

TERMS OF REFERENCE MID-TERM PROJECT EVALUATION

Project title: LabMyNet Phase II : Increase and diversify the virological diagnostic's offer based on molecular Open and Polyvalent Viral Load platforms in Myanmar

Reference: 22SANIC207

Date of the project: April 1st, 2023 – March 31st, 2026

Evaluation time: April 1st, 2023 – October 1st, 2024

Funding: 1 023 368 € - L'Initiative / Expertise France – 332 556,6 € - Fondation Mérieux

Country: Myanmar

Sector: HIV viral load

Application deadline: November 1st, 2024

Expected deliverables: March 15th, 2025

Maximum evaluation time: 20 day

Given the current political/security crisis, no field missions by an international evaluator are planned in Burma. On the other hand, the creation of an international/Burmese national pairing is highly encouraged.

TERMS OF REFERENCE FOR THE MID-TERM PROJECT EVALUATION

« LabMyNet Phase II : Increase and diversify the virological diagnostic's offer based on molecular Open and Polyvalent Viral Load platforms in Myanmar »

I. Presentation of the organization

The Mérieux Foundation, an independent foundation with public interest status, has been fighting infectious diseases affecting vulnerable populations in resource-limited countries since its creation in 1967.

Operating directly in 25 countries, it is committed to strengthening local capacities, particularly in clinical biology, in order to improve access to care, surveillance and response to epidemics, and therefore contributes to achieving several of the United Nations' Sustainable Development Goals.

The foundation works side-by-side with local partners and builds networks to mobilize the skills and energies necessary to implement effective and sustainable actions, at the closest of the population's needs.

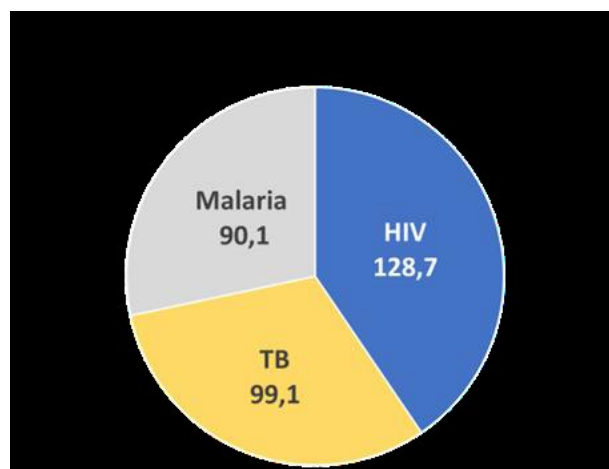
It is particularly involved in the public health issues that have the greatest impact in the countries where it operates, such as antimicrobial resistance, tuberculosis, acute respiratory infections, HIV, and emerging pathogens.

Committed to a global health approach, the Mérieux Foundation goes beyond its expertise in biology to include the main and most impactful issues that influence the well-being of the populations in the countries where it operates.

II. Description of the project to be evaluated

1. General context of the project

The Global Fund was designed in 2002, in Myanmar, to accelerate the end of AIDS, tuberculosis and malaria as epidemics, in partnership with governments, civil society, technical agencies, the private sector and people affected by the diseases. During the period 2021-2023, the Global Fund allocation for HIV in Myanmar was \$128.7 million USD. UNOPS has been appointed as the Principal Recipient (PR) of Global Fund grants for the public sector, together with Save the Children responsible over the private sector. Most of the Sub-Recipients (SRs) supported by UNOPS in Myanmar are partners/associated stakeholders for the LabMyNet phase II): International Union against Tuberculosis and Lung Disease (The Union), Pyi Gyi Khin (PGK), Medical Action Myanmar (MAM), National AIDS Programme (NAP), World Health Organization (WHO HIV/AIDS). The SRs supported by Save The Children are: Myanmar Positive Group (MPG), Asian Harm Reduction Network (AHRN), Médecins du Monde (MDM), Population Service International (PSI), International HIV/AIDS Mahamate, International Organization for Migration (IOM), Malteser International, Marie Stopes International, Première Urgence.



