



TERMS OF REFERENCE / Call for Applications

Evaluation of the PGDip in Infectious Diseases (PGDip ID) MSF Academy for Healthcare & Division of Infectious Diseases at Stellenbosch University

APPLICATION DEADLINE: 26/04/2026

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	External evaluation of the Postgraduate Diploma in Infectious Diseases (PGDip ID), a workplace-based, tutor supported, blended learning programme delivered through a partnership between MSF Academy and Stellenbosch University.
Purpose of the Evaluation	The purpose of this evaluation is to provide independent and clear evidence to support the MSF Academy in assessing whether this blended learning programme through this partnership model with Stellenbosch University (SU) remains relevant for MSF and its learners.
Intended Use	Support MSF Academy to decide whether to continue as is, adapt the model, or disengage its current partnership model with SU.
* Commissioner(s)	MSF Academy
*Commissioned to	Vienna Evaluation Unit (VEU)
Period Evaluated	PGDip ID cohorts from programme launch in 2021 to the current cohort at the time of evaluation

Duration of Evaluation	20 weeks
Planned Start Date	May 2026
Application Documents Required:	<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 (total budget allocated for this evaluation is 30,000 euros) <p>Applications must be sent to: veuapplication@vienna.msf.org by 26/04/2026</p>

1. CONTEXT

Since 2021, the MSF Academy for Healthcare, in collaboration with Stellenbosch University (SU), offers a blended, tutor supported, predominantly workplace based Postgraduate Diploma in Infectious Diseases (PGDip ID). Learners (MSF and non-MSF) continue their medical duties while studying. The course aims to strengthen infectious disease knowledge, the application of learning into practice, and clinical leadership. It is a work-based blended learning course that participants follow while working in clinical assignments with MSF. In collaboration with the hybrid learning team of SU, a state-of-the-art e-learning course has been created that is complemented with yearly in-person sessions at the University and regular live online sessions throughout the programme. The programme takes 24 months and contains five main modules that integrate five transversal competencies. Learning is strongly based on clinical cases that the learners see in their practice in the field. As a postgraduate diploma, it offers 120 CATS. SU also offers the course to participants that directly enroll through the University.

As part of the Academy's MEAL (Monitoring, Evaluation, Accountability and Learning) approach, the MSF Academy intends to commission an external evaluation of the PGDip ID. The evaluation must be aligned with the original goals and objectives of the course and should assess the extent to which these objectives are being achieved for both MSF and non-MSF learners. It should also review the financial support model (in which the MSF Academy directly covers course coordinator and tutor costs, while SU directly covers the registration of MSF PGDIP students, one tutor, course administration and hosts the course on the SU on-line learning platform (FMHS learn) to assess whether it adequately supports the achievement of course objectives, and whether it is reasonable, equitable, and efficient in relation to the results achieved.

2. PURPOSE OF THE EVALUATION

Provide clear, independent evidence on whether this blended learning programme through this partnership model—a workplace-based, tutor-supported, blended postgraduate diploma—remains justified and relevant for MSF and its learners while also generating learning that Stellenbosch University can use to improve the course.

The evaluation should deliver recommendations to help the MSF Academy decide whether to continue as it is, adapt the model, or disengage. Decision for future engagement of the MSF Academy will be taken in October during the biannual Board meeting.

3. EVALUATION : OBJECTIVES, CRITERIA AND QUESTIONS

The evaluation will cover the PGDip ID course program delivered in partnership with the Division of Infectious Diseases of SU for both MSF and non-MSF learners. Where possible, findings should distinguish between different intakes (cohorts) without overcomplicating the analysis.

The evaluation will address the following questions:

1. **Relevance & justification (Relevance):** Is the PGDip ID workplace-based, tutor-supported, blended design appropriate for MSF operational needs and for our learner profiles (working in low-resource settings, mainly in African contexts, and studying in English)? How does it compare to realistic alternatives (e.g., external courses accessible for medical doctors working in similar settings)?
2. **Perception & experience (Relevance & effectiveness):** How do learners, tutors, supervisors, and managers view the course's quality, support, workload, and fit with work demands? What helps or hinders participation and completion?
3. **Effect on knowledge & skills (Effectiveness):** To what extent does the course improve infectious disease knowledge and related competencies (using grades and any feasible complementary measures)?
4. **Transfer into practice (Effectiveness):** To what extent do learners apply new competencies in their day-to-day work? What enables or blocks application on the job?
5. **Clinical leadership (Effectiveness/Impact):** Does the program strengthen clinical leadership behavior (transfer of clinical reasoning, supervision, championing guidelines, leading quality focused changes)?
6. **Monitoring of learning outcomes (Effectiveness):** To what extent does the current MEAL plan provide appropriate tools (indicators, data collection tools, etc.) to support monitoring and learning outcomes? What can be changed to improve the current MEAL plan?
7. **Engagement & workforce (Efficiency):** Is there any relationship between course participation and continuous engagement in role/site, role development, or reduced reliance on external backfill? (Descriptive, acknowledging multiple factors.)
8. **Equity & access:** Who benefits (staff profiles, gender, location, hard-to-staff projects)? Are there access barriers or unintended exclusions? Where relevant, describe any differences between MSF and non-MSF learners in access, completion, and perceived benefits.
9. ***Financial model & alternatives (Sustainability):** Is the current financial support model (MSF Academy covering coordinator/2 tutors and SU covering registration fees, administration, 1 tutor and sustaining the FMHS learn platform) reasonable and sustainable compared to alternatives (greater reliance on student fees, purchasing external seats)?

