

CALL FOR APPLICATIONS

EVALUATION OF THE MSF COVID-19 CRISIS RESPONSE IN SPAIN

(remote)

APPLICATION DEADLINE: 04 October 2020

Médecins Sans Frontières/Doctors Without Borders (MSF) is an international medical humanitarian organisation, providing quality medical care to people in crises around the world, regardless of religion, ethnical background, or political views. Our fundamental principles are neutrality, impartiality, independence, medical ethics, bearing witness, and accountability.

The **Vienna Evaluation Unit**, based in Austria, is one of three MSF units tasked with managing and guiding evaluations of MSF projects.

For more information see: evaluation.msf.org

Subject/Mission	MSF COVID-19 Crisis Response in Spain
Duration	Final deliverables to be submitted by 09 November 2020
Application Requirements	<ol style="list-style-type: none"> 1) A proposal describing how to carry out this evaluation (including a budget, with the total amount not exceeding EUR 20,000) 2) CV of each evaluation team member 3) A written sample of previous work <p>Applications should be sent to veuapplication@vienna.msf.org</p>
Deadline to apply	04 October 2020

MEDICAL HUMANITARIAN CONTEXT

The first cases of COVID-19 were confirmed in Spain in February 2020. No major measures to contain the spread of disease were taken either at the regional or central level. A narrow case definition, that kept changing over the months, limited access to testing and no contact tracing was introduced. In early March, the number of cases spiked dramatically, revealing that community contagion was happening in many parts of Spain. This posed a critical risk to the capacity of the health system to maintain its functionality and cope with the influx of COVID-19 patients in serious and critical conditions.

On 14 March 2020, the Spanish Government declared a state of alert and placed the health system, for decades managed in decentralised autonomous regions, under the command of the central government. Severe measures which restricted movement were imposed on the entire population. Cases were registered across the country, but the autonomous regions were affected with varying intensity. Madrid and Barcelona (and their surrounding districts) registered the highest numbers of suspect and confirmed cases. In some regions, many people in nursing homes fell ill, and their access to healthcare (for COVID-19 and other diseases) was severely restricted. Visits from relatives to nursing homes was, in many cases, prohibited, while the disease ravaged many of their inhabitants killing a very high number of them in total abandonment and solitude.

As mortality reached the 900s per day, burial services were overwhelmed. Firemen and the army were mobilised to disinfect hospitals and nursing homes and remove corpses. In hospitals, intensive care services were expanded, and dedicated COVID-19 wards opened. For weeks, diagnostic means were scarce. At the height of the crisis, many health and hospital staff, including cleaners and care takers, had no access to proper Personal Protective Equipment (PPE). Many primary health care centres closed their doors or services were severely disrupted. Staff providing primary healthcare services were diverted towards hospitals.

Many patients were asked to remain at home when symptoms were not considered severe enough. Home care, when available for COVID-19 and non-COVID-19 patients, was provided in unsafe conditions for staff, patients and relatives. A large number of health workers (the highest ratio recorded in the affected countries) fell sick. The extended confinement that disrupted much of the economic activity in the country was only partially lifted in May and took a huge toll on the most vulnerable. Reducing mortality figures took several weeks. The central government ended the state of alert on 21 June.

MSF Operational Centre Barcelona (OCBA) launched an emergency response in the first days of March. The goal was to support, advise and influence the decision-making and coordination platforms for epidemic response, based on OCBA's experience in humanitarian and health management crises, as well as assisting health care staff and vulnerable communities affected by Covid-19.

Through MSF Spanish staff already working for the health services in regional administrations, an initial assessment of the situation, covering much of the State, was conducted online. Engagement with some regional and Ministry of Health key actors began in early March. The response was initially concentrated on decongesting hospitals in the most affected zones (Cataluña and Madrid). Soon afterwards, at the desperate request of some external actors, MSF started working in nursing homes. In parallel, a knowledge portal was created to support health and nursing homes and similar services and facilities staff across Spain.

The response was centred around four pillars:

- Advising and advocating with health authorities responsible for epidemic management at a central and regional level (attending coordination meetings, advocacy on staff safety and contact tracing);
- Expanding healthcare capacity, contributing to the control and prevention of infections and support health staff around hospitals (setting up parallel facilities outside hospitals, case management, PPE);
- Contributing to the protection and assistance of the elderly living in care homes & nursing homes (PPE, infection control advice, visits, and online support);
- Disseminating know-how through a knowledge portal made available in Spain, Portugal, and Latin America (videos for health and nursing staff, training).

