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 Antimicrobial Resistance Interventions OCB (2015-2024)	
Starting date:	September 2024 (exact date TBD)
Duration:	September 2024 to mid-March, 2025 (final report to be submitted the latest by March 17, 2025)
Requirements:	Interested applicants should submit: 1) A technical proposal 2) A financial proposal 3) CV 4) A previous (relevant) work sample
Deadline:	No later than 0900hrs (CEST) on September 16, 2024
Send to:	evaluations@stockholm.msf.org marked "AMREV"
Other:	Providing only the requested and necessary documentation should prove your interest, capacity, and competency in the best possible manner. Quality outweighs quantity for us. The evaluation will require visits to some project locations for onsite data collection. These are to be suggested, confirmed and further planning done during inception phase, through discussions with SEU's Evaluation Manager, Consultation Group for the evaluation and other key stakeholders (considering relevance and feasibility of project visits) .

BACKGROUND

Antimicrobial Resistance (AMR) Globally

AMR is an urgent global health threat that has received political attention and poses a significant risk of far-reaching proportions. The direct consequences of infections caused by resistant microbes can be severe: increased morbidity, longer courses of illness and treatment, prolonged stays in hospital, greater costs, and increased attributable mortality. In 2019, 1.27 million deaths were attributable to SMR, making it a leading cause of death worldwide, with low-resource settings exhibiting the highest burdens[1].

Although AMR is a natural phenomenon, there are main drivers of its development and spread. These include misuse and overuse of antimicrobials in humans, animals, and plants. Many of the drivers are characteristics of the low-resource settings where MSF sets up medical projects: lack of access to water, sanitation, hygiene and medical care; limited availability of vaccines and appropriate treatment, limited AMR laboratory surveillance and diagnosis; weak regulation on optimal antibiotic dispensing and prescription; poor infection prevention and control; transmission of resistant pathogens through the food chain; and failing waste management systems.

MSF Commitment

MSF has made an institutional commitment to holistically address AMR in the humanitarian contexts where we work, thought a continuum of actions centred in quality of care provided to patients, and fostering countries' engagement on policy change. The multidisciplinary approach promoted by MSF includes Infection Prevention and Control (IPC), Antimicrobial Stewardship (AMS), increase access to microbiology and diagnosis, patient's empowerment and health promotion, prevention and vaccines, health staff capacity building, environmental health, and AMR advocacy and research.

In 2015, the MSF Intersectional AMR group was created to build up and coordinate MSFs response to AMR. This response is based on three main AMR pillars as identified by MSF. These three pillars are IPC, AMS, and improved diagnostic and surveillance through a microbiology laboratory. Since then, 79% of all hospitals where MSF works in have an IPC program, at least one component of AMS is present in 47 MSF projects, and 30 MSF projects have access to microbiology[2].

AMR Implementation in OCB Projects

OCB projects implement their AMR activities around three main AMR pillars, as identified by MSF. These three pillars are IPC, AMS and improved diagnostic and surveillance through a microbiology laboratory. Depending on which of these pillars are implemented, MSF defines projects as implementing "AMR basic package" (which includes IPC and AMS), or the "AMR full package" (including IPC, AMS, and microbiology laboratory).

[1] *Murray, Christopher, JL et all (2019). Global burden of bacterial antimicrobial resistance in 2019: a systematic analysis. The Lancet,* Volume 399, Issue 10325, 629-655.
[2] MSF, 2023. Antimicrobial Resistance Progress Report 2022

OCB capacity and resources to fully implement AMR activities in all projects are limited. To support the prioritization, MSF has defined the following priority criteria:
1) Inpatient settings (ie, hospital), where the basic package should be implemented; and
2) Projects with the sickest patients (intensive care, neonatal care, malnutrition, paediatrics and advanced HIV (AIDS), trauma, osteomyelitis, etc.; where full package should be implemented.

When it comes to microbiology laboratory component, different scenarios have been identified, as described in the table below.

ML1	MSF lab	Fully functioning
ML2	MSF lab	Planned to be built or not yet fully functioning
EL1	External lab	Ongoing, specimens being sent already, validated by at least the OC which is using it or another OC
EL2	External lab	Ongoing, specimens being sent already, but not validated by an OC
EL3	External lab	Not ongoing, no specimens sent, awaiting validation by an OC
EL4	External lab	No labs identified, but there is a need to find one
ML3	MSF lab	No labs available, but there is a need to build one

As of today, in OCB projects there are 30 microbiology laboratories, out of which 11 are external validated laboratories, 7 are minilabs, and 12 conventional MSF laboratories.

