

<b>Subject/Mission</b>	<b>Ebola Emergency Response</b>
<b>Review Sponsor</b>	Brice De Le Vigne (OCB Director of Operations)
<b>Review Manager</b>	Sabine Kampmueller- Stockholm Evaluation Unit (SEU)
<b>Review Team Leader</b>	David Curtis- Consultant
<b>Starting Date</b>	01/06/15
<b>Duration</b>	50 days

## Terms of Reference: Logistics

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### 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.

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### 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 1<sup>st</sup> March 2014 to 31<sup>st</sup> 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.

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### 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)

## Logistic and Transversal Subjects

### 2. How did Logistics address the transport challenges? (With input from Supply consultant)

1. How were the transport needs identified and how did they develop over time? (Appropriateness)
2. Were there logistics strategies already in place to meet the transport needs? (Appropriateness)
3. Did strategies lead to clear objectives behind the transport needs? (Appropriateness)
4. To what extent were defined objectives achieved? (Effectiveness)
5. What were the main challenges and constraints to the implementation of the transport strategy and how were they addressed? (Effectiveness)

### 3. How successfully was the OCB Protection and Disinfection Kit Distribution designed & implemented? (With input from Supply/Medical/Watsan Consultants)

1. How was the strategy developed and implemented for the Monrovia disinfection kit distribution? (Appropriateness)
2. Were timely adaptations made in response to changes in the working environment and context? (Effectiveness)
3. To what extent were the objectives reached (e.g. coverage, timeliness, other)? (Effectiveness)
4. Can any positive improvement in the health status be attributed to the kit distribution? If so, how and to what extent? (Impact)

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## 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.

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## 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 criteria<sup>1</sup>.

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.

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## REQUIREMENTS: Logistics

### Expected Background and Experience

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

#### Profile

- Minimum 5 years of experience in humanitarian and development assistance in the logistics sector,
- At least five years of proven experience and knowledge at the level of support and/or management of logistics programs or systems for developing countries, especially in Africa or in a similar context.
- Experience in West Africa a plus
- Experience in conducting logistics or other sector program and project evaluations and / or reviews essential
- Knowledge of humanitarian and emergency procedures with large international institutions essential, with knowledge and or specific experience with MSF a plus
- English and French essential.

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<sup>1</sup> OECD DAC Criteria: Criteria for evaluation development assistance

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## 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

<b>Number of evaluators</b>	1 Consultant
<b>Timing of the evaluation</b>	Starting June 2015
<b>Required amount of time (Days);</b>	
• <b>For preparation (Days)</b>	2 weeks
• <b>For field visits (Days)</b>	3 weeks (TO BE CONFIRMED)
• <b>For interviews (Days)</b>	3 weeks
• <b>For writing up report (Days)</b>	2 weeks
<b>Total time required (Days)</b>	<b>50 days</b>

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