

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

Thematic Evaluation of iCCM activities in MSF-OCB settings	
Starting date:	May-June 2024
Duration:	Final report to be submitted by December 2024 at the latest
Requirements:	Interested applicants should submit: 1) A proposal describing how to carry out this evaluation (including budget in a separate file), 2) CV(s), and 3) a written sample from previous work
Deadline:	No later than by 0900hrs CEST (9am) on Monday, May 6 th
Apply to:	evaluations@stockholm.msf.org marked «ICMEV»
Please note:	The evaluation requires visits to project location for onsite data collection. These are to be suggested, confirmed and further planning done during inception phase, through discussions with SEU's evaluation manager and key stakeholders (with an eye to relevance and feasibility of project visits).

BACKGROUND

Integrated community case management (iCCM) within MSF-OCB

Integrated community case management (iCCM) is recommended since 2012 by WHO/UNICEF as part of integrated management of childhood illnesses (IMCI) especially in hard-to-reach areas and/or with vulnerable populations¹. Médecins Sans Frontières Operational Center of Brussels (MSF OCB) implements iCCM activities in some of its projects and refers to it “as patient management for children between two months *and five years at the community level, provided by community health workers, integrating diagnosis and treatment for the main acute killer diseases, more specifically malaria, pneumonia, diarrhea, while other activities (such as screening for malnutrition) can be added*”.²

iCCM OCB activities include:

- Screening, identification and referral of children with danger signs
- Testing for malaria (Rapid Diagnostic Test) and treatment of simple malaria (ACT)
- Screening and treatment (ORS (+-Zn) for non-bloody diarrhoea
- Screening (respiratory rate combined with cough) and treatment (AB) for simple pneumonia
- Screening for malnutrition
- Assessment of vaccination status and referral for catch up vaccinations
- Community based disease and mortality surveillance
- Health promotion and education

Current iCCM activities in OCB project locations

The number of projects implemented by MSF-OCB that include iCCM activities has grown from three in 2020³ to nine at the beginning of 2024, with three projects handed over in 2023 because of project closure (Maban in South Sudan, Kouroussa in Guinea Conakry, and Ryansoro in Burundi). This is the result of a deliberate investment into iCCM, linked to needs, contexts of intervention, as well as MSF-OCB’s stated priorities.⁴

In February 2024, the following eight MSF-OCB projects are implementing iCCM activities and will be in the scope for this evaluation:

¹<https://cdn.who.int/media/docs/default-source/mca-documents/child/who-unicef-joint-statement-child-services-access.pdf>: “UNICEF, WHO and partners working in an increasing number of countries are supporting the iCCM strategy to train, supply and supervise front-line workers to treat children for both diarrhoea and pneumonia, as well as for malaria in malaria-affected countries, using ORS and zinc, oral antibiotics, and artemisininbased combination therapy (ACT). In addition, the availability of high-quality rapid diagnostic tests for malaria (RDTs) has made it possible to test for malaria at the community level. RDT use will make the need for high-quality integrated treatment, including iCCM, even more pressing, to ensure adequate health worker response to febrile children with or without malaria. Finally, iCCM also enables community health workers to identify children with severe acute malnutrition through the assessment of mid-upper-arm circumference (MUAC).” June 2012

² iCCM “Strategy paper” (MSF-OCB, 2018)

³ According to medical activity report 2020, 2022

⁴ Continuum of care is one of the MSF OCB’s key strategic orientations for the period 2020-2023: “Health care can only be ensured if there is a functional primary health care and referral services to secondary care. Where access to primary healthcare cannot be ensured by in-facility case management, community-based case management will be organised. In areas with high childhood morbidity/mortality due to infectious diseases and neonatal vulnerability, this can be based on integrated community case management (iCCM), focusing on early diagnosis and treatment of pneumonia, malaria and diarrhoea, based on strict algorithms” (OCB Operational prospects 2020-2023 (extended till 2025). “As such, [MSF-OCB] will ensure that [...] activities [are orientated] toward the main killer diseases” (OCB Strategic Orientations 2020-2023).

- Projects in Yei and EGPA (the later including activities in two sites: Boma and Maruwa) in South Sudan
- Kebbi in Nigeria
- Masisi in Democratic Republic of Congo (DRC)
- Kenema in Sierra Leone
- Projects in Niono and Timbuktu, Mali
- Cibitoke in Burundi

Most projects⁵ provide “all care components of the iCCM programme: treatment of uncomplicated malaria, diarrhoea and acute respiratory infections (ARIs), screening for malnutrition, assessing, and referring sick children to health centres”⁶. However, and this is one of the main reasons for this evaluation, the preparation and implementation modalities, and even understanding of iCCM may vary between different project locations. There are different terminologies being used, as well as various adaptations to the standard package (eg reaching a broader target group), given specific needs and contexts in different locations. Table 1 below provides an overview of activities implemented (2023) and illustrates some of the differences between projects.

