

## 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](https://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.

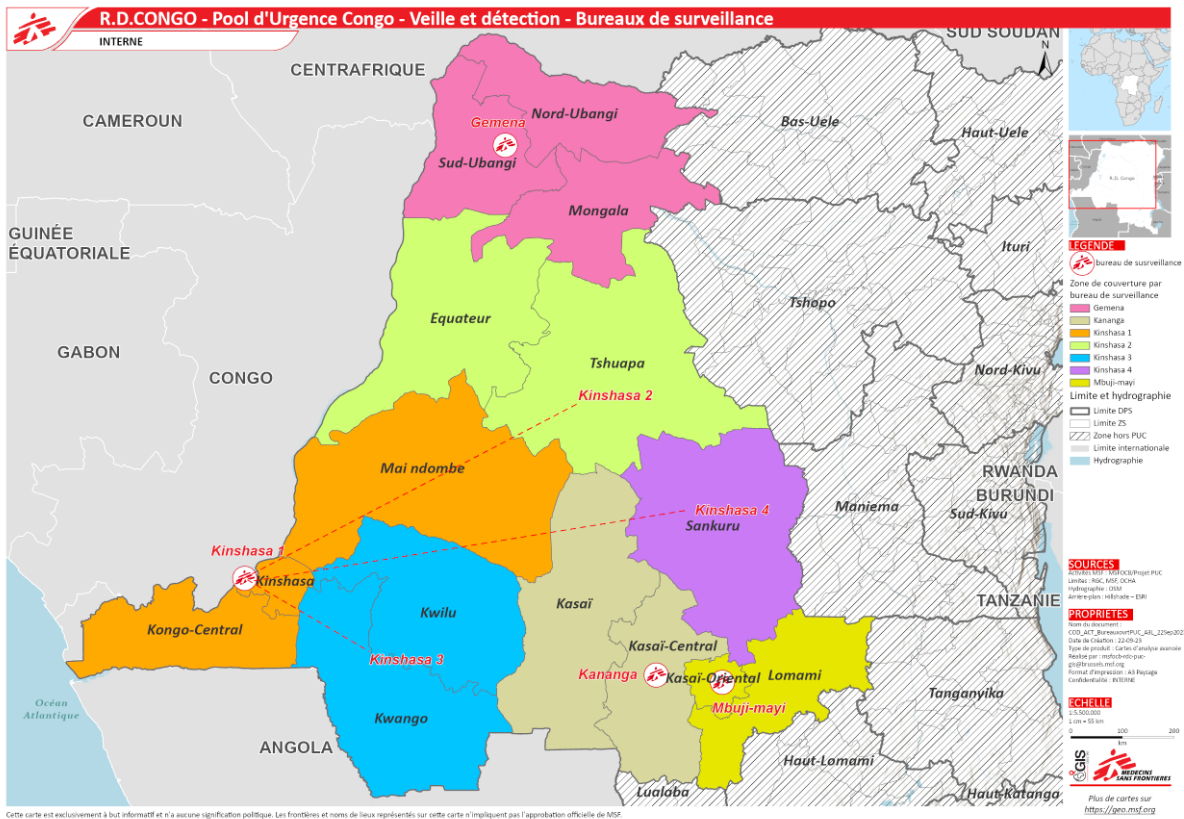
Evaluation of Pool d'Urgence Congo, DRC (2024-2025)	
Starting date:	February 2025
Duration:	Final report to be submitted <i>by latest</i> June 27 <sup>th</sup> , 2025
Requirements:	Interested applicants should submit: <ol style="list-style-type: none"> <li>1) A technical proposal</li> <li>2) A financial proposal</li> <li>3) CV</li> <li>4) A previous (appropriate) work sample</li> </ol>
Deadline to apply:	15 January 2025 – 23:59
Send application to:	<a href="mailto:evaluations@stockholm.msf.org">evaluations@stockholm.msf.org</a>
Other:	We value quality over quantity. Providing only the requested and necessary information will prove your interest, capacity and competency in the best possible manner.