The response, led by OCBA's Emergency Unit, was managed under confinement conditions, and staffed with former and recurrent MSF staff off duty, dispatched from some headquarter departments, or recruited on occasion through the associative network. The teams confronted many access difficulties related to the complexity of the health system and the political environment. Over the following weeks, the operations grew in technical complexity and geographical scope (beyond Spain, through online support). Some of the regular modus operandi of the HQ departments were adjusted to fit a response that was in many ways a novelty for OCBA. Having not been part of the MERS/SARS responses, OCBA had no previous experience with similar outbreaks (although OCBA is one of the sections with more consistent and substantial experience in complex outbreaks such as Ebola over the last 15 years).

OCBA had not intervened in emergency mode in Spain before, and was not familiar with the intricacies of the extremely complex governance of the Spanish health system. The project in Spain closed at the end of May, but support to Portugal and other countries in Latin America continued through the knowledge portal. OCBA also decided to keep monitoring the situation in nursing homes beyond the project closure date.

REASONS FOR EVALUATION / RATIONALE

While the COVID-19 response project was certainly an exception in our portfolio (beyond the scale and nature of the crisis, two main elements of the response were also exceptional: operations were run in the host country of OCBA's HQ; and the heavy involvement of members of OCBA's associative movement in decision-making and project implementation), evaluating the core elements of the response will not only give us the opportunity to learn for a potential similar one, but, with the caveat of that exceptionality, to check how close or far we were from the ambitions reflected in our current Strategic Plan.

OVERALL OBJECTIVE AND INTENDED USE

The overall purpose of the review is to document and learn from the experience of the MSF OCBA response to the COVID-19 crisis in Spain. It will also be used to understand the degree to which the response was aligned with OCBA's strategic ambitions and principles as defined in the Strategic Plan 2020-2023. The users will be primarily the OCBA management team and the Department of Operations.

SPECIFIC OBJECTIVES

Objective 1: Document the timeline and rationale for the intervention in the outbreak response in Iberia.

1.1 How was the decision to respond to COVID-19 in Spain taken?

1.2 How were the response strategy, priorities and actions selected?

1.2 How was the intervention structured and managed? How were decisions around this taken?

1.4 Were lessons learnt from previous complex outbreak responses incorporated in the response strategy?

Objective 2: Understand the added value of MSF's contribution to the outbreak response in Iberia.

2.1 What were the main achievements of the response? Were they as expected?

2.2 Were the intervention strategy and priority components (case management through hospital extensions; infection control in nursing homes; staff health; knowledge management) appropriate to needs??

2.3 Were interventions timely and adapted based on changes in context?

2.4 How effective was coordination with health authorities?

Objective 3: Analyse the response against the ambitions of OCBA's current Strategy and MSF principles.

3.1 To what extent was the response aligned with the ambitions stated in the MSF OCBA Strategic Priorities namely: Medical Humanitarian Action in Conflicts and Emergencies; People-Centred; Maximising OCBA potential; Working in Collaboration; Being Effective, Efficient, Reliable and Accountable; and MSF principles?

TOOLS AND METHODOLOGY PROPOSED

- Review and analysis of project documents
- Meetings/discussions/interviews with key team members at HQ and field levels
- Meetings/discussions/interviews with key authorities
- Questionnaire of staff involved in response

EXPECTED DELIVERABLES

- Visual mapping and short description of decision-making process and organigram (users: OCBA Management Team (MT))
- Report, max 20 page, with recommendations documenting the contribution of MSF to the outbreak response (Ops Dept. & MT)
- Debate paper, including four pages of findings and one page of recommendations analysing coherence with strategic ambitions and principles (users: OCBA MT)
- Results will be presented in a final presentation to stakeholders

RECOMMENDED DOCUMENTATION

- 2020-2023 OCBA Strategic Plan
- Project documents
- End of mission reports
- Advocacy strategy and reports
- Public communications (PR, statements, interviews)

STAKEHOLDERS

Primary stakeholders: Operations Department and General Direction

Other stakeholders:

- Emergency coordinators
- Project medical referents
- Senior staff
- Medical department
- HR coordinators
- Communication and advocacy department
- Logistics department

PROFILE / REQUIREMENTS FOR EVALUATORS

The evaluation team should collectively have the following qualifications, experience, and competencies:

Essential:

- Minimum 7-10 years' experience evaluating humanitarian emergency responses related to public health
- Track record in completing complex evaluations
- Track record evaluating complex organisational set-ups
- Strategic outlook and thinking
- Knowledge of the public health system in Spain
- Strong understanding of humanitarian principles
- An excellent knowledge of English and **Spanish** (spoken and written)
- Excellent analytical and writing skills

Desirable:

- Experience of working with MSF
- Experience of outbreaks management