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: evaluation.msf.org.

<table>
<thead>
<tr>
<th>Subject/Mission:</th>
<th>The Catalytic Role of Mumbai Project with Regards to Policy Changes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Starting date:</td>
<td>February 2020</td>
</tr>
<tr>
<td>Duration:</td>
<td>Final deliverable by latest mid-June (date TBC), 2021</td>
</tr>
<tr>
<td>Requirements:</td>
<td>Interested applicants should submit:</td>
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<tr>
<td></td>
<td>1) A proposal describing how to carry out this evaluation</td>
</tr>
<tr>
<td></td>
<td>(including budget in a separate file),</td>
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<tr>
<td></td>
<td>2) CV(s), and</td>
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<tr>
<td></td>
<td>3) a written sample from previous work</td>
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<tr>
<td>Deadline to apply:</td>
<td>March 14th, 2021, 23:59 CET</td>
</tr>
<tr>
<td>Send application to:</td>
<td><a href="mailto:evaluations@stockholm.msf.org">evaluations@stockholm.msf.org</a></td>
</tr>
<tr>
<td>Special considerations:</td>
<td>Due to the ongoing Covid-19 pandemic the evaluation might need to be conducted remotely, even if data collection in India is the preferred option. The evaluation will involve stakeholders in different locations and evaluators are expected to adapt to different schedules.</td>
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PROJECT BACKGROUND

India accounts for about a quarter of the global tuberculosis (TB) burden. In 2018, the estimated TB incidence was 2,690,000. India is the country with the highest-burden of TB and Drug-Resistant (DR) TB, accounting for 27% of the world’s 10.4 million new TB cases and 29% of the 1.8 million TB deaths globally. The National Strategic Plan for Elimination of TB 2017-2025 recognises that India has highest burden of Multidrug-resistant-TB (MDR-TB) in the world. India is also the country with the second-highest number (after South Africa) of estimated Human Immunodeficiency Virus (HIV) associated TB cases.

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1 The information below is taken from Mumbai Project document ARO2020, for 2020-2022.
Although the national TB program has been planning and rolling out diagnostics, paediatric formulations, and new drugs for DRTB since 2016, the new generation of paediatric formulations and TB drugs, Bedaquiline and Delamanid, remain mostly out of reach for many. In March 2018, The Prime Minister of India committed to eliminate TB by 2025. The national programme revised its National Strategic Plan to ensure universal access to quality diagnosis and treatment of DRTB.

A large number of MDR-TB patients not responding to traditional prescribed regimes have to be treated with an all-oral regimen containing Bedaquiline and/or Delamanid. According to the India TB Report 2020, a total of 66,255 patients with MDR/Rifampicin-resistant TB (RR-TB) were notified in the private and public sector in 2019. Of these, 59,945 MDR/RR-TB patients were notified in the public sector and 56,569 (85%) of the MDR/RR-TB patients were started on treatment. Only 1,738 MDR/RR-TB patients among this group were put on all-oral regimen. Furthermore, in 2019 a mere 2,323 XDR-TB patients were diagnosed of which 1,918 persons were put on treatment. Resource allocation and pace of implementation are far from adequate to achieve their ambitions of eliminating TB by 2025.

THE CITY OF MUMBAI

Mumbai is a hotspot for TB and DRTB transmission with a context that has all favourable conditions for TB to flourish from medical co-morbidities and socio-demographic standpoints. The city has a mean population density of 49,000 per sqm, over half of whom live in the slum-like dwellings that have all favourable conditions for TB to flourish - overcrowding, inadequate safe water and sanitation, poor housing, and insecurity of tenure. Mumbai has 12% of the population of Maharashtra state, but accounts for 22% of notified cases of TB and M East ward where MSF project is located, is home to about 5-6% of Mumbai’s population but accounts for about 20-25% of the city’s DRTB burden.

An estimated 45,000 new TB and about 4,500-5,000 DRTB infections occur in Mumbai annually. Over the last six years TB and DRTB has caused 7,768 deaths per year (8.1% of all causes of death in the city). DRTB treatment outcomes are comparable to national cohort outcomes, i.e. 34.5% treatment success, 28.4% mortality, 29.6% lost to follow up, and 7.5% treatment failure or were changed to XDR-TB treatment (Parmar et al).

