

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 capitalization process. The consultant(s) are welcome to challenge them and suggest for example different or additional perspectives, as they see fit during the inception phase. The capitalization process should rely on solid methodology to achieve credible results and should also ensure to put values and use in the forefront. The capitalization must involve and include different actors and counterparts in an adequate manner during the whole process.

Capitalization of Integration of Kenema Hospital Services	
Starting date:	July 2026
Duration:	Final report to be submitted by latest March 2028
Application:	Interested applicants should submit: <ul style="list-style-type: none"> A technical proposal outline A financial proposal One-page statement outlining how the applicant meets the requirements CV A previous (appropriate) work sample
Deadline to apply:	Sunday, 12th. July, 2026 – 23:59 CET
Send application to:	<p style="color: red; font-weight: bold;">Applications must be submitted through the following online application system:</p> <p style="color: purple; font-weight: bold;">Application link</p> <p style="color: red; font-weight: bold;">Only applications received through this platform will be considered.</p>
Other:	The capitalization will be conducted in three phases, each including an onsite data collection visit aligned with the corresponding stage of the integration and handover.

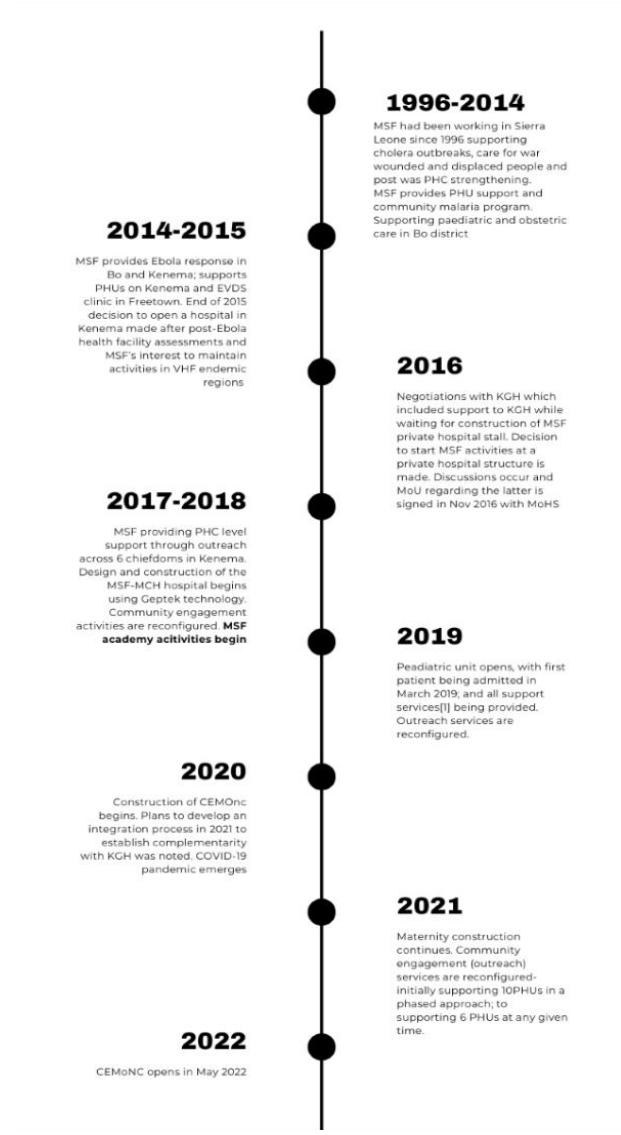
MEDICAL HUMANITARIAN CONTEXT- OR – BACKGROUND

Sierra Leone has one of the highest maternal and under-five mortality rates in the world. There are structural and social factors that have impeded curative and preventative interventions for Maternal and child health (MCH) in Sierra Leone. Kenema district’s health system includes Kenema Government Hospital (KGH) that is both a district and a regional hospital mainly used for referrals and Peripheral

Health Units (PHU) which are government run primary health care (PHC) facilities that provide community level PHC.

Embedded in the Kenema district health system is the Médecins Sans Frontières (MSF)’s Maternal and Child Hospital (MSF-MCH) that is also a referral hospital and provides Comprehensive Emergency Obstetric and Newborn Care (CEmONC) and paediatric healthcare services.

The MSF Kenema project was launched in 2017 with a more than 10-year objective to support the Kenema District Health Authorities in reducing maternal and child mortality and rebuilding a health workforce heavily affected by the Ebola outbreak. Between 2017 and 2019, MSF constructed the Maternity and Child Hospital while running community-based primary healthcare activities. Paediatric and nutrition services began in 2019, and Comprehensive Emergency Obstetric and Newborn Care (CEmONC) services were added in 2022. Capacity-strengthening efforts through the MSF Academy started in 2017 and expanded from 2019 onward, including the rollout of integrated Community Case Management (iCCM) across six PHUs. Figure 1 summarises the project timeline.



