

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.

Subject/Mission:	Evaluation of Adolescents' Sexual and Reproductive Health Project in Mbare, Zimbabwe
Starting date:	December 2020
Duration:	Final report to be submitted <i>by latest</i> May 1 st , 2021
Applications includes:	Interested applicants should submit: 1) A proposal describing how to carry out this evaluation (including budget in a separate file), 2) a CV, and 3) a written sample from previous work
Deadline to apply:	December 2 nd , 2020
Send application to:	evaluations@stockholm.msf.org

MEDICAL HUMANITARIAN CONTEXT

Adolescents (10-19 years old) comprise 23.3% of the total Zimbabwean population¹. Among the many health challenges faced by this group, Sexual and Reproductive Health (SRH), and more concretely teenage pregnancy, is of great concern. The Demographic and Health Survey conducted by Zimbabwe National Statistics Agency in 2015 found that 21.6% of girls between 15-19 years old had begun childbearing in Zimbabwe, and 12.2% in Harare². About 36% of the overall pregnancies among adolescents in Zimbabwe were reported as unplanned; being of concern that in most cases these pregnancies resulted in induced abortions generally performed under unsafe conditions³. In fact, about 10% of all pregnancies to Zimbabwean teenage girls end up in unsafe abortions (UNFPA, 2016). The existing legal frame at country level (i.e., legal age of

¹ Inter-censal Demographic Survey, 2017. Zimbabwe National Statistics Agency and UNFPA. http://www.zimstat.co.zw/wp-content/uploads/publications/Population/population/ICDS_2017.pdf

² Demographic and Health Survey, 2015. Zimbabwe National Statistics Agency <https://dhsprogram.com/pubs/pdf/FR322/FR322.pdf>

³ Idem

consent is 16 years; contraceptive education and access is not allowed in schools) seems to play, together with other factors, an important role in terms of barriers to SRH care for young people in Zimbabwe. Vulnerable young people are often disadvantaged from many health programs.

Mbare is the oldest and one of the most densely populated suburbs of Harare. It was established in 1907 as a dormitory suburb for the working community during colonial era of Zimbabwe. The suburb is highly accessible from most parts of the country and has a hive of activities. The context gives the population unique characteristics that include high mobility, overcrowding and poor socioeconomic status leading to risky behaviours and higher vulnerabilities for adolescents and young people. According to the 2012 Demographic Health Survey, Mbare is estimated to have a population of between 84,168 and 142,195 with 60% of them aged between 10-24 years.

As specific SRH needs for adolescents were identified during a gender-based sexual violence project run by MSF in Mbare, the organization decided in 2015 to initiate another project specifically targeting adolescents⁴. Its general objective is to reduce the morbidity and mortality for adolescents in Mbare and surrounding areas by improving access to an adolescent-friendly SRH package of care. Its specific objective aims at piloting innovative and replicable models of SRH, HIV and TB prevention and care for adolescents, which could lead to policy changes.

The project targets three subgroups of adolescents: teenagers from poor socio-economic context, adolescents at higher risk (adolescents from key populations⁵, homeless adolescents and adolescents with disabilities), and adolescents living with HIV. SRH services of the project cover three areas: contraceptive care, antenatal care and post-abortion care⁶ in addition to STI screening and treatment. HIV services include prevention, Provider-Initiated Counseling and Testing (PICT), self-testing, antiretroviral treatment (including differentiated service delivery models) and management of Opportunistic Infections (OI). In addition, other medical services were offered such as: Primary Health Care (PHC), Mental Health (MH) care, and psychosocial support in an adolescent friendly environment.

In terms of project activities, MSF is involved in the direct provision of sexual and reproductive care to adolescents in Mbare PolyClinic. In addition, MSF rehabilitated parts of Matapi satellite clinic. It is also currently running there a non-medicalized youth hub offering health education, contraceptive care and income generation activities in partnership with other organizations. At community level, MSF activities include Adolescent Sexual and Reproductive Health (ASRH) health promotion and education initiatives (i.e., School Health Clubs), and strategies to link and retain in care adolescents living with HIV and young people (i.e., mobile clinics to hotspots). Some of these activities are conducted with the involvement of peer educators. MSF also conducts capacity building activities for health staff of the City of Harare.