Integrated Community Case Management (iCCM)/Community Health Activities for Children Across MSF OCB Projects in 2023⁷

Table 1: Package of Services Per Project (2023)

Program Component								
PROJE CT	MALAR IA INCL. TESTIN G	DIARRH EA	RESPIRAT ORY INFECTIO N	REFERR AL TO PHC	SCREENING FOR MALNUTRIT ION	VACCINATI ON STATUS ASSESSME NT	SERVIC ES TO POP. > 5 YEARS	OTHER SERVIC ES
Kenem a	Y	Y	N	Y	Y	N	Y	Malaria test and treat for all ages and folic acid for pregna nt women
Niono	Y	Y	Y	Y	Y	Y	Y	Screen and treatme nt for worms,

⁵ Source: MSF OCB Medical activity report 2022

⁶ Source: MSF OCB Medical activity report 2022

⁷ Source: MSF OCB Medical activity report 2022

								URI, Mother MUAC. In Nampal a site expanded care for children and adults with nurses on site
Cibitoke	Y	Y	Y	Y	Y (planned)	Y (planned)	N	
Masisi	Y	Y	Y	Y	N	N	Y	Malaria test and treat for all ages
Timbuktu	Y	Y	Y	Y	N	N	Y	Health post with nurse covering other diseases
Yei	Y	Y	Y	Y	Y	Y	Y	Malaria test and treat for all ages
EGPAA	Y	Y	N	Y	Y	N	Y	Malaria test and treat for all ages
Kebbi	Y	Y	Y	Y	Y	Y	N	

Legend : Y: yes (included in the package of services); N: no (not included in the package of services)

Table 2 below presents 2023 data across the iCCM portfolio and illustrates the volume these activities represent overall and in each project.

Table 2: Programme Data Across Projects (2023)

	Country	Sierra Leone	Mali	South Sudan	Burundi	DRC	Nigeria
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	Total	Kenema	Niono	Timbuktu	Yei	EGPAA	Cibitoke	Masisi	Kebbi
Total no. of children <5 seen (2023 data)	76 479	16 970	3 669	4 686	14 758	14 601	11 969	1 100	8 726

This thematic evaluation should look at the overall current iCCM portfolio of MSF-OCB.

PURPOSE AND INTENDED USE

iCCM is relatively new for MSF-OCB. There is a genuine interest to learn from this thematic evaluation, that is wanted by the MSF-OCB medical department to better understand what is being implemented today in terms of iCCM activities in different locations, why, how, and with which results. Therefore, it is expected that the evaluation will provide an overview of how iCCM is being implemented into the projects, the success and challenges of these activities, and strategic recommendations for enhancing iCCM activities in existing and future OCB health interventions. The evaluation will contribute to nourish the development of MSF-OCB's overall iCCM programming, and indirectly to inform further programming in the various locations included in evaluation scope.

EVALUATION QUESTIONS

The evaluation should:

- 1) describe the current MSF-OCB iCCM portfolio (eg types of sites, package, modalities of HR management and supervision);
- 2) explore rationale behind site selection as well as deviations from standard package if any, and reasons behind;
- 3) assess the portfolio's overall value, its trends and patterns, highlighting challenges and bottlenecks, good practices and successes;
- 4) identify strategic recommendations for enhancing and implementing iCCM activities in existing and future OCB projects.

Additional areas of inquiry as well as relevant evaluation criteria and/or questions, can be suggested by the evaluation team at proposal and/or inception phase, in line with the relevant evaluation framework(s) they will identify.

EXPECTED DELIVERABLES

Note: the SEU involves a consultation group (CG) in all evaluation processes, with the objective to increase understanding, buy-in, learning during the process as well as quality of the result. The CG is led by a commissioner. They have contributed to finalizing this ToR.

The key deliverables (inception report, draft/final report) will be processed through a feedback loop, collecting input from the consultation group. Each deliverable is reviewed by the SEU and endorsed by the evaluation's commissioner.

▪ **Inception Report (in English)**

The inception report ought to include a detailed evaluation proposal including the methodology and evaluation protocol, developing further what has been proposed in the proposal based on additional information being available to the evaluation team. See below.

Once validated, a short version of the inception report should also be developed so that key stakeholders beyond the consultation group can be kept informed according to needs.

▪ **Real time learning and sense-making**

Continuous feedback to the commissioner and consultation group (CG) for the evaluation, as preliminary findings emerge. Sessions can be organized according to needs to achieve shared understanding.

The evaluation team should develop a system to ensure participation, engagement, and information of key stakeholders, including across project locations, in close collaboration with the SEU and CG.

▪ **Draft Evaluation Report (in English)**

The draft evaluation report ought to answer to the overarching evaluation questions, keeping in mind the evaluation's stated purpose and intended use, basing this on analysis, findings, and conclusions – and if relevant – lessons learned and/or recommendations.

▪ **Working Session**

As part of the report writing process, a working session (or several, if needed) will be held with the commissioner, consultation group members, SEU evaluation manager and ideally (some) evaluation participants. The evaluation team will present the preliminary findings, collect feedback and facilitate a discussion on recommendations (ideally co-create recommendations).