Hospital admissions reached 2,294 in Q4-2025, including 1,172 paediatric admissions across all wards (IPD, ITFC and Neonate) and 1,122 maternity admissions. A total of 133 beds were available in Q3-2025. During this quarter, the hospital employed 643 staff members, and its annual budget for 2025 amounted to €8.7 million.

Table 1. Repartition of beds in the Government maternal and child health care

	MAT	PICU	IPD	ITFC	NICU	CCU	Isolation	Waiting Room	total
Q3 2025	25	18	30	33	17	04	10	06	143
Q1 2026	52	18	30	33	37	06	10	08	194

In line with project design, the decision has been made to conclude the Kenema Hospital project by the end of 2028, following a phased handover to Kenema’s Health Authorities. The transition phase that precedes handover to the national authorities is the integration of the former MSF stand-alone hospital – since November Government Maternity and Children Hospital Hanga – into the existing national health system. The integration aims to enhance local healthcare capacity, ensure sustainability, and improve access to quality healthcare for women and children in the region. This involves working closely with local health authorities, getting on board donors to ensure that the services are absorbed into the Sierra Leone’s health infrastructure. The objective being for MSF to successfully withdraw, leaving behind a lasting improvement in secondary healthcare for mothers and children in Kenema, reflecting the value of a decade-long project development effort.

The integration dialogue in Kenema formally commenced in November 2023, engaging key stakeholders including the Ministry of Health (MoH) Kenema District Medical Officer (DMO)—who leads the District Health Management Team (DHMT)—the Kenema Government Hospital (KGH) Medical Superintendent, and MSF. Initial discussions focused on the planned transfer of integrated Comprehensive Emergency Obstetric and Newborn Care (CEmONC) services from KGH to Hanga MCH, with the intention of establishing Hanga as a satellite facility of KGH.

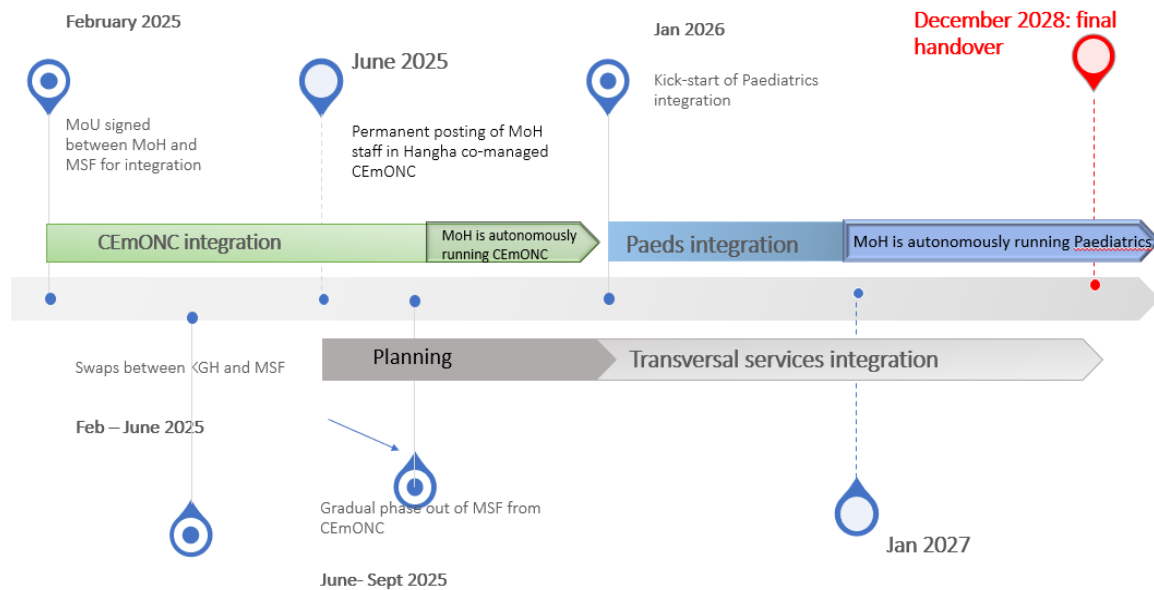
Subsequently, multiple consultations were conducted at both district and central levels to advance the integration and handover process of Hanga Hospital. A first high-level meeting took place on 22 September 2024 between MoH leadership at district level and MSF, during which stakeholders agreed to convene a multi-stakeholder workshop in Kenema. This workshop was held on 7–8 November 2024 and brought together a broad range of participants, including national and district MoH leadership, MSF teams, representatives from the Office of the Resident Minister for the Eastern Region, the Mayor’s Office, the Paramount Chief, the District Council Chairman, and key partners such as Seed Global Health, King’s Global Health Partnerships, UNICEF, and GOAL Sierra Leone.