## BACKGROUND

The objective of the Pool d'Urgence Congo (PUC), as formulated in its project documentation, is to reduce mortality and morbidity among populations affected by medical and humanitarian

emergencies in the 15 provinces covered by the PUC.<sup>1</sup> The PUC consists of 2 pillars: 1) surveillance and early detection of emergencies, and 2) emergency response.<sup>2</sup> The PUC may launch a response to eight key scenarios: cholera; measles; MPox; viral haemorrhagic fever; yellow fever; typhoid fever; mass casualties and humanitarian crises.<sup>3</sup> Other scenarios are possible as well but not part of the main ones. The nature of the PUC is to act where no other medical or humanitarian actor is present or does not have the capacity to effectively intervene.

**Map of surveillance outposts and provinces (15) covered by the PUC:**



Since its creation 29 years ago, the PUC has undergone several changes. In recent years, an external evaluation conducted in 2013<sup>4</sup> led to some structural adjustments. In 2019, the PUC underwent important changes to address a number of identified issues, such as the lack of responsiveness and flexibility, slow emergency management, and the lack of early detection of emergencies. The restructure was organised around three main pillars: HR restructuring; revision of scenarios and modus operandi; review of surveillance and detection.

The vision for the restructure was outlined in the 2019 Action Plan: "The aim of this action plan is to give the PUC the ability to go back to basics without going backwards. A PUC that becomes

<sup>1</sup> Translated from French: "La mortalité et la morbidité des populations affectées par les urgences médicales et humanitaires dans les 15 provinces où le PUC intervient sont réduites" (Logical Framework, 2025)

<sup>2</sup> 2020 Project Document

<sup>3</sup> Strategic Narrative 2025

<sup>4</sup> Evaluation managed by the Stockholm Evaluation Unit, [Evaluation of the « Pool d'Urgence Congo » Project, MSFOCB, DRC \(FR\) | MSF Intersectional Evaluation Group](https://www.msf.org/en/evaluation/evaluation-of-the-pool-durgence-congo-project)

reactive again, that is able to make decisions quickly, based on early detection both at the epidemic level and in the humanitarian context. A PUC that is able to make quick assessments in order to confirm and describe situations. A PUC that is able to implement relevant and context-appropriate interventions with reasonable budgets and organograms. HR capable of making strategies, monitoring their budget and to be a driving force for proposals. And finally, a PUC coordination whose role is to give support to the field, to act as a mirror and not to replace or impose on the field."<sup>5</sup> The results of this restructure have not yet been evaluated.

#### Key facts PUC 2024<sup>6</sup>:

- Total number of staff: 85 permanent staff, and 262 reserve staff
- Budget: €7.8 million (4 million for emergencies and 3.6 million for operational costs)
- Eight fact-finding activities (“explorations”)

N°	Typology	Health zone	Province
1	Cholera	Mushenge	Kasai
2	Measles and Mpox	Lotumbe	Equateur
3	Mpox	Budjala, Bulu	Sud-Ubangi
4	Natural disaster	Kananga, Ndesha	Kasai Oriental
5	Mpox	Monkoto, Lingomo and Ikela	Tshuapa
6	Measles	Ntongo	Equateur
7	Measles	Lisala	Mongala
8	Mpox	Bokungu	Tshuapa

- Eleven assessments

N°	Typology	Health zone	Province
1	Measles and Mpox	Lotumbe	Equateur
2	Measles	Ingende	Equateur
3	Displacement	Kwamouth	Mai-Ndombe
4	Mpox	Bikoro	Equateur
5	Measles	Katako-Kombe	Sankuru
6	Measles	Bolomba	Equateur
7	Measles	Bokungu	Tshuapa
8	Mpox	Pimu	Mongala