PURPOSE AND INTENDED USE

PURPOSE. In line with the MSF institutional commitment to address AMR, the MSF-OCB medical department wants this evaluation to better understand the status of the implementation of AMR activities (basic and full package) in OCB projects. It´s expected that the evaluation will provide an overview of how AMR is being implemented into the OCB projects, the successes and challenges of these activities, and recommendations for enhancing AMR activities in existing and future OCB health interventions.

INTENDED USE. This evaluation will contribute to nourish the development of MSF-OCB´s overall AMR programming, including feeding the conversations about strategical ambitions and necessary investments to move this further.

EVALUATION OBJECTIVES

The evaluation should:

1) describe the current MSF-OCB AMR portfolio (eg types of sites, package, modalities of HR management and supervision, financial investment);
2) explore rationale behind site selection and package implemented, with special attention to sites implementing full package;

3) assess the portfolio´s overall value, its trends and patterns, highlighting challenges and bottlenecks, good practices and successes;
4) identify recommendations for enhancing and implementing AMR activities in existing and future OCB projects.

We expect the evaluation team to suggest relevant evaluation criteria and/or questions, as well as potential additional areas of inquiry, in line with the relevant evaluation framework(s) they will identify. These should be introduced in the proposal submitted by all applicants and confirmed during the inception phase.

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.

1. **Inception Report**
   As per SEU standards, after conducting initial document review and preliminary interviews. It will include a detailed evaluation proposal, including methodology.
2. **Draft Evaluation Report**
   As per SEU standards. It will answer to the evaluation questions and will include conclusions, lessons learned and recommendations.
3. **Working Session**
   With the attendance of commissioner and consultation group members. As part of the report writing process, the evaluator will present the findings, collect attendances´ feedbacks and will facilitate discussion on lessons learned.
4. **Final Evaluation Report**
   After addressing feedbacks received during the working session and written inputs.
5. ***Other dissemination deliverables to be defined***

METHODOLOGY PROPOSED

We expect the evaluation team to propose the relevant framework(s) and/or criteria for this thematic evaluation, together with the related evaluation questions, as they see fit. These should be introduced in the proposal submitted by all applicants and confirmed during the inception phase.

Considering the nature of a thematic evaluation and stated objective and intended use, the following methodology is suggested.

- Desk review of all sites where AMR interventions are being implemented (basic and full package)
- Case studies on some of these sites, including visits to projects, key informants' interviews, deep dive in quantitative data including routinely collected data (raw data). The size of and criteria for sampling of case studies sites will 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 (see requirement chapter), a detailed evaluation protocol should be prepared by the evaluators during the inception phase. It will include a detailed explanation of proposed methods and its justification based on validated theory/-ies. It will be reviewed and validated as a part of the inception phase in coordination with the SEU.

RECOMMENDED SECONDARY SOURCES

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

This list is non-exhaustive.

PRACTICAL IMPLEMENTATION OF THE EVALUATION

Number of evaluators	Flexible. The SEU believes a team of evaluators would bring value to the process (rather than an individual)
Timing of the evaluation	Start: September-October 2024 Inception Report: October-November 2024 Data collection: TBD Finish: Latest April 2025

PROFILE/REQUIREMENTS FOR EVALUATOR(S)

- **Requirements**
  - Proven evaluation competencies
  - University degree on public health (master or PhD level)
  - Experience working with and implementing AMR programs, notably in LMIC settings
  - 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

- **Assets**
  - Experience and/or understanding of humanitarian interventions

- Knowledge of some of the contexts covered by this evaluation
- Additional languages that could serve the evaluation process (eg documentation, interviews), such as Portuguese or Arabic.

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 (based on the CV and the submitted work sample).

Interested teams or individuals should apply to **evaluations@stockholm.msf.org** marked **AMREV**. The full application should be submitted to the abovementioned email address **no later than 0900hrs (9am) CEST on September 16th. 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 assessment, respecting both humanitarian principles and the European GDPR. During the assessment process, you will potentially have access, collection, storage, analysis and possible disposal of MSF´s and its patient´s 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.

SELECTION PROCESS

Our selection process aims to be thorough and fair. First, each application is scored individually by committee members based on specific criteria from this ToR (as well as reference to MSF principles and evaluator competencies), without considering the budget at this stage. Next, the committee meets to compare scores and choose the top 2-3 candidates. We then review the budgets of these finalists, keeping in mind that we do not have a fixed budget and are open to discussion and negotiation.

Following this, we interview each of the shortlisted candidates to get a better sense of their fit for the role. Finally, we make our decision based on the combined results of the scoring, budget review, and interviews. In exigent circumstances, we will opt for very simplified processes, including inviting specific evaluators and then assessing their proposals, and in some cases single source selection.

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