

## 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](https://evaluation.msf.org).

SEU believes that evaluations are more than a report; they should be an engaging and empowering experience that generate meaningful learning and reflection for those most directly involved, with processes designed around the primary intended users and their needs. We position both ourselves and the evaluators as facilitators rather than as external experts or judges. Our work is grounded in partnership, trust, and collaboration and we aim to create evaluation environments where diverse voices are engaged appropriately and thoughtfully throughout.

Our evaluation practice is firmly rooted in MSF's broader organisational values, particularly our commitment to empowering teams and encouraging shared leadership. We encourage evaluators to challenge our terms of reference and adapt or refine evaluation questions and approaches during the inception phase. We expect solid, credible methodology, but also insist that values, participation, and intended use remain at the centre. Ultimately, our aim is to ensure that evaluations are rigorous, inclusive, and genuinely useful for the people and teams they are meant to support.

Thematic evaluation of Paediatric HIV care in OCB-settings	
Starting date:	May 2026
Duration:	Final report to be submitted <i>by latest</i> December 2026
Requirements:	Interested applicants should submit: <ol style="list-style-type: none"> <li>1) A technical proposal</li> <li>2) A financial proposal</li> <li>3) CV</li> <li>4) A previous (appropriate) work sample</li> </ol>
Deadline to apply:	17 May 2026 [23:59 CET]
Send application to:	<a href="mailto:evaluations@stockholm.msf.org">evaluations@stockholm.msf.org</a>

Other:

The evaluation will require onsite data collection in selected project locations. At this stage, we are considering approximately four project-level visits as part of the case studies, to be confirmed during the inception phase in consultation with SEU's evaluation manager and key stakeholders.

Final selection of sites will be guided by criteria relevant to the evaluation (including diversity of contexts and feasibility considerations). Potential geographical areas currently under consideration include West and Central Africa, East Africa, and Southern Africa. Given these locations, it is expected that the evaluation team includes members based in or near these regions to facilitate travel and reduce logistical constraints.

## MEDICAL HUMANITARIAN CONTEXT- BACKGROUND

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Children living with HIV (CLHIV) continue to face significant barriers to accessing appropriate care worldwide. Clinical, social, and structural factors affect their timely diagnosis, initiation of antiretroviral therapy (ART), linkage to care, viral load (VL) monitoring, and long-term retention in care, including age-appropriate adherence support. Despite global progress in expanding ART coverage and strengthening prevention of mother-to-child transmission (PMTCT) programmes, paediatric HIV outcomes persistently lag behind those of adults. These disparities stem from multiple factors, including health system limitations, caregiver related challenges, and broader socioeconomic vulnerabilities affecting children and their households.

MSFOCB has formally committed to strengthening paediatric HIV care across its portfolio. This commitment is articulated through two ambitions: 1) ensuring that vertical HIV projects adequately address paediatric HIV needs; and 2) integrating paediatric HIV services into the basic package of care in projects where relevance is high (e.g., malnutrition programmes).

To operationalize this commitment, OCB has developed criteria to identify which projects should integrate paediatric HIV services, along with corresponding clinical recommendations and implementation guidance<sup>1</sup>. As of today, OCB runs three HIV vertical projects<sup>2</sup> and 65 projects do meet the integration criteria. According to the 2025 OCB Medical Activity Report, the organization reported a cohort of 1205 children active in cohorts receiving HIV care.

Despite these initiatives, there is a shared perception that important gaps persist along the paediatric HIV cascade of care in OCB projects. These include missed opportunities to integrate paediatric HIV services into the basic package of care; inconsistent, incomplete or weak data collection and

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<sup>1</sup> These criteria are outlined across several OCB reference documents, including: policy clinical nutrition 2021, policy paediatrics 2016, policy SRH 2019, policy TB 2014 and HIV/TB MSF clinical guidelines 2021.

<sup>2</sup> To be noted: In 2025, OCB had a total of four HIV vertical projects, one of which closed during 2025.

monitoring; and significant reliance on external partners<sup>3</sup> for referral without adequate visibility on the quality of care and outcomes for referred children. Available indicators from the MSF-OCB cohort suggest persistent challenges along the cascade of care (table 1).

Table 1. Paediatric HIV indicators

	Target	Global figures*	MSF OCB data 2025
HIV-exposed babies			29 projects with maternities services, attended 95,569 live births, with 652 HIV-exposed babies.
EID	>95%	74% in Eastern and Southern Africa 31% West and Central Africa	2/18 projects with MSF-supported maternities reporting 95% EID (503/538 HIVe babies)
ARV initiations			195 children initiated on ART (4.5% of all initiations)
ART coverage	>95%	55%	N/A
HIV testing in - Malnutrition units/projects - Pediatric units/departments IPD	No targets	No routinely tracked indicators. Research data shows that HIV testing coverage varies between 35-85% (Depending on resources) with yields between 4-10%.	- 13/18 projects with ITFC component offered HIV testing to 38% of children admitted**. - 6/14 projects with paediatric IPD in African settings offered HIV testing to 2.4% of children admitted.
HIV VL coverage	No target	No routinely reported Estimated at 50-60%	50% VL coverage
HIV VL suppression	>95%	50%ad	60% VL suppression

\*UNAIDS global report 2025

\*\*a total of 21 projects reported doing ITFC in 2025. Of them, 3 projects (Conakry, Bangui and Kinshasa) have HIV focus and do ITFC as part of their activities.

