

Subject/Mission	Ebola Emergency Response
Review Sponsor	Brice De Le Vigne (OCB Director of Operations)
Review Manager	Sabine Kampmueller- Stockholm Evaluation Unit (SEU)
Review Team Leader	David Curtis- Consultant
Starting Date	01/06/15
Duration	60 days, 45 Days and 45 Days respectively

Terms of Reference: Human Resources

REASON FOR THE REVIEW

One year after MSF (OCB) launched its response to the Ebola outbreak in Western Africa, and due to the complexity and challenges that have stretched the organisation, MSF OCB requires an **extensive multi-sectorial** review of its intervention.

PURPOSE AND SCOPE

The overall objective of the review is to provide: a picture of the intervention through a series of timelines identifying important events and milestones, a critical analysis of the intervention and choices taken with a focus on areas which challenged the organisation to change, adapt or develop new ways of working in response to the Ebola outbreak.

The review will look at the time period of 1st March 2014 to 31st March 2015.

The review should focus on the appropriateness of the chosen strategies/approach and provide an analysis of the effectiveness of the intervention. The analysis should identify key learning areas based on examples of good and bad practice as well as make recommendations for possible future best practices which can potentially improve guidelines, departmental strategies and learning.

The reviews scope is limited to all areas of the intervention under the direct operational management of OCB in the three countries most affected.

SPECIFIC EVALUATION TOPICS

1. How effective was the design and implementation of the OCB Ebola intervention?

Using existing guidelines, protocols or other strategic documents as references.

1. What were the objectives at the onset of the outbreak? ([Appropriateness](#))
2. Did these objectives develop over time and if so, how? ([Appropriateness](#))
3. Were adaptations made in response to changes in the operational environment? If so, were they timely? ([Appropriateness](#))
4. Were there adaptations in the strategic design across the different locations (Rural and urban, national, trans-boundary, other?) ([Appropriateness](#))
5. Were there adaptations of strategy resulting from changes in implementation? Was Strategy adapted before changes in implementation? ([Effectiveness](#))

6. To what extent was the objective of implementing the protocols/guidelines reached in each of the different locations (urban, rural, national, trans-boundary, other)? [\(Effectiveness\)](#)
7. What were the main factors influencing this? [\(Effectiveness\)](#)
8. To what extent were the protocols/guidelines implemented in each location? [\(Effectiveness\)](#)
9. What were the main opportunities and constraints with implementation of protocols or guidelines? [\(Effectiveness\)](#)
10. What factors can be said to have limited the OCB implementation of protocols/guidelines? [\(Effectiveness\)](#)
11. Could the implementation of the protocols/guidelines have been improved? If so, how? [\(Effectiveness\)](#)
12. Were any particular communities/beneficiaries/patients/stakeholders excluded? [\(Coverage\)](#)
13. If so what factors contributed to the exclusion of some communities/beneficiaries/patients/stakeholders? [\(Coverage\)](#)
14. Was the intervention response in Guinea/Sierra Leone/Liberia timely? [\(Timeliness\)](#)
15. What factors can be said to have contributed to the timeliness of the response? [\(Timeliness\)](#)
16. How did the OCB response link up with the strategies of other actors (e.g. local/national authorities, NGOs, donor agencies)? [\(Connectedness\)](#)
17. Did the MSF Ebola response influence the choices of other actors and vice versa? [\(Impact\)](#)

