

## 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, and therefore has considerable freedom in how evaluations are designed and conducted. 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 Couffo project, Benin (2025)	
Starting date:	April 2025
Duration:	In order for the project to incorporate emerging findings into strategic discussions, preliminary findings should be shared by early June at the latest. Final report to be shared by August.
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:	Sunday 30 <sup>th</sup> March 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 documentation should prove your interest, capacity and competency in the best possible manner.

## MEDICAL HUMANITARIAN CONTEXT

MSF Operational Centre Brussels (OCB) has been operational in the KTL health zone (Klouékanmè, Toviklin et Lalo) in Couffo department, Benin, since 2022. The project is a maternal and neonatal health project, which includes elements of sexual and reproductive health (SRH) care, and more recently has integrated sexual violence and safe abortion care. The project is foreseen to run until 2027. The project operates with an annual budget of approximately €1.4 million, employing 7 internationally mobile staff and 29 locally recruited staff.

According to the project document, the general objective of the project is to *‘reduce maternal and neonatal mortality and morbidity in KTL health zone in collaboration with the community and through strengthening the quality of care available at primary and secondary health structures.’*<sup>1</sup> The specific objectives of the project are to ensure that *‘the target population (women of childbearing age, pregnant women, newborns, survivors of sexual violence) have access, without exclusion, to quality health care; pregnant women and newborns have access to maternal and neonatal health care; women of childbearing age have access to contraceptive and abortion care; survivors of sexual violence have access to care’.*<sup>2</sup>

The Couffo project has two pillars:

1. **Support to Ministry of Health (MOH) health structures** – MSF provides training and accompaniment of MOH staff to ensure that comprehensive and quality emergency obstetric and neonatal care (CEmONC) is available at KTL general hospital (l’Hôpital de Zone), and quality services in pre-natal consultation, childbirth, post-natal consultation, neonatal care, basic psychological support and any other pathology associated with pregnancy, are available at the primary health centres supported by MSF. Contraceptive care and quality medical abortion care are also available along with comprehensive medical and psychosocial care for survivors of sexual violence.<sup>3</sup> Since health services are not free at the point of use, MSF covers the costs for the most vulnerable patients accessing these services.<sup>4</sup> Complex cases are referred to the Departmental Hospital Centre in Mono-Couffo.
2. **Community engagement** – The design of the community approach was done together with the community who appointed voluntary community members (MVC) from women's groups – existing, structured platforms which were operating autonomously, but needed a boost to support the MSF project. Community volunteers carry out awareness-raising activities and make referrals through home visits and mass health education sessions to promote maternal and child health. Volunteers conduct basic checks on the status of mother and baby and raise awareness of the importance of pre- and post-natal consultation, malnutrition screening,

<sup>1</sup> DP\_Couffo-Projet\_Bénin\_ARO-2025\_OCB\_VF\_FR

<sup>2</sup> DP\_Couffo-Projet\_Bénin\_ARO-2025\_OCB\_VF\_FR

<sup>3</sup> Psychosocial care for survivors of sexual violence is currently being planned and implemented

<sup>4</sup> The financial contribution made by individuals after using the services or at the end of the treatment depends on the rates set by the hospital and the individual's financial capacity. The designation of the ‘most vulnerable’ people were chosen at the discretion of community leaders, although the selection criteria had already been defined at national level.

delivery planning, breastfeeding, danger signs in pregnancy and referral options. Volunteers also raise awareness of blood donation, vaccination, malaria prevention and nutrition, and distribute condoms. Tricycles have been made available in each supported health centre to support the referral of obstetric and neonatal emergencies from the community to health centres. Meetings are held every six months with communities to share progress of the project, challenges and receive feedback.

#### Timeline of the project:

- July 2022: elaboration of the outreach/community volunteer strategy in collaboration with the target population of the Lokogba health centre.
- October 2022: Start of project activities, focusing on KTL hospital and in 2 health centres (Lokogba et Adjahonmè).
- January – December 2023: support expanded to two other health centres (Toviklin et Tohou)
- January – December 2024: Exit from the first two health centres (Lokogba et Adjahonmè), and support provided to two new health centres (Klouékanmè et Lalo).
- September – December 2024: launch of sexual violence care in the supported health centres and KTL hospital. Launch of free safe abortion care via a partnership with private clinic 'Grâce Divine'.
- December 2024: Support for the establishment of blood transfusion capacity through donation of equipment ('chaîne ELISA', blood agitators, etc.).