To date, paediatric HIV care within the OCB portfolio has not been systematically assessed, and the underlying reasons for these challenges remain insufficiently understood. This limits OCB's ability to analyse its current performance, identify critical bottlenecks, and prioritise strategic investments.

An external thematic evaluation provides an opportunity to examine these issues, generate evidence on the current state of paediatric HIV care in OCB projects, and guide more targeted and effective support moving forward.

<sup>3</sup> External partners may include, but are not limited to, Ministries of Health, community-based organizations (CBOs), civil society actors, and communities.

For the purpose of this evaluation, and in line with the integration criteria defined by OCB, the project typologies expected to be included are:

1. Projects supporting paediatric services (outpatient and inpatient care);
2. Projects implementing malnutrition services (TSFP, ATFC and ITFC);
3. Projects with any HIV component (vertical or not) and
4. Projects with any paediatric TB component (vertical or not)
5. Projects implementing ANC and/or maternity services

Children aged from birth up to 15 years are included within the scope of this evaluation.

## PURPOSE AND INTENDED USE

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The PURPOSE of this evaluation is to assess how effectively paediatric HIV services in OCB projects are functioning, and identify where improvements are most urgently needed. In doing so, the evaluation will determine to what extent OCB is fulfilling its ambitions. This evaluation will analyse the accessibility, quality and continuity of paediatric HIV care across the entire care cascade<sup>4</sup> in projects supported by MSF, and explore the underlying factors influencing the reasons behind them. It will identify bottlenecks, missed opportunities, enabling factors, and good practices, and generate evidence-based recommendations at project, programmatic and organizational levels.

The primary INTENDED USE of this evaluation is to inform the development of MSF-OCB's overall Paediatric HIV programming and guide strategic decision-making for enhancing HIV paediatric activities in existing and future OCB health interventions. Additionally, findings may be relevant to external actors working in paediatric care.

## EVALUATION CRITERIA AND QUESTIONS

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### **EQ1. How effectively are MSF-OCB paediatric HIV services implemented across the care cascade in relevant projects, including the referral systems and practices?**

- To what extent do MSF-OCB vertical HIV projects and integration criteria projects deliver the key components of the paediatric HIV care cascade (identification, testing/EID, ART initiation, follow-up, VL monitoring, adherence, retention, viral suppression)?
- How well do implemented practices align with national, international and MSF-OCB standards for paediatric HIV care?
- Are paediatric HIV services accessible, acceptable, and equitable for different groups of children and caregivers?

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<sup>4</sup> From testing and diagnosis to treatment initiation, retention, and viral suppression

- How effective are MSF-OCB internal and external referral pathways in ensuring continuity of care, based on the information MSF projects collect and the practices they use to assess and follow-up on referral partners?

**EQ2. What implementation level factors explain the performance observed in EQ1 across different project types and contexts?**

- How do staffing, team skills, workflows, and clinical organisation affect the delivery and integration of paediatric HIV services?
- How do project level resources (laboratory/VL capacity, commodities, paediatric ART formulations, data use) influence cascade performance?
- How do collaboration and coordination with MoH and other partners affect linkage, follow-up, and quality of care?
- What contextual realities (workload, competing priorities, emergency settings, stigma, mobility, etc.) act as barriers or enablers?
- How are decisions taken regarding the design, prioritisation, and adaptation of paediatric HIV services in the projects?

**EQ3. What strategic, organizational, and system level factors enable or constrain OCB's ability to deliver and integrate high-quality paediatric HIV care across its portfolio?**

- How clear, coherent, and shared is strategic approach to paediatric HIV, both in what is explicitly stated (ambitions, guidance, criteria) and in what is implicitly signalled through priorities, decisions and resource allocation?
- How adequate are organisational support systems (technical support, training, supervision, supply chain, diagnostics, data systems) for enabling the operationalization of OCB strategic approach to paediatric HIV?
- How do organizational priorities, structures, and coordination mechanisms (at HQ, coordination and project levels) influence how OCB strategic approach to paediatric HIV is interpreted, and how these interpretations influence programme support, decision making?
- What systemic or contextual constraints (MoH capacity, donor/funding dynamics, supply challenges) affect OCB's ability to implement its intended approach to paediatric HIV across different settings?

Additional areas of inquiry as well as relevant evaluation criteria and/or questions, can be suggested by the evaluation team at proposal and/or inception phase, in line with the relevant evaluation framework(s) they will identify.

## EXPECTED DELIVERABLES

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*Note: the SEU involves a consultation group (CG) in all evaluation processes, 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.*

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

### **Inception Report (in English)**

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 based on additional information being available to the evaluation team. See below.

Once validated, a short version of the inception report should also be developed so that key stakeholders beyond the consultation group can be kept informed according to needs.