The workshop resulted in a consensus among stakeholders on the proposed integration plan and a shared commitment to support its implementation. To operationalize the process, an integration focal point position was established with a detailed Terms of Reference to oversee coordination and follow-up. In addition, governance structures were set up, including a steering committee and technical working groups, to guide and monitor progress.

The process was further formalized with the signing of a Memorandum of Understanding (MoU) on 11 February 2025 to guide the operational planning and implementation of the integration process, with first phase focusing on CEmONC services. In June 2025, the project received the first cohort of

permanently assigned MoH staff, who begin working within a co-managed CEmONC framework, with a gradual phase out of MSF planned for September 2025.

In parallel, MSF continued to manage the Paediatrics department, while preparing for its integration in Phase II, which started in January 2026 and will continue through the end of 2027. In the meantime, MSF will maintain support for transversal services at Hangha MCH, including the laboratory, blood bank, pharmacy, and sterilization units, while progressively aligning practices with MoH protocols. The handover of these services will be gradually done and to be finalized by the end of 2027. Figure 2 shows the planned timeline for the integration process.



Given that the integration and handover are structured in three distinct phases (Phase I: CEmONC integration, Phase II: Paediatrics integration, Phase III: handover of transversal services), the capitalization exercise is likewise foreseen to follow a phased approach. Phase I has been completed, Phase II is ongoing, and Phase III will conclude toward the end of 2027.

PURPOSE AND INTENDED USE

The PURPOSE of this capitalization is to document and make sense of the tacit and experiential knowledge held by the actors directly involved in and supporting the integration and handover of the MSF-Kenema Hospital to the Kenema District Health Authorities. It will reconstruct how the integration unfolded, why certain strategic and operational choices were made, and how actors navigated constraints, opportunities, and power dynamics throughout the process.

The capitalization will therefore focus on: Chronology and key milestones of the integration and handover process; Strategic and operational choices, including their rationale, adaptations, and trade-offs; Stakeholder relationships, collaboration patterns, and the political and power dynamics that shaped the process; and Tacit knowledge and informal practices that enabled (or hindered) progress but are rarely captured in formal documentation.

The primary INTENDED USE of this capitalization is to strengthen OCB's institutional memory and organizational learning regarding handover processes of secondary-level health facilities into national systems. Its main users will therefore be OCB operational, medical, and coordination teams involved in planning, supporting, or negotiating future transitions.

In addition, the capitalization may provide a knowledge base to inform a potential ex-post evaluation of the handover once complete, and it may also offer reflections and insights relevant for external actors (such as Ministries of Health, donors, or partner organizations) who are engaged in similar transition processes.

Because the integration and handover process is unfolding in clearly delineated phases, the capitalization is designed as a multi-phase exercise. Phase I (CEmONC integration) has already been completed, making early documentation essential to avoid loss of tacit knowledge. Phases II and III are ongoing and will be capitalized at their respective conclusions to ensure that experiential knowledge is captured at the moment when actors still hold a clear memory of decisions, adaptations, and relational dynamics.

CAPITALIZATION QUESTIONS

- 1. What happened during the integration and handover of the MSF Kenema Maternal and Child Hospital into the Sierra Leone national health system?** Reconstruct the chronology of key milestones — from the MoU signing in February 2025, through the co-managed CEmONC phase, the Phase II paediatric integration started in January 2026, and the planned handover of transversal services — identifying the turning points and unplanned events that shaped the trajectory of the process.
- 2. How did MSF, the Ministry of Health, and district health authorities navigate the integration operationally and relationally?** Examine the strategic and operational choices made throughout the process — how plans, standards, and timelines were adapted, how collaboration patterns and power dynamics between stakeholders evolved, and what formal and informal mechanisms were used to manage transitions across clinical, HR, logistics, supply chain, and governance domains.
- 3. Why were specific strategic and operational decisions made at each stage of the integration, and what assumptions drove them?** Understand the rationale and trade-offs behind key choices — including the phased handover structure, the alignment with MoH protocols, and MSF's planned withdrawal by end of 2028 — and explore why initial assumptions shifted and which decisions actors would approach differently in hindsight.
- 4. What tacit knowledge, informal practices, and relational dynamics were essential to the integration process, and what do they reveal about how the transition really worked?** Surface the informal routines, unwritten rules, political sensitivities, and soft skills that enabled or hindered progress but are rarely captured in formal documentation — and draw out what this experience reveals about managing complex health system integration in a fragile context.
- 5. What systemic enablers and constraints — at health system, governance, and contextual levels — shaped the integration, and what does this experience reveal as effective practice for secondary-level health facility transitions?** Identify which factors (e.g., district leadership, MoH HR policies, financing mechanisms, MSF Academy capacity-strengthening) facilitated or complicated integration, which dependencies on MSF were hardest to unwind, and what approaches proved most effective for building sustainable local ownership.

