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. For more information see: www.evaluation.msf.org.

<table>
<thead>
<tr>
<th>Subject/Mission:</th>
<th>Evaluation of Maternal and Child Intervention in El Alto (Bolivia)</th>
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<tbody>
<tr>
<td>Starting Date:</td>
<td>May 2020</td>
</tr>
<tr>
<td>Duration:</td>
<td>Final report to be submitted by latest September 2020</td>
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<td>Requirements:</td>
<td>Interested applicants should submit:</td>
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<td></td>
<td>1) A proposal describing how to carry out this evaluation (including budget in a separate file),</td>
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<td>2) a CV, and</td>
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<td>3) a written sample from previous work.</td>
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<td>Deadline:</td>
<td>April 14th, 2020</td>
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<tr>
<td>Application to be sent to:</td>
<td><a href="mailto:Gayathri.Lindvall@stockholm.msf.org">Gayathri.Lindvall@stockholm.msf.org</a></td>
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MEDICAL HUMANITARIAN CONTEXT

El Alto city (Bolivia) is located on a plateau at 4,200m of altitude. El Alto has according to census of 2012 a population of 848,000 people, estimated today to be over 1,000,000, due to constant immigration from the countryside.¹²

According to UNICEF, Bolivia has the highest maternal mortality rate in South America, with a mortality ratio of 190/100,000 live births. It is estimated that 40% of the women have deliveries at home, and therefore maternal mortality is likely to be unreported³. The department of La Paz and more specifically the municipality of Alto are places with the highest maternal mortality in Bolivia. In El Alto, the maternal mortality ratio is estimated at 316/100,000 live births⁴.

¹ 2012 Censo de Poblacion (INE)
² 2011 Proyecciones de Poblacion, segun Departamento y Municipio (Instituto Nacional de Estadistica, Bolivia, INE)
³ Observatorio de Mortalidad Materna y Neonatal de Bolivia (OMMN 2016)
⁴ 2011 National study of maternal mortality (NSMM 2011)
MSF decided in 2017 to initiate, in coordination with the Ministry of Health (MoH), a project in the city of El Alto, aimed at reducing the mortality and morbidity of women and adolescents in Red Lotes and Servicios (two districts of El Alto). The specific objective of the project is for the women and adolescents of these two districts to make use of accessible and good quality reproductive health services (preventive and curative).

With this objective, MSF decided to support two existing MoH health centers (San Roque and Franz Tamayo). Three main areas of intervention were planned as following:

- Basic Emergency Obstetric and New-born Care services, as well as core package of SRH activities
- Adolescent friendly services (integrated in the health centers)
- Health promotion and community activities (aiming at increasing the uptake of maternity and newborn care services)

Rehabilitation works in both health centers started in 2018, and the provision of medical care began in April 2019. The first deliveries were attended in September 2019 in one of the health centers (Franz Tamayo), and in December 2019 in the second one (San Roque). Since then the two centers together supported an average of 50 deliveries per month and provided 1273 consultations, including more than 700 antenatal and postnatal care consultations. MSF plans to finalize its medical activities at the end of 2020.

REASON FOR EVALUATION / RATIONALE

MSF operational experience in Latin America is relatively limited in comparison to other regions, as it is with SRH interventions in urban contexts of Latin America.

Most similar medical interventions (providing maternal services at primary health care level) which have been documented in Bolivia were implemented in rural areas. The documentation of similar interventions in urban contexts is therefore quite limited.

In addition, some of the characteristics of El Alto (such as high prevalence of indigenous population, with particular social and medical practices; and a well-organized civil society) can be found also in other large and medium-sized Latin American cities. Therefore, the experience in El Alto represents a unique opportunity to document the lessons learned during its implementation and can inform MSF and other national and regional actors interested in SRH programs in urban contexts.