In 2023, the statistics office of KTL hospital estimated a maternal mortality rate (intra-hospital) of 7 deaths per 1,000 live births, and a neonatal mortality rate of 4 per 1,000 live births.

#### In 2024, the project recorded:

- 4393 deliveries in the supported structures (2192 in the health centres, and 2201 in KTL hospital).
- 1102 caesarean sections carried out in KTL hospital.
- 692 babies admitted to KTL neonatology, 456 babies treated and discharged (196 referred to other structures).
- 13,540 ante-natal consultations held in health centres.
- 42 cases of sexual violence received in the supported structures.
- 2349 contraception consultations.
- 4455 women referred from the community to the health centres.
- 321 community members trained.
- 15,553 awareness raising sessions conducted by women leaders (volunteers).

In 2017, the Benin government launched the Insurance for the Strengthening of Human Capital / Assurance pour le Renforcement du Capital Humain (ARCH). It was rolled out in Lalo in 2021, and in

Klouékanmè and Toviklin in September 2022. One of the expected results of the project, according to its logical framework, is that the impact of ARCH health insurance on access to care for the most vulnerable in KTL is analyzed and documented, and the Department Directorate of Health builds on MSF's achievements. The Couffo project team has established a partnership with a local research institute, CERRHUD (Centre de recherche en reproduction humaine et en démographie), to document the impact of the ARCH health insurance policy on access to care and the exclusion of the most vulnerable. CERRHUD are currently preparing the research protocol.

There is an additional study underway by MSF LuxOR, who is conducting Operational Research on 'How a participatory community model has influenced the use of health services to reduce maternal morbidity in Couffo, Benin'. This study is currently being reviewed by the national ethics committee.

Both of these studies could be useful inputs to the evaluation (if results are feasible within the timeframe of the evaluation) and the evaluation should seek to complement and not duplicate these exercises. The evaluation aims to draw broader conclusions about the overall value and success of the project.

## PURPOSE AND INTENDED USE

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The primary purpose of this evaluation is to assess the success of Couffo project since the project began in 2022, to understand what has worked well and what has worked less well, and the factors that have contributed to this. The findings will inform strategic discussions in mid-2025 during the Annual Review of Operations about any possible adaptations in the implementation of the project until project closure (foreseen for 2027). The findings will likely also be used as a broad learning opportunity within MSF-OCB to inform both its community engagement approach and its collaboration with Ministries of Health.

## EVALUATION CRITERIA AND QUESTIONS

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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 should answer the following questions, considering both pillars of the project:

1. What is the overall approach and what are the activities in Couffo? What was planned and what is being done?
2. What changes have been observed and what was the contribution of the project to producing these changes?
3. In what ways and for whom has the project been successful? Has it been successful for MSF, the MOH and communities & patients?

4. Is the project design relevant and appropriate with regards to the general/specific objective of the project?
5. What opportunities can be identified to make the project more effective?
6. What lessons can be learned from the project's community engagement approach that are relevant for other OCB projects?
7. What lessons can be learned from the collaboration with the MOH that are relevant for other OCB projects?

## EXPECTED DELIVERABLES

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Note: The SEU involves a consultation group (CG) in all evaluation processes, with the objective of increasing understanding, buy-in and learning during the process as well as to enhance the quality of the result. The CG is led by a commissioner. The key deliverables of the evaluation, including this ToR, go through a round of feedback to collect input from the consultation group and from SEU before finalization. Evaluators are invited to work in a spirit of partnership with SEU and the CG.

Given the centrality of community engagement in the project, it will be essential to consider how to involve, get feedback from and confirm findings with communities throughout the evaluation process. The following list makes some suggestions, but the evaluator(s) will need to be mindful of the appropriate engagement of various stakeholders at key moments.