Specific and Transversal Operational Challenges

- 1. How did OCB meet the challenges of addressing its duty of care towards its staff?**
 1. Were the existing guidelines/strategies/protocols sufficient to address the needs for both national and international staff [\(Appropriateness\)](#)
 2. To what extent were the guidelines/strategies/protocols able to be implemented in the different locations? [\(Effectiveness\)](#)
 3. Were they appropriate according to the demands of the staff? [\(Appropriateness\)](#)
 4. Were timely adaptations made in response to changes in the working environment and context? [\(Effectiveness\)](#)
 5. Were there any legal issues relating to the implementation of the Human Resource strategy and how were they addressed? [\(Appropriateness\)](#)
 6. What were the main opportunities and constraints to the implementation of strategies/policies/guidelines and how were they addressed? [\(Effectiveness\)](#)
 7. How well did OCB address the Bio-Security of both national and international staff? [\(Appropriateness\)](#)
 8. How did OCB address the psychological needs of its national and international staff? [\(Appropriateness\)](#)
 9. How did OCB address the issue of stigma associated with working in Ebola? [\(Impact\)](#)
- 2. How successfully was HR mobilised to address the demands of the OCB Ebola response?**
 1. Were the existing guidelines/strategies/protocols sufficient to address the HR needs (recruitment, gap filling, handover, skills and experience) for national and international staff? [\(Appropriateness\)](#)
 2. Were timely adaptations made in response to changes in the working environment and context? [\(Effectiveness\)](#)
 3. Were they appropriate according to the demands of the staff? [\(Appropriateness\)](#)
 4. What were the main challenges and constraints in meeting the Human Resources strategy and objectives and how were they addressed? [\(Effectiveness\)](#)

Briefing & Debriefing

3. How successfully was the briefing and debriefing implemented during the emergency?

1. Was the briefing and debriefing process appropriate according to the needs and demands of the staff? ([Appropriateness](#))
2. What were the main opportunities and challenges in implementing briefings and debriefings and how were they addressed? ([Effectiveness](#))
3. To what extent was Kitsch implemented? ([Appropriateness](#))
4. Were there adaptations or changes to the briefing and debriefing process and protocols during the evolution of the Ebola response? ([Effectiveness](#))
5. How the feedback did received from the briefing/debriefing process, for both national and international staff influence the global response? ([Impact](#))

Training

4. How successfully was the training organised and implemented?

1. What was the training provision and strategy at the beginning of the response? ([Appropriateness](#))
2. Was the training strategy adjusted in response to the evolution of the scale and context of the outbreak? ([Appropriateness](#))
3. Was the training coherent with the feedback and views and identified requirements of the participants? ([Appropriateness](#))
4. To what extent did the training meet the objectives and guidelines/protocols/strategies for the response? ([Effectiveness](#))
5. What opportunities and constraints for implementing the trainings can be identified? How can they be addressed for future responses? ([Effectiveness](#))
6. How did the training link up with other external actors/initiatives implicated in the Ebola response? ([Connectedness](#))
7. What existing capacities and resources were used in the training? ([Efficiency](#))
8. What local capacities in the outbreak locations (e.g. urban, rural, national, other) were identified and incorporated into the training? ([Connectedness](#))
9. How was the training for National Staff implemented?
10. To what extent were the national staff supported in the minimum bio-security context
11. How did the external participants perceive the training e.g. IFRC/Alima/OCA/IMC, MoH etc.?
12. Did the trainings improve the safety of the working environment?
13. How did the trainings impact on the safety on the staff?
14. Was the training adapted for Rural and Urban contexts?
15. Is it possible to measure if the objective of the trainings to ensure a safe working environment was reached?

5. How did OCB transfer its competencies regarding Ebola?

1. How did OCB respond to the training needs to meet the operational requirements?
2. How were other actors mobilised/supported/integrated in the training?
3. Is the approach relevant for other emergencies?

6. Was the training for National and International staff: questions for different target groups

1. Timely?

2. Was the training material and content available and suitable?
3. What different methods and media were used to train and how were they implemented/received?
4. Were the training locations suitable? Were there alternative choices considered?
5. Were the resources allocated sufficient to meet the needs?
6. What lessons can be learnt for the training unit (refer to report Catherine Bachy)
7. Was there adequate support to implement training at field and HQs?
8. How were the external publications involving MSF distributed and supervised? e.g. CDC using the Watsan material
9. Was the training material developed in the field/HQ collected by MSF for the future?
10. How are the training materials/programs being capitalised for next time (field and HQ)?
11. How was information regarding the response to Ebola made accessible for other organisations/actors? e.g. App store: Ebola guidelines
12. Were additional trainings required which were not implemented or available?