### **Real time learning and sense-making**

Continuous feedback to the commissioner and consultation group (CG) for the evaluation, as preliminary findings emerge. Sessions can be organized according to needs to achieve shared understanding.

The evaluation team should develop a system to ensure participation, engagement, and information of key stakeholders, including across project locations, in close collaboration with the SEU and CG.

### **Draft Evaluation Report (in English)**

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

### **Working Session**

As part of the analysis, interpretation and report writing process, a working session (or several, if needed) will be held with the commissioner, consultation group members, SEU evaluation manager and ideally (some) evaluation participants. The evaluation team will present the preliminary findings, collect feedback, and facilitate a discussion on recommendations (ideally co-create recommendations).

### **Final Evaluation Report**

The final report will address feedback received during the working session and written input from the feedback loop with commissioner and CG members.

### **Dissemination and use**

- Presentation and discussion of the Final Evaluation Report to a general MSF audience in the form of a webinar.
- Summary report
- Other adequate support(s) to share evaluation findings with partners, MoH representatives, staff, 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.

Note: the final report will be translated into French to increase accessibility to evaluation findings. This deliverable will be produced by the SEU.

## TOOLS AND METHODS PROPOSED

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The evaluation team should propose relevant framework(s) and/or criteria for this thematic evaluation, as they see fit.

The following methods are suggested.

- Preliminary discussions with CG members and commissioner.
- Desk review of documents related to global OCB initiatives and criteria-projects level
- Case studies on some sites, including visits to projects, key informants' interviews, deep dive in quantitative data, including routinely collected data (raw data). Size and criteria may include for instance: geographical context; main medical service focus; or type of setting (conflict, excluded population, medical crisis); cohort size; HIV prevalence. Final criteria, and number for sampling of sites will be discussed and confirmed during inception phase.
- Key informants' interviews across the portfolio (on top of qualitative data collection for case studies).

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 the full evaluation protocol, including the evaluation design, proposed methods, and their justification based on validated theories. The protocol will be reviewed and validated during the inception phase in coordination with the SEU, which considers this phase crucial for ensuring a shared and relevant understanding of the way forward.

## RECOMMENDED SECONDARY SOURCES

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

**This list is non-exhaustive.**

## PRACTICAL IMPLEMENTATION OF THE EVALUATION

Number of evaluators	Flexible. The SEU believes a team of evaluators would bring value to the process (rather than an individual)
Timing of the evaluation	<p>Start: May 2026</p> <p>Inception report: June 2026</p> <p>Data collection: TBD</p> <p>Finish: Latest December 2026, with preliminary findings available ideally in October 2026.</p>

## PROFILE/REQUIREMENTS FOR EVALUATOR(S)

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

### Requirements

- Proven evaluation competencies
- Professional degree on public health (master or PhD level)
- Experience working with and implementing Pediatrics HIV programs
- Experience in global health programming and project management, notably in delivering pediatric HIV services integrated in non-HIV specialized health services
- Fluency in English and French (spoken and written)
- Excellent interpersonal and communication skills
- Ability to conduct onsite data collection in selected project locations
- The evaluation team should include at least some members based in or near West & Central Africa, East Africa, or Southern Africa to facilitate travel and reduce logistical constraints.

### Assets

- MSF experience and/or understanding
- Knowledge of some of the contexts covered by this evaluation
- Additional languages that could serve the evaluation process (ie, Arabic, Portuguese, Swahili...)

## ETHICAL CONSIDERATIONS

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.

MSF is committed to apply responsible data protection principles across all its activities, including evaluations, through the respect of both Humanitarian principles and European GDPR. During the evaluation process, you will potentially access, collect, store, analyse and eventually dispose of MSF and its patients' sensitive and personal data and information (SPDI). Please take special note of the SEU's Ethical Guidelines in preparing your proposal, explicitly detailing what tools and solutions you

will use, how you will work to mitigate any data incident, how you will store the data for the period set by the SEU, and how you will dispose of any data collected once that period has passed.

## APPLICATION PROCESS

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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 (based on the CV and the submitted work sample).

**The application should consist of** (submitted as separate attachments):

- a technical proposal
- CV(s) with contact details
- a previous work sample
- a budget proposal 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. **The level of effort is to be proposed by the evaluator(s).**

Any proposed travel does not need to be included in the budget, as the SEU will arrange and cover travel-related expenses (flight tickets, local transportation, accommodation, visa). **Do note that MSF does not pay any per diem.** Consultants should therefore ensure that their fee estimates cover any other costs typically associated with per diem. The evaluator(s) will not be hired full-time over the period.

Interested teams or individuals should apply to [evaluations@stockholm.msf.org](mailto:evaluations@stockholm.msf.org) referencing **INPEH** no later than 17 May 2026.

Please indicate in your email application on which platform you saw this vacancy.

## SELECTION PROCESS

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Our selection process is designed to be comprehensive and fair, based on the specific requirements outlined in this ToR, alignment with MSF principles, evaluator competencies, quality of proposal, budget assessment, and interview with the short-listed candidates.

When submitting your application, you accept that your personal information is registered electronically to be used for the tender process. The information will be accessible to staff and managers in the Stockholm Evaluation Unit involved in this tender process.

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