2. Starting point

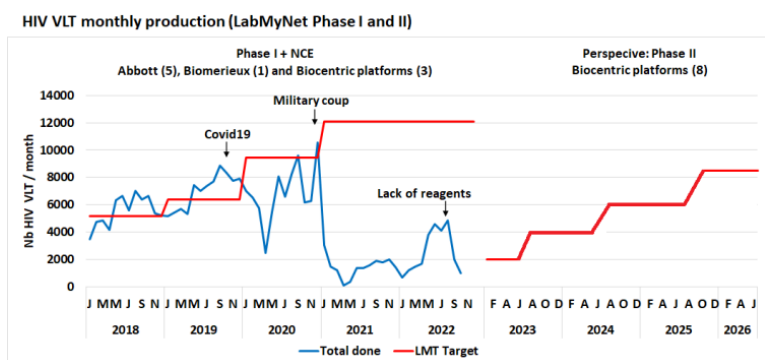
Myanmar is a continental Southeast Asia country that shares borders with Bangladesh, China, India, Laos and Thailand. The country has 51.5 million inhabitants (in 2014) and is ranked 136th in the human development index. According to the Global Fund, Myanmar is the second most affected country by HIV/AIDS in the region, after

Thailand¹. In 2015, the Burmese national AIDS program (NAP) published a report on the progress made in this area since 2011². This UNAIDS reference document provides a detailed report of the epidemic situation in the country in 2022³:

- Estimation of the number of people living with HIV: 280,000 [220,000 – 340,000]
- Prevalence rate for adults from 15 to 49 years old: 0.9% [0.7% - 1.1%]
- People living with HIV who know their status: undefined
- People living with HIV who are on ART: 210 000
- People living with HIV who have suppressed viral loads: undefined
- Coverage of pregnant women who received ARV for PMTCT: 43 [36-51]

By 2026, the NAP aims to treat 210 ,000 PLWHA. Phase II of the LabMyNet project (22SANIC207) is a continuation of Phase I (17SANIN201) initiated in June 2018. The overall aim of the first phase of the project was to support the Burmese health authorities in covering 80% of the viral load needs of 160,000 PLHIV on ARVs in the country by 2021. The aim was to organise a network of 8 molecular biology platforms (Biocentric (n=3), Abbott (n=4) and biomerieux, n=1) spread across the country, under the supervision of the National Public Health Laboratory (NHL). This 1st phase was very successful in 2018 and 2019. On the other hand, the Covid pandemic in 2020 and the military coup in February 2021 had a devastating impact. A No Cost Extension was obtained until december 2022.

A 2nd phase of the project was accepted for funding by the Initiative and began on 1st April 2023. This second phase aims to cover 30% of the demand for viral loads by June 2026, on 8 Biocentric open platforms: 4 from Phase I/NCE, and 4 new decentralised platforms in Mandalay, Kachin, Shan and Yangon states. It will also enable these 8 platforms to meet other viral diagnostic needs (HBV, SrasCov2, HCV, etc.). In terms of HIV viral load test production capacity, the 8 platforms should be able to carry out 6,000 tests per month by the end of the project. This corresponds to an annual production of 72,000 tests, or 1/3 of the 210,000 the country needs. The remainder will be provided by the other platforms (Abbott and geneXpert).



Eight HIV RNA VL platforms exist today:

- 5 Abbott integrated platforms: three in Yangon, one at PHL in Mandalay and one in Magway, both implemented in late 2017 with financial support from the Global Fund through UNOPS and Save the Children (Principal Recipients) for the public and private sectors.
- 4 Biocentric open and polyvalent platforms (OPP): 1 at NHL in Yangon, 1 at PHL in Mandalay and 1 at the MTY clinic in Dawei, all implemented between 2012 and 2015 thanks to partnerships between FMX, MoH, The Union, MSF Netherlands (MSF OCA) and MSF Switzerland (MSF CH). A 4th open platform was installed on the premises of Medical Action Myanmar at the end of Phase I.