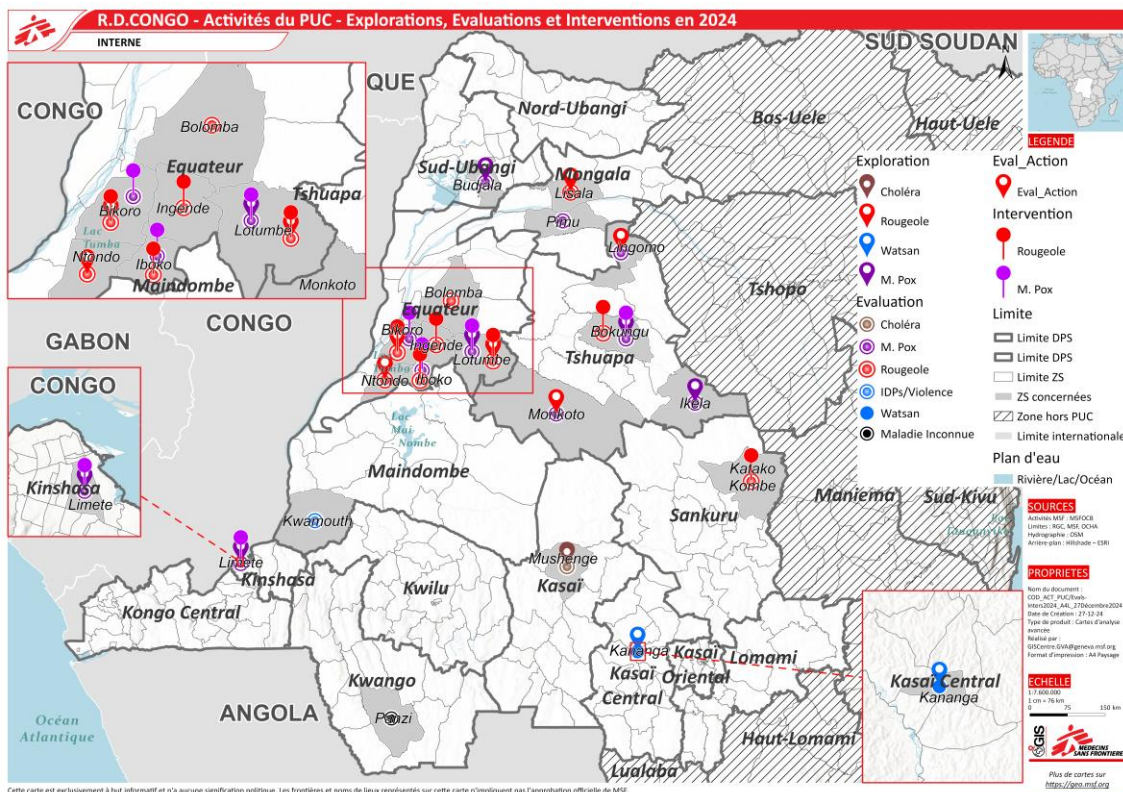
<sup>5</sup> Translated from French : "Le but de ce plan d'action est de redonner au PUC la capacité de revenir à l'essentiel sans pour autant revenir en arrière. Un PUC qui redevienne réactif, qui soit capable de prendre des décisions rapidement, basées sur une détection précoce tant au niveau épidémique qu'au niveau contexte humanitaire. Un PUC qui soit capable de faire des évaluations rapides dans le but de confirmer et décrire les situations. Un PUC qui soit capable de faire des interventions pertinentes et adaptées au contexte avec des budgets et des organigrammes raisonnables. Des RH capables de faire des stratégies, de suivre leur budget et d'être force de proposition. Et enfin une coordination PUC qui ait pour rôle de donner du support au terrain, de faire effet miroir et non de faire à la place ou d'imposer au terrain." (*Plan d'action 2019*)

9	Measles and Mpox	Iboko	Equateur
10	Measles	Bolomba	Equateur
11	Measles	Bikoro	Equateur

- Ten emergency responses

Below the types of responses and number of patients

N°	Health Zones	Measles		Mpox	Paludism	Mal-nutrition	Mobile clinics
		Case management	Vaccination				
1	Lotumbe	1357	46038	417	1585		
2	Ingende	646	66348		601	376	
3	Budjala, Bulu			38			
4	Bikoro	130		103			
5	Katako-Kombe	628	56130		3920	296	
6	Kwamouth						70
7	Bokungu	1008	45608				
8	Iboko	704	26270	96	1691	405	
9	Bokungu			on-going			
10	Limete			on-going			



## PURPOSE AND INTENDED USE

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Since the 2019 Action plan, significant efforts have been made to adjust the ways of working of the PUC. The aim of the 2025 evaluation is to understand “how good” the PUC is today, its overall relevance and if it is fit for its purpose. The intended goal of the evaluation is not to lead to another restructure of the PUC, but to gather evidence that can support readjustments in the functioning of the PUC or confirm current functioning is fit for purpose.