▪ **Final Evaluation Report**

The final report will have addressed feedback received during the working session and written input from the feedback loop with commissioner and CG members.

▪ **Dissemination and use**

- Presentation and discussion of the Final Evaluation Report to a general MSF audience in the form of a webinar.
- Summary report
- Other adequate support(s) to share evaluation findings with partners, staff, patients and communities not least.
- Other sense-making exercises, workshops and dissemination and use activities may be suggested in proposal, during or at the end of the evaluation process.

- Note: the final report will be translated into French to increase accessibility to evaluation findings. This deliverable will be produced by the SEU.

TOOLS AND METHODOLOGY PROPOSED

The evaluation team should propose relevant framework(s) and/or criteria for this thematic evaluation, as they see fit. The following methodology is suggested.

- Preliminary discussions with CG members and commissioner.
- Desk review of all current iCCM sites
- Case studies on some sites, including visits to projects, key informants’ interviews, deep dive in quantitative data, including routinely collected data (raw data). Size of and criteria for sampling of sites to be suggested and confirmed during inception phase.
- Key informants’ interviews across the portfolio (on top of qualitative data collection for case studies).

In addition to the initial evaluation proposal submitted as a part of the application, a detailed evaluation protocol will be prepared by the evaluators during the inception phase, following access to documentation and initial discussions with the consultation group for the evaluation. The inception report will include a detailed explanation of proposed methods and its justification based on validated theories. It will be reviewed and validated as a part of the inception phase in coordination with the SEU. The SEU sees the inception phase as key in the overall process, to ensure a relevant and shared understanding of the way forward.

RECOMMENDED SECONDARY SOURCES

- Routinely collected medical data (raw data from medical databases)
- Project documents and technical documents (eg logframes and narrative reports, strategies, project visit and end of mission reports, organigrams, budgets, assessments reports)
- National, regional and global documentation and guidelines.
- External literature and documentation
- Strategic MSF and OCB documents, including Strategic Orientations, Operational Prospects, Medical Department Strategy, guiding principles

This list is non-exhaustive.

PRACTICAL IMPLEMENTATION OF THE EVALUATION

Number of evaluator(s)	Flexible. The SEU believes a team of evaluators would bring value to the process (rather than an individual)
Timing of the evaluation	<p>Start: May-June 2024</p> <p>Inception report: June-July 2024</p> <p>Data collection: TBD</p> <p>Finish: Latest December 2024, with preliminary findings available ideally in October 2024.</p>

PROFILE/REQUIREMENTS FOR EVALUATOR(S)

The evaluation requires an individual or team of individuals who can demonstrate competencies in the following areas.

Requirements

- Proven evaluation competencies⁸
- Professional degree on public health (master or PhD level)
- Experience working with and implementing iCCM programs
- Experience in global health programming and project management, notably in delivering healthcare services at primary and secondary levels.
- Fluency in English and French (spoken and written)
- Excellent interpersonal and communication skills

Valuable

- MSF experience and/or understanding
- Knowledge of the some of the contexts covered by this evaluation
- Additional languages that could serve the evaluation process (eg documentation, interviews)

APPLICATION PROCESS

The application should consist of a technical proposal, a budget proposal, CV, and a previous work sample. The proposal should include a reflection on how adherence to ethical standards for evaluations will be considered throughout the evaluation, as well as how values and perspectives of different stakeholders will be brought into the process. The evaluator(s) will need to demonstrate an understanding of the evaluand and its context and reflect this in the methodology as well as the team set-up.

Offers should include a separate quotation for the complete services, stated 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. Travel costs, if any, do not need to be included as the SEU will arrange and cover these. Do note that MSF does *not* pay any per diem. The level of effort is to be proposed by the evaluator(s). The evaluator(s) will not be hired full-time over the period.

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 (i.e. inclusion of proposed evaluators' CVs, reference to previous work, certification et cetera).

⁸ The SEU references SEVAL's professional competencies, available at <https://www.seval.ch/en/standards-competences/competencies/>.

Interested teams or individuals should apply to evaluations@stockholm.msf.org marked **ICMEV**. The full application should be submitted to the abovementioned email address **no later than 0900hrs (9am) CEST on May 6th, 2024**. We would appreciate the necessary documents being submitted as separate attachments (proposal, budget, CV, work sample and such). Please include your contact details in your CV.

Please indicate in your email application on which platform you saw this vacancy.

MSF is committed to applying responsible data protection principles in all its activities, including assessments, respecting both humanitarian principles and the European GDPR. During the assessment process, you will potentially have access, collection, storage, analysis, and possibly disposal of MSF's and its patients' sensitive and personal data and information (SPDI). Please take particular note of the SEU's ethical guidelines when preparing your proposal, taking into account the tools and solutions you will use, how you will work to mitigate any data incidents, and how you will dispose of the data collected once the evaluation is complete.