MSF-OCB's Mumbai Project

MSF’s Operational Centre Brussels (OCB) has been present in Mumbai since 1999. In 2016, MSF-OCB initiated DRTB activities in M East Ward (MEW) in collaboration with MCGM (Public Health Department of Municipal Cooperation of Greater Mumbai) and the national TB programme. By becoming a government partner and working within its facilities, MSF hopes to promote improved access, practices and protocols. To date, the Mumbai project runs different activities in several locations. The overall objective is to demonstrate a model of care that reduces mortality, the morbidity

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of DR-TB and HIV, increases timely access to diagnostics and the most effective drug regimens for patients who have limited treatment options due to an extensive drug-resistance profile and increase the quality of life for patients at MSF supported locations.\(^7\)

The Mumbai project is, according to the MSF OCB terminology, a catalytic intervention: the rationale for MSF-OCB to intervene is less the humanitarian imperative than the willingness to demonstrate and achieve change.

**Summary of Activities**

- 'MSF’s private clinic (Govandi) provides comprehensive and patient-centred care and treatment for pre-XDR and XDR-TB and HIV patients who have otherwise very limited treatment options and need additional drugs and paediatric formulations not available in the government system. In particular the clinic provides patients, salvage regimens containing both the new drugs - bedaquiline and delamanid - for patients who have limited treatment options due to an extensive drug-resistance profile or intolerance to other second-line TB medications.

- In the Pandit Madan Mohan Malaviya Hospital, known as MMM hospital (Shatabdi, MEW, Structure from the Ministry of Health, MoH): supporting activities to provide comprehensive care and more effective treatment regimens for some DRTB patients, adopting the same patient-centred approach as in MSF clinic, with some adaptations to comply with MOH guidelines.

- Across M East Ward: providing community-based patient follow-up, as well as counselling in health facilities and through outreach team, with referrals to ‘Shatabdi DRTB OPD

- At SEWRI TB hospital, providing counselling services to DRTB patients and referrals of patients in need of more effective regimen containing a combination of the newer drugs to the MSF private clinic.

- Operational Research and advocacy are embedded in operations.

The advocacy general objective is “to demonstrate a (replicable) model of care and produce evidence for influencing policy change and/or improved services for DRTB, HIV & HepC Care in Mumbai, India”\(^8\). Knowing that from 2020 onwards, focus is on DRTB, as is this evaluation.

**The Four Sub-Objectives\(^9\)**

- Advocate for the accelerated roll-out of timely and accurate diagnostics: GeneXpert & drug-sensitivity testing I & II

- Advocate for accelerated roll-out and increased availability of Bedaquiline and Delamanid at national level.

- Promote MSF’s patient-centred model of counselling and treatment as a model of best practice.

- Highlight the need of tackling DR-TB among paediatric cases in Mumbai.

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\(^7\) Mumbai Project document ARO2020, for 2020-2022.

\(^8\) Mumbai Advocacy Comms Strategy MSF OCB 042020.

\(^9\) Mumbai Advocacy Comms Strategy MSF OCB 042020.
PURPOSE AND INTENDED USE

This evaluation aims to document how catalytic (leading to change) the DRTB intervention in Mumbai is and determine its relative value or significance in terms of achieving policy changes. The timeframe to be considered is 2016-2020, even though there is a need to look at the project before 2016 to understand its evolution.

The objective of the evaluation is two-fold:

1) to systematically describe the DRTB project approach (the strategy, the model, and activities) and catalytic dimension and the expected outcomes.
2) to evaluate results achieved in terms of policy changes (outcome) and identify potential lessons learnt.

The evaluation findings will be used by the operational management (Project, Mission, Cell) and technical referents within the support departments. The evaluation will help inform future decisions and potential adaptations of the project regarding its catalytic role towards policy changes and contribute to organizational learning. The evaluation asks for clear evidence of what worked and under what circumstances and will identify which elements should be continued and replicated. The evaluation should also highlight which aspects should be better considered in the future, by the Mumbai project or other catalytic or DRTB projects in similar settings.

Evaluation aims to also be presented at other major events such as the MSF Scientific Days, MSF TB symposium and to external stakeholders (all on dates still to be confirmed).