The evaluation period is from the restructure in 2019 to the present day.

The evaluation will contribute to discussions at the annual review of operations in 2025, and therefore, the final report should be completed by July 2025 in order to be useful in that regard.

## EVALUATION APPROACH

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The suggested evaluation approach should be seen as a point of departure for the evaluation work. The evaluator(s) are encouraged to bring their own reflections and to confirm or revisit the approach.

- 1. In a participatory manner<sup>6</sup>,**
  - 1. Confirm or develop the PUC’s theory of change<sup>7</sup>** to generate shared understanding and ownership;
  - 2. Define what “relevance” looks like for the PUC.**
  
- 2. With the results of step 1 as a point of comparison, evaluate:**
  1. How successful is the PUC today in achieving its purpose?
  2. Is it still relevant? (including but not limited to: relevance to the context, to the needs, rationale behind the decisions to intervene, MSF principles, etc.)
  3. What are the main enablers and constraints?

It is anticipated that the precise evaluation questions and criteria will emerge as a result of step 1.

## EXPECTED DELIVERABLES

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**The final deliverables should be produced in English but given the primary users and audience of the evaluation being the PUC, they will be translated into French by the SEU.**

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<sup>6</sup> Participatory approach would ensure shared understanding, trust and ownership as well as useful process and results. A broader group of participants could be identified to engage with the evaluators, ideally face-to-face, particularly in this first step.

<sup>7</sup> The PUC has a logical framework updated in 2024 but has not developed its program theory or theory of change.

**1. Theory of change**

As a result of a participative process, present the theory of change of the PUC and what relevance looks like for the PUC.

**2. Inception Report**

Based on first step, confirm the evaluation questions and propose a detailed evaluation proposal to answer them, including methodology.

*Primary audience: commissioner and consultation group for the evaluation – shorter version for evaluation participants / communication purposes.*

**3. Validation session(s)**

At least one, more if needed, working sessions with the commissioner and consultation group for the evaluation. A sampling of evaluation participants could also be included. As part of the process to move towards findings, these sessions aim to create a space for discussion towards shared understanding of the findings, to facilitate discussions on lessons learned, co-create recommendations and enhance evaluation use.

**4. Draft and Final Evaluation Report**

As per SEU standards. It will answer the evaluation questions and will include conclusions, lessons learned and recommendations, addressing feedback received during validation session(s) and written feedback loop.

**5. Other deliverables to be suggested by the evaluator(s) and/or discussed with the SEU and evaluation stakeholders during the evaluation process.**

## TOOLS AND METHODOLOGY PROPOSED

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.

## PRACTICAL IMPLEMENTATION OF THE EVALUATION

Number of evaluators	To be proposed by the candidate(s), suggestion 2
Timing of the evaluation	February-June 2025 It is expected that the evaluation requires at least one visit to DRC, maybe more. Suggestions to be made as part of the proposal submitted, and to be discussed and confirmed with SEU and evaluation stakeholders.

## PROFILE/REQUIREMENTS FOR EVALUATOR(S)

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### ▪ Requirements:

- Proven competencies in evaluation, including proven experience in leading and facilitating participatory evaluation processes.
- Proven competencies in humanitarian project design and implementation.
- Proven competencies in designing and evaluating program theory (project logic/theory of change).
- Management/leadership skills and experience.
- Language requirements: English and French (Fluent)

### ▪ Assets:

- Experience in humanitarian medical emergency response.
- MSF experience and/or understanding.
- Experience in DRC and/or understanding of the DRC context.

## APPLICATION PROCESS

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**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 profile(s) of the evaluator(s).

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. 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](mailto:evaluations@stockholm.msf.org) referencing **PUCEV** no later than **Wednesday, January 15<sup>th</sup>, 2025**. 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.

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## SELECTION PROCESS

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Our selection process is designed to be comprehensive and fair, based on the specific requirements outlined in this ToR, alignment with MSF principles, evaluator competencies, quality of proposal, budget assessment, and interview with the short-listed candidates.