1. Inception Report  
Based on initial document review and preliminary interviews, the inception report should include a detailed evaluation proposal, methodology and timeline.
2. Real-time learning and sense-making  
Debriefing with the team in Couffo, as well as other stakeholders as appropriate, at the end of the data collection visit, to provide ongoing feedback as preliminary findings emerge.
3. Working Session I  
Present emerging findings from data analysis to the commissioner and consultation group, as well as colleagues from the project, coordination, cell and HQ as relevant, and representatives of the communities and the MOH as appropriate. This is to ensure clear understanding, to anchor the initial findings, and to encourage and enable strategic discussions to take place prior to finalisation of the evaluation report.
4. Draft Evaluation Report  
It will answer the evaluation questions and include conclusions, lessons learned and recommendations.
5. Working Session II  
As part of the report writing process, the evaluator(s) will present the findings to the commissioner and consultation group members, as well as other stakeholders as appropriate, collect attendees feedback and facilitate discussion on lessons learned.
6. Final Evaluation Report  
After addressing feedback received during the working session and written inputs.

## 7. Dissemination

The SEU is committed to ensuring that the results of the evaluation are adequately disseminated, in particular to optimize their potential use. The evaluator(s) is invited to suggest what they think is appropriate, but should include as a minimum a) a summary report; b) a presentation and discussion of the evaluation process and results to a general MSF audience in the form of a webinar; and c) presentation of the evaluation findings to patients, communities, partners and staff, in an appropriate format to be defined.

## TOOLS AND METHODOLOGY PROPOSED

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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 their justification based on validated theory/ies. It will be reviewed and validated as a part of the inception phase in coordination with the SEU.

For this evaluation, a participatory approach will be required in order to adequately address the questions related to community engagement and collaboration with MOH. Communities and the MOH should be considered as important stakeholders in this evaluation process, and the evaluation should capture what success looks like for them, and to what degree this has been achieved.

## RECOMMENDED SOURCES OF SECONDARY DATA

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- Project documents (e.g. logframes and narrative reports, strategies, annual reports, project visit and end of mission reports, organigrams, budgets, capitalization reports, etc.).
- Routinely collected medical data (raw and aggregated data from MSF/MOH).
- Documentation regarding the ongoing research studies in the project (research protocols, concept notes, emerging findings, etc.).
- National, regional, and global strategies, thematic documentation, and guidelines.
- External literature and documentation of similar experiences.

*This list is not exhaustive.*

## PROFILE/REQUIREMENTS FOR EVALUATOR(S)

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- **Requirements:**
  - Proven competencies in evaluation
  - Experience leading participatory evaluations with community members
  - Experience fostering stakeholder understanding of evaluation processes
  - Experience/expertise in maternal & neonatal health care and/or SRH service provision
  - Degree in public health, health service management, or related area
  - Fluency in French, or fluency in English with a strong command of French

▪ **Assets:**

- Experience in humanitarian medical emergency response and/or humanitarian project design and implementation
- Experience in quality of care implementation/monitoring
- Experience in sexual violence service management/provision
- Experience in implementing community engagement approaches in a humanitarian response
- MSF experience and/or understanding
- Experience in Benin and/or understanding of the Benin context
- Language skills in Adja and Fon

## 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, as well as the sensitivity of the topic at hand, and reflect this in both the methodology and 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. The level of effort is to be proposed by the evaluator(s). The evaluator(s) will not be hired full-time over the period. Travel costs (such as flight tickets, local transportation or accommodation), if any, do not need to be included as the SEU will arrange and cover these. However, **MSF does not pay any per diem**. Consultants should therefore ensure that their fee estimates cover any other costs typically associated with per diem.

MSF is committed to apply responsible data protection principles across all its activities, including evaluations, through the respect of both Humanitarian principles and European GDPR, and any relevant national legal provisions, whichever has the stricter requirements. During the evaluation process, you will potentially access, collect, store, analyse and eventually dispose of MSF and its patients' sensitive and personal data and information (SPDI). Please take special note of the SEU's Ethical Guidelines in preparing your proposal considering what tools and solutions you will use, how you will work to mitigate any data incident, and how you will dispose of any data collected once the evaluation is completed.

Interested teams or individuals should apply to [evaluations@stockholm.msf.org](mailto:evaluations@stockholm.msf.org) referencing **COUFFO** no later than **Sunday 30<sup>th</sup> March 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. Ideally, applications should be submitted in English, but we will also accept applications in French. Technical proposals should be no longer than 10 pages.

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

## 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.