

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 of two consultants	75 days and 40 days respectively

Terms of Reference: WatSan

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)

1.1 WatSan Specific Questions

- Which Ebola strategies, including the 2008 version, were employed? Where and why? (guidelines from post-Uganda 2000 were employed apparently because they are more detailed)
- What elements of strategy addressed Outreach?
- What elements of the strategy addressed Health Promotion? What was the role of WatSan in HP? (this refers to comment that HP is weak in the 2008 version)

Specific and Transversal Operational Challenges

2. How successful was the infection control strategy, in terms of design and implementation in addressing the scale of the outbreak? (WATSAN with medical and logistical input)

1. What were the infection control guidelines/strategies/policies existing at the start of the outbreak and did it address the needs? (Appropriateness)
2. Were adaptations made to the guideline/strategy/policies in response to the operational environment? (Appropriateness)
3. Were the guidelines/strategies/policies implemented differently in the different locations (urban, rural, national, trans-boundary, other), and if so, how and why? (Effectiveness)
4. What were the main opportunities and constraints in the implementation of the infection control strategy? (Effectiveness)

2.1 WatSan Specific Questions

- Were there different existing biosecurity protocols for EMC, Outreach and regular Health Facilities? Were different strategies / protocols developed?
- How was implementation of Bio Security verified?
- What systems of Monitoring or Quality Control were installed? When? By whom?
- Sub-question – Do specific protocols exist for Bio Security in Outreach activities?

3. How successfully was the Ebola waste management addressed? (solid, liquid and health-care waste)

1. What were the existing guidelines/strategies/protocols and did they address the needs?
(Appropriateness)
2. Were there adaptations in the strategic design across the different locations (Rural and urban, national, transboundary, other.) (Appropriateness)
3. Where appropriate and timely adaptations made in response to changes and evolution in the operational environment and if so what were they? (Appropriateness)
4. What were the main factors influencing these changes? (Effectiveness)
5. What were the main opportunities and constraints with the implementation of the strategies?
(Effectiveness)

3.1 WatSan Specific Questions

- How applicable and easy to implement were the strategies? What kinds of constraints existed? Did any opportunities arise?
- What Outreach strategies existed and / or were adapted across different locations?
- What coordination strategy with other actors (non-MSF) was implemented?
- What were the specific difficulties that can be related to the surge in activities? What alternative solutions and strategies were identified and implemented?
- Did the Ebola waste management strategy link to bio security strategy? Were specific waste management strategies in place or adapted for EMCs, Outreach and normal Health Facilities?
- What regular follow-up checks, controls or visits were employed to verify the good implementation of strategies for Ebola waste management, bio-security and Outreach?
- What are the lessons learned that can be applied for future outbreaks, other emergencies and non - emergency contexts?

4. How did OCB respond to its role as a technical referent for Ebola?

1. How did OCB respond to the demand to become a technical referent on Ebola? (Appropriateness)
2. What factors contributed in the development of the role as technical referent? (Effectiveness)
3. How did the other OCs and actors respond to the role that OCB assumed? (Connectedness)
4. What impact did the role have internally for OCB and externally on other actors? (Impact)
5. What were the main opportunities and constraints arising from the role? (Effectiveness)

4.1 WatSan Specific Questions

- What was the contribution of WatSan within the global role of MSF as technical referent?
- How did technical referent demands impact on WatSan core activities? (e.g. increased demand for referrals, presentations and trainings for non-MSF actors)

Transversal Questions with Watsan input

5.0 How successfully was the OCB Protection and Disinfection Kit Distribution designed & implemented? (Logistics with Medical, Supply and WatSan input)

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](#))

5.1 WatSan Specific Questions

- What were the roles of the WatSan and Medical Departments in the Kit Distribution?
- Was Kit Distribution used elsewhere? On what scale and to what effect?

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.

REQUIREMENTS: WatSan Profiles

Expected Background and Experience

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

Profile

- Minimum 5 to 10 years of experience in humanitarian and development assistance in the WASH sector,
- A minimum of 5 years (or 5 field missions or projects),

¹ OECD DAC Criteria: Criteria for evaluation development assistance

- Training in Water Engineering, Sanitary Engineering, Public Health or related field,
- Knowledge and experience in Environmental Health and other health issues linked to the WASH sector strongly recommended,
- Sound professional experience in conducting WASH Sector 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 essential, French required for one profile

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	Watsan Specialist
Timing of the evaluation	Starting June 2015
• For preparation (Days)	3 weeks
• For field visits (Days) Guinea	2 weeks
• For interviews (Days)	3 weeks
• Analysis and Triangulation	2 weeks
• For writing up report (Days)	3 weeks
Total time required (Days)	75 days

Consultant 2	Watsan Specialist
Timing of the evaluation	Starting June 2015
• For preparation (Days)	2 weeks
• For field visits (Days) Sierra Leone	2 weeks
• For interviews (Days)	2 weeks
• Analysis and Triangulation	1 week
• For writing up report (Days)	1 week
Total time required (Days)	40 days