EVALUATION QUESTIONS

1. Evaluation question: How relevant are the objectives of the project with regards to being catalytic?
   ▪ What are the objectives, expected results, activities, and indicators?
   ▪ In what way could the project be more relevant?

2. Evaluation question: How appropriate is the catalytic dimension of the Mumbai project?
   ▪ What is the theory of change?
   ▪ Which policies apply, and to what extent is the project in line with them? (MSF and local, national, and international standards)
   ▪ Is the strategy, including advocacy strategy, appropriate to achieve the catalytic dimension?
   ▪ Does the strategy take into consideration changes in the environment in a timely manner?

3. Evaluation question: How effective is the catalytic dimension of the Mumbai project?
   What are the results achieved so far, and to what extent do they correspond to the objectives?
   ▪ What were the reasons (enablers and barriers, challenges encountered, expected or unexpected) for achievement or non-achievement of objectives set?
   ▪ What could have been done to make the intervention even more effective? (e.g. better, timelier results)
   ▪ What were the intended and unintended consequences of the approach chosen?
4. **Evaluation question: How efficient is the Mumbai project?**
   - Which resources have been allocated to achieve the results above? (eg financial, Human resources, set-up)
   - Could resources have been used more efficiently?

5. **Evaluation question: How connected is the Mumbai project?**
   - How does the project work and coordinate with other actors, including the civil society, TB treatment providers and Ministry of Health?
   - Is the project embedded in the local health system, overall national strategy and building on existing capacity?
   - How are patients and communities involved in the project?
   - How sustainable is the collaboration with other actors? How are risks mitigated?

6. **Evaluation question: What has been the Mumbai project’s impact on policies at the local, national and international level?**
   - Which policy changes has the project contributed to?
   - Did the project contribute to any other changes (positive or negative)?
   - How sustainable are those changes?

### EXPECTED DELIVERABLES

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 the evaluation questions and include conclusions, lessons learned, recommendations, and appropriate scenarios.

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 and recommendations.

4. **Final Evaluation Report**
   After addressing feedbacks received during the working session and written inputs. A short version of the evaluation report should also be produced, to be shared with external stakeholders for example.

5. **Presentation at internal roundtable discussion and at MSF-OCB (remotely)**
   Present findings, conclusions, and recommendations at an internal discussion to define the future of the project, mid-June 2021 (date TBC) and, at a different session, to headquarters’ staff in a 1-hour webinar.
TOOLS AND METHODOLOGY PROPOSED

In addition to the initial evaluation proposal submitted as part of the application (see profile requirements chapter), the evaluators should prepare a detailed evaluation protocol 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 DOCUMENTATION

- MSF-OCB documentation at various levels (project, mission, Cell, technical departments)
- Operational research, published studies, and other evaluative exercises.
- External literature and documentation

PRACTICAL IMPLEMENTATION OF THE EVALUATION

<table>
<thead>
<tr>
<th>Number of evaluators</th>
<th>To be suggested in proposal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Timing of the evaluation</td>
<td>March-June 2021</td>
</tr>
</tbody>
</table>

PROFILE REQUIREMENTS FOR EVALUATOR(S)

Requirements:
- Demonstrable skills and knowledge of evaluation, specifically synthesising mixed data
- Public Health expertise, knowledge of medical operations in humanitarian/development settings
- Expertise of advocacy and policy work as well as multi-sector/-agency collaboration
- Expertise in DRTB programming and activities
- Fluent English
- Experience in India or of the Indian context

Assets:
- Previous experience working with MSF

APPLICATION PROCESS

The application should consist of a technical proposal, a proposed budget, CV/s (all if a team is proposed), and corresponding work samples. As a minimum, the proposal should include a reflection on ethical standards for evaluations, any sensitivity of the topic at hand and a detailed methodology and approach which clearly demonstrate the proposed data collection and link to the evaluation questions. Please note that the SEU is particularly interested in receiving proposals with creative and innovative ways to achieve the stated evaluation purpose.
Proposals should include a separate financial 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 daily. 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.

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).

Interested teams or individuals should apply to evaluations@stockholm.msf.org referencing MUMPO no later than **March 14th, 2021**. We would appreciate the necessary documents being submitted as separate attachments (a proposal, budget, CV, work sample and such). Please include your contact details in your CV.