian staff, local partners, and authorities to explore pertinence, inclusiveness, decision-making processes, coordination efforts, and adaptations over time.*
- *Particular emphasis on triangulating different data sources to minimise bias and increase the credibility of findings, especially in conflict settings where access and information may be limited.*
- *A desk review of programme documentation, situation reports, and coordination meeting minutes to complement field data, particularly where direct access is constrained.*
- *Use of disaggregated data (by gender, age, disability, etc.) and geospatial analysis to identify equity and coverage gaps and ensure the evaluation reflects the diverse realities of conflict-affected populations.*

5. DELIVERABLES/OUTPUTS

All products developed must be in English. Deliverables for this evaluation include:

Deliverables	Submission Date
<i>Inception report using VEU Inception Report template and requirements. This report describes how the data will be collected and analysed to answer the main evaluation questions.</i>	<i>by 24 November 2025</i>
Facilitation of a validation workshop with project team and coordination cell.	<i>by 15 January 2026</i>

First draft of the evaluation report , with time allowed for feedback/revisions	<i>by 3 February 2026</i>
Final report containing findings, conclusions and recommendations in response to the evaluation questions, objectives and purpose set out in this document. The final report is written using the VEU report writing guidelines . To be submitted with an executive summary, graphs visualising the data and recommendations.	<i>by 3 March 2026</i>
Final presentation of evaluation results to MSF stakeholders involved in the project, technical evaluation committee, mission, unit and other stakeholders. Including the one-page summary sheet (template provided by VEU).	<i>by 3 March 2026</i>

6. EVALUATION TARGET AUDIENCE

The results of the evaluation will be shared with and used by a range of internal MSF OCG stakeholders, including:

- Director of Operations (DirOps) and Director of Medical Department (DirMed)
- Emergency Response Unit (ERU)
- Emergency Cell (E-Cell)
- Operational Cell 2
- Security Advisors from HQ
- Humanitarian Representation Team (HRT)
- Head of Mission (HoM)
- Emergency Coordinators (E-Coordos) and Emergency Medical Coordinators (E-MedCos)
- Mental Health Adviser

7. BUDGET

The available budget for this evaluation is **approximately 25,000 EUR** (plus travel, visas and field trip expenses). This amount includes all taxes to be paid by the external consultant(s) for conducting the evaluation. The final budget is subject to negotiation depending on factors such as the composition and size of the evaluation team and/or the level of fieldwork required. Consultants are encouraged to clearly justify any deviation from the indicative budget in their financial proposal.

Note: MSF Austria is not part of the EU VAT reverse charge mechanism.

7. PROFILE / REQUIREMENTS FOR CANDIDATES

Candidate selection will be based on **relevant experience and expertise for this evaluation mission.**

Candidates may apply **as individuals or consulting teams.**

Qualifications	<i>Essential: Proven expertise in evaluation of humanitarian organisations.</i>
Experience	<p>Essential :</p> <ul style="list-style-type: none"> • <i>Minimum 5–7 years of professional experience evaluating humanitarian organisations.</i> • <i>Experience of working with MSF in emergency settings.</i> • <i>Demonstrated track record of evaluating complex humanitarian projects.</i> • <i>Experience evaluating emergency response in conflict or war zones.</i> <p>Preferred:</p> <ul style="list-style-type: none"> • <i>Experience working in Eastern Europe or conflict-affected settings</i> • <i>Experience working in multidisciplinary evaluation teams (medico-operational, logistical, and coordination elements)</i>
Skills	<p>Essential:</p> <ul style="list-style-type: none"> • <i>Strategic outlook and thinking.</i> • <i>Strong understanding of humanitarian principles.</i> • <i>Excellent analytical and writing skills.</i> • <i>Excellent knowledge of English.</i> <p>Preferred:</p> <ul style="list-style-type: none"> • <i>Knowledge of Ukrainian or Russian</i> • <i>Advanced facilitation and workshop moderation skills</i>