10. ***Value for money (Sustainability):** Describe the programme costs using the data available (e.g., cost per learner and cost per hour/learning time), including how costs are shared between MSF Academy support (coordinator/tutors) and student fees. As no competency-progress data are currently available beyond grades, this will be a descriptive cost review, not a full VfM/cost-effectiveness analysis.

***An internal expert will conduct the work related to #9 and #10**

4. EVALUATION METHODOLOGY AND DATA COLLECTION

The evaluator(s) will propose a feasible mixed-methods design during inception, using both past cohorts (alumni) and the current cohort. In total, there are 6 cohorts, 4 have already finished (2021-2024) with 52 graduates (38 MSF students versus 14 non-MSF students) and 2 are ongoing (2025-2026) with 34 students (24 MSF students versus 10 non-MSF students). Because grades are currently the only consistent dataset and the MEAL framework is newly created, the evaluation will:

- (i) include a plan to fill key gaps (e.g., alumni & current-learner survey and key informant interviews online); and
- (ii) conduct a review of the MEAL framework (are indicators clear, relevant and feasible; is the data-collection process practical), piloted with the current cohort and validated against past cohorts; and
- (iii) review and analysis of existent reports and/or documentation.

Suggested components:

- **Document & data review:** course documents, prior reports, budgets; grade distributions; enrolment/completion numbers.
- **Quantitative analysis:** describe learner profiles; completion and pass rates; simple before/after or comparison views where feasible; cost tables and cost per result ratios.
- **Key informant interviews (online):** a focused set of interviews with learners/alumni, tutors, supervisors, managers, and course coordination about perception, transfer to practice, leadership, and barriers/enablers.
- **Learner survey:** to capture perception, support, time use, and application in practice.
- **Benchmarking:** compare design features, costs, and support models with a few comparable postgraduate ID or advanced clinical programmes, noting contextual differences and data limits.
- **Equity lens:** where possible, disaggregate by gender, and context; note justified higher costs in hard-to-staff settings

Important principles:

- Focus on **contribution**, not causation: clinical leadership and practice change are influenced by several factors; discuss plausible contribution pathways without over-claiming impact.
- **Proportionate data collection:** no heavy primary data; keep interviews/surveys short and targeted; agree tools and sample at inception phase.
- **Team check:** include one online session to review emerging findings and ensure recommendations are practical.

5. DELIVERABLES/OUTPUTS

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

1. **Inception report:** final scope, evaluation matrix and questions, data/map of sources, sampling plan and tools, review of MEAL framework (indicators and data process), benchmarking plan, risks/mitigations, and any change control for added data needs.
2. **Draft evaluation report (≤35 pages + annexes):** findings on perception, knowledge/skills, transfer to practice, clinical leadership, retention, equity, costs and simple cost-versus-result views; comparison to alternatives; limitations; recommendations.
3. **Team check session (online):** slide deck + notes capturing feedback and agreed adjustments.
4. **Proposal for improvement of used M&E logframe and data collection tools** (template to be decided with commissioners)
5. **Final evaluation report (≤35 pages + annexes) and slide deck:** incorporating feedback; plus a 1-page executive summary.

Ideally, the **final report will be delivered by September 15th**. Below a suggested timeline, to be reviewed during inception.

- Weeks 1–3: inception phase;
- Weeks 4–10: data collection and analysis;
- Weeks 11–13: draft reporting and stakeholder check;
- Weeks 14–16: final reporting and handover.

6. ETHICS & DATA PROTECTION

The evaluation will comply with applicable data protection, confidentiality, and informed consent requirements of both partners. Interviews and surveys will be voluntary, with clear information on purpose, data use, storage, and disposal. Any required institutional approvals will be coordinated at inception.

7. PROFILE / REQUIREMENTS FOR CANDIDATES

Candidate(s) selection will be based on **relevant experience and expertise for this evaluation mission**. Candidates will focus on EQ 1 to 8, while an internal expert will focus on EQ 9 and 10. The hired consultant(s) will lead the evaluation.

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

- Lead Pedagogy / Learning Specialist: adult learning and health education; reviews instructional design, tutor support, and assessment quality/validity; links to practice and leadership.
- Mixed Methods Researcher: designs and runs qualitative work (key informant interviews / focus groups online), integrates quantitative and qualitative findings, and supports contribution analysis (training → practice/leadership) without overclaiming.
- MSF experience: at least one core team member must have prior MSF (HQ or field) experience to ensure contextual fit and smooth collaboration.
- Higher education pedagogy and quality assurance experience: familiarity with university standards for blended learning, supervision/tutoring models, assessment validity, and course improvement processes.