Additional areas of inquiry can be suggested by the consultant at proposal and/or inception phase, in line with the reconfirmed capitalization purpose and intended use.

EXPECTED DELIVERABLES

Inception report.

A concise document confirming:

- Purpose, intended use, scope
- Stakeholder mapping (MoH, DHMT, KGH, MSF, partners)
- Methodology for capturing tacit knowledge
- Updated workplan and tools
- Ethical and data-protection approach

Phase-specific capitalization reports.

One report per phase (I, II, III), each including:

- Chronology and turning points
- Strategic and operational decisions
- Collaboration patterns and power dynamics
- Tacit knowledge and informal practices
- Short learning boxes for future transitions

Participatory sense-making workshops.

One per phase (or at least two overall), to:

- Validate emerging findings
- Surface tacit knowledge
- Jointly interpret tensions, enablers, and adaptations

Cross-phase synthesis report.

A final, integrative deliverable including:

- Cross-phase comparison of enablers and constraints
- Lessons for future MSF transitions of secondary-level facilities
- Actionable recommendations for OCB and MoH
- A short “transition playbook”

Dissemination products.

Light, accessible materials to support institutional learning:

- 2-page learning brief
- Slide deck for internal/external use
- Optional: visual timeline of the integration

TOOLS AND METHODS PROPOSED

The consultant will adopt a phased capitalization approach, conducting data collection and analysis at the end of each integration phase. This ensures that tacit knowledge, informal practices, and decision rationales are captured while still fresh in the minds of actors.

PRACTICAL IMPLEMENTATION OF THE CAPITALIZATION

<p>Number of consultants</p>	<p>One consultant is expected to lead the capitalization exercise. Given the phased structure of the work and the need for continuity across phases, a single consultant is considered sufficient and preferable to ensure coherence, consistency of analysis, and cumulative understanding of the integration process.</p>
<p>Timing of the capitalization</p>	<p>Start of consultancy: July 2026 Inception report: August 2026</p> <p>Phase I – CEmONC Integration (completed phase)</p> <ul style="list-style-type: none"> • Data collection: September 2026 • Phase I capitalization report: November 2026 <p>Phase II – Paediatrics Integration (ongoing phase)</p> <ul style="list-style-type: none"> • Data collection: January 2027 • Phase II capitalization report: March 2027 <p>Phase III – Transversal Services Handover (future phase)</p> <ul style="list-style-type: none"> • Data collection: December 2027 • Phase III capitalization report: February 2028 <p>Final synthesis report (cross-phase): March 2028</p>

PROFILE/REQUIREMENTS FOR CONSULTANT(S)

This capitalization requires an individual who can demonstrate competencies in the following areas.

- **Requirements:**
 - Proven experience in documentation, sense-making, and learning-oriented analysis, including reconstruction of complex processes.
 - Advanced qualitative methods skills, including tacit-knowledge elicitation, process tracing, and narrative reconstruction.
 - Experience designing and facilitating participatory workshops and multi-stakeholder sense-making processes.
 - Ability to manage multi-phase, longitudinal learning exercises with iterative analysis and cross-phase synthesis.
 - Demonstrated expertise in health systems integration and service-delivery transitions in LMIC settings.
 - Experience working in humanitarian or fragile health system contexts.
 - Experience and/or knowledge of the West Africa region.
 - Excellent interpersonal and stakeholder communication skills.
 - Fluency in English.

- **Assets:**
 - MSF experience or strong understanding of MSF operational models.
 - Experience with large or complex health structures and multi-actor governance environments.
 - Based in Sierra Leone or neighboring countries, to facilitate in-country visits and reduce travel-related costs.

ETHICAL CONSIDERATIONS

The proposal should include a reflection on how adherence to ethical standards for evaluations and other learning exercises will be considered throughout the capitalization, 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 capitalizations, through the respect of both Humanitarian principles and European GDPR. During the capitalization 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

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 elements):

- CV(s) with contact details
- a one-page statement outlining how the applicant meets the requirements
- a technical proposal outline of maximum 4 pages presenting:
 - a brief description of the proposed approach
 - key methodological elements
 - ethical consideration
 - an indicative workplan
- 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. While the level of effort is ultimately to be proposed by the evaluator, SEU's internal estimation foresees around 55 working days. For reference, the anticipated consultancy fee is approximately EUR 550 per day, depending on the consultant's qualifications, level of expertise, and relevant experience.

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 will not be hired full-time over the period.

Applications must be submitted through the following online application system no later than Sunday 12th July, 2026 – 23:59 CET: [Application link](#)
Only applications received through this platform will be considered.

SELECTION PROCESS

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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