OVERALL OBJECTIVE and INTENDED USE

OVERALL OBJECTIVE. To assess the intervention implemented by MSF in El Alto with regards to Basic Emergency Obstetric, New-born Care and core package of SRH (including family planning, safe abortion, and SGBV care), with special attention to its appropriateness and effectiveness.

INTENDED USE. This evaluation is aimed primarily at informing MSF-OCB in their conversations with Bolivia/El Alto Minister of Heath or other relevant actors, potentially interested on taking over and/or replicate the
medical intervention conducted by MSF. It may also be used by MSF in its conversations with other regional and international actors.

SPECIFIC OBJECTIVES

APPROPRIATENESS

- Are the health interventions (basic emergency obstetrics and new-born care, core package of SRH, adolescent friendly services, health promotion) appropriate according to the perception and culture of the target population?
- Is the MSF overall strategy appropriate in order to achieve its objectives?

EFFECTIVENESS

- To what extent are the agreed objectives being achieved?
- To what extent is patient’s safety properly managed?
- What were reasons for achievement or non-achievement of objectives?
- What can be done to make the health interventions more effective?

COVERAGE

- To which extent do the medical activities reach the target population?
- Are there any factors that hinder MSF ability to reach the target population and those most in need?
- To which extent do beneficiaries have access to medical services provided by this project? What are the main enabling factors to facilitate this access? Is any group excluded from the services provided by this project?

EFFICIENCY

- Is the medical intervention structure and staffing efficient? How does it compare to other similar interventions?

EXPECTED DELIVERABLES

- Inception Report
  As per SEU standards, after conducting initial document review and preliminary interviews. It will include a detailed evaluation proposal, including methodology.
- Draft Evaluation Report
  As per SEU standards. It will answer to the evaluation questions and will include conclusions, lessons learned and recommendations.
• **Working Session**
  With the attendance of commissioner and consultation group members. As a part of the report writing process, the evaluator will present the findings, collect attendances’ feedbacks and will facilitate discussion on lessons learned.

• **Final Evaluation Report**
  After addressing feedbacks received during the working session and written inputs.

• **Other dissemination deliverables**
  As defined in the attached dissemination plan.

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**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 SEU.

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**RECOMMENDED DOCUMENTATION:**

- Project documents (project proposals, logical frameworks, situational reports, annual reports, field visit reports)
- MSF project-related documents (i.e. anthropological study 2017, external report on centers rehabilitation 2018)
- National and regional documentation (Bolivia SRH national policies, Bolivia reports)
- External literature and documentation of similar experiences

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**PRACTICAL IMPLEMENTATION OF THE EVALUATION**

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<tr>
<td><strong>Number of evaluators</strong></td>
<td>TBD</td>
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<tr>
<td><strong>Timing of the evaluation</strong></td>
<td>May-September 2020</td>
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*N.B.: Due to Covid-19 pandemic, the implementation of this evaluation may undergo significant changes.*
PROFILE /REQUIREMENTS: EVALUATOR(S)

- Proven evaluation competencies (minimum 5 years)
- Formal background/studies on public/international health
- Experience in Sexual and Reproductive Health programming (minimum 5 years), preferably in Latin America
- Language requirements: Spanish (Fluent) and English (Fluent)
- Experience in community engagement an asset
- Consultants based in South America region an asset
- Flexibility and ability to adjust to a changing context

APPLICATION PROCESS

Interested teams or individuals should submit an expression of interest to: Gayathri.Lindvall@stockholm.msf.org referencing BOLIM no later than April 14th, 2020.

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 capacity of the evaluator(s) to carry out the work. (i.e. inclusion of proposed evaluators’ CVs, reference to previous work, certification, etc). The proposal should contain reflection on how adherence to ethical standards for evaluations will be considered throughout the evaluation.

Offers should include a separate quotation for the complete services. The budget should present consultancy fees according to the number of expected working days over the entire period. Travel costs do not need to be included, as the SEU will arrange and cover these. Do note that MSF does not pay any per diem.

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.