¹ Global Fund/John Rae 2015: <https://www.theglobalfund.org/en/portfolio/country/?loc=MMR&k=b3d59122-9d71-4df9-ac0e-9e4b1b315de8>

² http://www.unaids.org/sites/default/files/country/documents/MMR_narrative_report_2015.pdf

³ <https://www.unaids.org/en/regionscountries/countries/myanmar>

3. Overall goal and specific objective(s)

General Objective

In the current political context, and in the context of crumbling health and laboratory systems, the general objective of the LabMyNet Phase II project is to ***“Increase and diversify the virological diagnostic’s offer based on molecular Open and Polyvalent Viral Load platforms in Myanmar”***.

Specific Objective: The specific objectives that the project will aim to achieve are:

Specific objective 1: To increase the production capacity of HIV Viral Load Tests (VLT) using 8 viral load open platforms in Myanmar.

Specific objective 2: To strengthen capacities of the 8 platforms to offer diversified molecular diagnostic, with, at first, diagnostics for HBV and Sars Cov2.

4. Expected project results

The expected results are shown in the attached logical framework.

5. Project activities

OS1

Expected outcome R.1.1: Four (4) existing viral load open platforms are strengthened

Activity 1.1.1: Staff training

Activity 1.1.2: Providing additional equipment

Activity 1.1.3: Continuity of the HIV VLT quality program

Expected outcome R.1.2: Activating/implementing 4 additional HIV VLT platforms

Activity 1.2.1: To implement 4 additional platforms

Activity 1.2.2: Lab renovation and platforms installation

Activity 1.2.3: Staff training

Activity 1.2.4: HIV VLT Quality Control

Expected outcome R.1.3: Strengthen and develop new samples transportation channels to increase access to HIV VLTs in the country

Activity 1.3.1: Mapping of laboratories and treatment centers

Activity 1.3.2: Providing additional equipment for blood collection and transportation in treatment centers

OS2

Expected outcome R.2.1: The 8 LabMyNet platforms are able to run HBV and SARS COV2 Viral load testing

Activity 2.1.1: Provide theoretical trainings to 16-24 lab technicians on HIV, HBV and Coronaviruses VLT

Activity 2.1.2: Provide practical trainings to 16 to 24 lab technicians for Sars Cov2 and viral hepatitis VLT

Activity 2.1.3: Delivery of VL starting kits to tun EQA for HBV and Sars Cov2

Activity 2.1.4: Registration of the 8 platforms to HBV and Sars Cov2 EQA program

III. Content of the evaluation

1. Scope and objectives of the mid-term evaluation

Assessment issues

In the agreement between L'initiative and the Mérieux Foundation, the latter is contractually obliged to organize a mid-term external evaluation. This evaluation will cover all actions carried out between April 1st 2023 and October 1st 2024.

The mid-term evaluation is required:

1. to assess the extent to which the project's objectives have been achieved, and
2. to provide assistance in adapting and/or redirecting activities.

Given the degradation of political and security situation in Myanmar and its impact on communities, it is expected from the evaluation to provide information for a possible adjustment and scaling up up the activities.

The security situation has deteriorated considerably, particularly in Shan and Kachin provinces. The support of the community based organisations (CBOs) who are present in these states is therefore vital. We want to explore the possibility of increasing our support during the 2nd period of the project.