⁴ Care requirements for clients who present for rape and clients who present for consensual sex as a minor at a clinic in Harare, Zimbabwe, from 2011 to 2014. MSF study

⁵ They group adolescents who sell sex, adolescents who use drugs, adolescents from LGBTI communities.
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5956528/>

Since January 2016, a total of 16,500 adolescent beneficiaries received medical care in the facilities supported by MSF in Mbare. From January 2019 to the end of September 2020, 102 adolescents received post-abortion care. 6,344 adolescents were sensitized through community peer-to-peer interventions. In addition, two SRH digital health promotion campaigns were carried out, reaching 630,020 persons. A roundtable with key MSF stakeholders is planned for the second trimester of 2021, to discuss the main project orientations for the next years.

REASON FOR EVALUATION / RATIONALE

While adolescents represent a part of patients' cohorts in MSF projects, the MSF experience in targeting them exclusively is quite limited. This project represents a unique opportunity for MSF to reflect and learn about the specific enabling factors and challenges of adolescents' health interventions.

The project strategy relies strongly on partnerships and collaborations with other actors including the delivery of health services. This component of its strategy represents an additional element of interest, to be assessed and reflected.

OVERALL OBJECTIVE AND INTENDED USE

OVERALL OBJECTIVE is to assess the appropriateness, effectiveness, coverage, and connectedness of the MSF adolescent SRH intervention in Mbare and to identify the necessary adaptations for the next years.

INTENDED USE of this evaluation is aimed primarily at informing MSF Operational Centre Brussels (OCB) discussions (to take place during the second quarter of 2021) about the project's main orientations for the next years, including potential necessary adaptations. It may also be used by MSF and other actors potentially interested in reflecting on how to adequately address adolescents' health in similar projects.

SPECIFIC OBJECTIVES

APPROPRIATENESS

- Are the health interventions (SRH, HIV, TB, PHC, MH) appropriate according to the target population (globally as well as more specifically to each subgroup)?
- Are the non-medical interventions (i.e., incoming generating activities) appropriate according to the target population (globally as well as more specifically to each subgroup)?
- Is MSF's overall strategy appropriate to achieve the project's objectives?

EFFECTIVENESS

- To what extent are the agreed objectives being achieved?
- What were the main reasons for achievement or under-achievement of objectives?
- What can be done to make the intervention more effective?
- How is the existing monitoring and evaluation framework aligned with the project objectives?

COVERAGE

- To which extent do the medical activities reach the target population (globally as well as more specifically to each subgroup)?
- Are there any factors that hinder project ability to reach the target populations and those most in need?
- To what extent do beneficiaries have access to medical services provided by this project? What are the main enabling factors to facilitate this access? Is any targeted group excluded from the services provided by this project?

CONNECTEDNESS

- What local capacities and resources have been identified? How does the project connect with these?
- Are there important gaps or overlaps regarding the services offered to adolescents in the project area, considering other actors and service providers?
- To what extent is MSF's current approach effective in attracting and working with different partners as a mean to achieve objectives and ensure continuity after MSF leaves?
- What problems can be identified for the continuity of the medical interventions, and how have they been taken into consideration?

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.
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 attendees' 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** - may include, among others, the presentation of evaluation findings to the main partners of the projects and the submission of one-page summary of main evaluation findings. A more detailed proposal will be defined as part of the Inception Report.

TOOLS AND METHODOLOGY PROPOSED

In addition to the initial evaluation proposal submitted as a part of the application, 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.

The evaluation should ensure diverse perspectives and make explicit the experiences and values of the different stakeholders, not least those affected by the intervention and the partners.

RECOMMENDED DOCUMENTATION

- Project documents (project proposals, logical frameworks, situational reports, annual reports, field visit reports),
- MSF project-related documents (e.g.: Knowledge Attitude and Practice survey with adolescents in Mbare 2014),
- National and regional documentation (e.g. Zimbabwe SRH and adolescents health national policies, Zimbabwe reports)
- External literature and documentation of similar experiences (e.g. Zvandiri, CesHHAR, Pangea, Gals, PATA, Frontline AIDS READY+ etc.)

PRACTICAL IMPLEMENTATION OF THE EVALUATION

Number of evaluators	TBD
Timing of the evaluation	December 2020 – May 2021

PROFILE/REQUIREMENTS FOR EVALUATOR(S)

Requirements:

- Proven evaluation competencies (minimum 5 years)
- Experience in adolescent health interventions (minimum 5 years)
- Experience in Sexual and Reproductive Health programming (5 years), including HIV
- Language requirements: English (Fluent)

Assets:

- Experience in health-seeking behavior and community engagement
- Understanding of Southern African and Zimbabwean context

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. In addition, the evaluator/s should consider and address the sensitivity of the topic at hand in the methodology as well as be reflected in 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.

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 et cetera).

Interested teams or individuals should apply to evaluations@stockholm.msf.org referencing **MBADO** no later than **December 2nd, 2020**. 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.