EXPECTED USES AND OUTPUTS

- Interactive overview of the key milestones/decisions/context of the intervention
- Critical analysis of the strategic choices and decisions
- Critical analysis of the successes at the level of implementation
- Potential areas for learning
- Recommendations for the future best practices where relevant

The review should focus specifically on the areas of the response which challenged OCB to adapt the strategy, develop new solutions or change its way of working. The review is not a classic what was done and what was not done review.

The review will attempt to deliver components of the ToR during the allotted timeframe. The Review will deliver a report per sector and specific transversal questions, which will be synthesised into a final document.

METHODOLOGY PROPOSED

The review should incorporate a mixed methodology (qualitative and quantitative) based on the MSF guideline for evaluation e.g. based on the objectives of the response and DAC criteria¹.

Will include: review and analysis of key project documents, interviews with team members at HQ and field levels, interviews with local authorities and other organizations, Interviews with patients, surveys, natural group discussions, roundtables, focus groups and lessons learned workshops.

¹ OECD DAC Criteria: Criteria for evaluation development assistance

TEAM REQUIREMENTS: Human Resources

Expected Background and Experience

The evaluators should be experienced independent consultants with the following minimum qualifications and experiences:

Consultant 1: Design and implementation of the OCB Ebola intervention and mobilisation of HR resources

- Minimum 5 years of experience in humanitarian and development assistance in the Humanitarian Sector
- Degree in Human Resource Management or relevant field experience with a focus on: Management, HR administration, HR strategy or similar domains
- Experience in MSF Human Resources essential
- Experience and knowledge at the MSF office and field level of support and/or management
- Experience of Human Resource Management in an Emergency
- Experience in West Africa a plus.
- English essential, French a plus

Consultant 2: Training, briefing & Debriefing

- Minimum 5 years' experience in humanitarian and development assistance in the Humanitarian Sector
- Qualification or relevant experience in identifying and establishing training programmes
- Experience in humanitarian and development assistance in the HR sector
- Knowledge of humanitarian and emergency procedures with large international institutions essential, with knowledge and or specific experience with MSF a plus.
- Experience in West Africa a plus.
- English and French essential

Consultant 3: Duty of care: including social responsibility/psychological support/stigma.

- Minimum 5 years' experience in humanitarian and development assistance in the Humanitarian Sector
- Degree or relevant experience in the HR including Social responsibility, or similar domains
- Experience in humanitarian and development assistance in the HR sector
- Knowledge of humanitarian and emergency procedures with large international institutions essential, with knowledge and or specific experience with MSF a plus.
- Experience in West Africa a plus.
- English and French essential

PRACTICAL IMPLEMENTATION OF THE EVALUATION

The number of days identified are for the period between 01/06/15 and 31/10/15.

The report writing and triangulation is expected to take place during September and October

Consultant 1	Human Resources
Timing of the evaluation	Starting June 2015
• For preparation (Days)	3 weeks
• For field visits (Days)	3 weeks
• For interviews (Days)	3 weeks
• Analysis and Triangulation	1 weeks
• For writing up report (Days)	2 weeks
Total time required (Days)	60 days

Consultant 2	Training
Timing of the evaluation	Starting June 2015
• For preparation (Days)	2 weeks
• For field visits (Days)	2 weeks (to be confirmed)
• For interviews (Days)	3 weeks
• Analysis and Triangulation	1 week
• For writing up report (Days)	1 week
Total time required (Days)	45 days

Consultant 3	Human Resource
Timing of the evaluation	Starting June 2015
• For preparation (Days)	2 weeks
• For field visits (Days)	3 weeks
• For interviews (Days)	2 weeks
• Analysis and Triangulation	1 week
• For writing up report (Days)	1 week
Total time required (Days)	45 days