Based on the findings and information available, while having an overall accountability analysis for all of the 6 OECD's DAC criteria⁴, it is expected from the evaluators to focus the assessment of the project on the following three - **coherence**, **effectiveness** and **sustainability**, and to answer the following evaluative questions:

- **Coherence** (How well does the intervention fit?)
 - Regarding the evolution of the political context in Myanmar, how are the needs of the targeted beneficiaries (PLHIV, laboratories, CBOs) of the project responded to?
 - Is the public sector still involved in the PLHIV care? If so, how?
 - How are the CBOs working in the actual context?
 - How are the specific needs of ethnic minorities taken into account? Responded to?
 - How can the project activities be adapted to these rising needs in regards to the political and security context?
 - How is the project aligned and/or complementary to the national guidelines and the interventions and strategies of other stakeholders?
 - Is the involvement of prescribers and community players appropriate and relevant?
 - Is the decentralisation strategy (HIV VL available in the region) realistic, desired and accepted by the health authorities in particular?
- **Effectiveness** (Is the intervention achieving its objectives?)

How are the initial objectives of the project being reached out so far?

⁴ <https://www.oecd.org/en/topics/sub-issues/development-co-operation-evaluation-and-effectiveness/evaluation-criteria.html>

To what extent have the achievements generated the intended results so far?

- **Sustainability** (Will the benefits last?)
 - Are the results achieved by the project likely to be maintained or even increased, over time?
 - If so under what conditions?
 - How has/will the partnerships developed, and the capacity-building achieved during the project contribute to the viability of the CBOs (institutionally/technically/financially)?
 - What is the Ministry of Health's capacity to take charge of laboratory employees and the capacity of INGOs to support these staff's salaries in the meantime?

In addition, 2 cross-cutting issues are important for this project and need to be highlighted in the final evaluation report: gender and the role of community-based organisations (CBOs).

- Gender: **the project would benefit from an assessment/evaluation of the community current activities** in the identified provinces with a focus on how gender is taken into account in the field, with a focus on ethnic minorities, particularly in the state of Kachin, where there are still military conflicts.
- CBOs: the project would benefit from an **assessment/evaluation of the CBOs needs for support (in a feasibility evaluation fashion)**. Indeed, the project could provide more financial support in the 2nd part of the project to the CBOs, in particular MPG, and possibly other organizations. It is expected from the evaluation to list their challenges and prioritize their needs in the states concerned (particularly in Kachin state and Bago state), concerning the installation of the latest viral load platform (Blood specimen connection, transport of samples from treatment centers to the VL platforms, reduction of discrimination related to the Gender, ...).

The consultants would have to conduct a **mid-term evaluation of the activities** led until March 2025.

Based on the results of these evaluations, the needs resulting from the evaluation of the activities being implemented, especially the ones focusing on the communities and their needs and on gender issues, would have to be hierarchized and prioritized and recommendations have to be made accordingly for the actual phase of the project and for a possible continuation of our activities at the end of the LabMyNet Phase II project. Any learning elements and/or good practices would have to be identified so any necessary follow up can be addressed by the team.

2. Preparatory analysis

This stage should provide the evaluators with precise and detailed knowledge of the project, its development and its context. To this end, they must in particular:

- Gather and consult all the information and documents relating to the project being evaluated and study the logical framework of the intervention (purpose, specific objectives, outputs, monitoring indicators and critical hypotheses) in order to gain a good understanding of it. The documents to be consulted will be available from Fondation Mérieux, from the France and Myanmar project managers, so that the evaluator can have a contact capable of providing all the project documents.

- Conduct interviews with people who are or have been involved in implementing the project. The following stakeholders in particular will be consulted
 - Project managers in France and Burma
 - Health post at the French Embassy in Burma
 - Regional Global Health Advisor Asia (Bangkok)
 - Principal recipients of the Global Fund: UNOPS / Save The Children
 - Main project stakeholders and partner such as AHRN, MAM, The Union, MSF Switzerland / Holland, CDC/ICAP,
 - Community-based organizations (Myanmar Positive Group) involved in supporting PLHIV, but also with members of the Self Help Group⁵, who are not directly involved in the project in our areas of operation.
 - National AIDS Program (NAP) regional officers
 - National Health Laboratory (NHL)

A particular attention would have to be paid to the ethnic groups and gender representativeness in regard to the objective 2 described above.

IV. Organisation of the assessment

1. Skills required to carry out the assessment

The assessment must be carried out by a pair of consultants: an international consultant and a Myanmar-based consultant. The consultants must have the following skills:

- Knowledge and professional experience in the evaluation of development projects;
- Experience in development cooperation;
- Knowledge and experience in mainstreaming gender and equity issues
- Technical and sectoral knowledge and expertise in public health;
- Technical expertise in viral load issues;
- Good knowledge of the community-based organisations;
- Experience in Burma or South-East Asia preferred.

2. Duration of the assessment

The total duration of the service for this mid-term evaluation is estimated at 20 days, which can be broken down as follows:

- Preparation: 6 days for overall documentation
- Assessment: 9 days for national and international virtual meetings
- Feedback workshop: 1 day
- Report: 4 days for drafting the report (interim report + final report)

The service will begin once the contract between the consultants and Fondation Mérieux has been signed.

The targeted schedule is divided in 5 phases:

- *Sending of ToRs : October 1st 2024*
- *Receipt of applications until : November 1st 2024*
- *Selection of the candidates and validation: November 15th 2024*
- *Response to applicants and contracting from December 1st 2024*

⁵ <https://www.sun-sea.org/idn/resources/inclusive-self-help-group-model-in-myanmar/>

- *Discussion and validation of the evaluation plan by Fondation Merieux: from December 1st to December 20th 2024 including sharing of supporting documents and inception meeting*
- *Launching meeting: December 20th 2024*
- *Evaluation between January 2nd 2025 and February 15th 2025*
- *Draft report: February 15th 2025*
- *Discussion with FMx team and validation of the report: from February 15th to February 28th 2025*
- *Restitution workshop (with FMx team and L'Initiative team): February 28th 2025*
- *Final report: March 15th 2025*

Available budget for the evaluation: 20 000 €

3. Documents to be submitted by the consultant

The consultant invited to tender must provide the following:

- A technical proposal including:
 - A methodology for evaluating the various aspects of the project based on the evaluation questions described in this document in the form of a written document of no more than 5 pages, including evaluative questions, evaluation methodology, proposed tools and to which a provisional timetable and a CV will be attached.
 - The interim evaluation will require virtual meetings. In addition to the technical aspects, the specific nature of remote evaluation must be taken into account in the methodology.
- A financial proposal including the overall budget (all taxes included) and detailed prices (fees, per diems, transport, etc.). This financial offer must propose a payment method for assessment.

4. Consultant selection process

Technical proposals will be evaluated based on their compliance with the terms of reference, using the following evaluation criteria and point system:

- Consultant(s) experience: 30 points
- Understanding of the ToR and proposed methodology: 40 points
- Technical coherence / budget: 30 points

Each compliant proposal will be assigned a technical score (TS). A proposal will be rejected at this stage if it does not achieve the minimum technical score of 65 points out of 100.

The lowest priced Financial Proposal (FP) will receive a Financial Score (FS) of 100 points. The financial scores of the other Financial Proposals will be calculated as follows:

$FS = 100 \times FP/F$ (FS being the financial score, FP the lowest bidder and F the amount of the proposal under consideration). The proposal finally selected will be the one combining the best technical and financial scores.

V. Deliverables

- A draft scoping note drawn up at the start of the contract clearly defining the objectives, method, tools and work schedule to be validated by Fondation Mérieux.
- A draft midterm evaluation report, including:
 - A progress report on the project in relation.
 - An **evaluation report of the community current activities** in the identified provinces with a focus on how gender is taken into account in the field, with a focus on ethnic minorities, particularly in the state of Kachin, where there are still military conflicts.
 - An **evaluation report of the CBOs needs for support (in a feasibility evaluation fashion)**.

- A presentation for the organization of a restitution workshop with FMx team and L'Initiative team, with a PowerPoint presentation and presentation of the draft report.
- A final report (maximum 20 pages) including, an executive summary of 2 pages max, clear and precise recommendations (hierarchy and level of priority) based on the discussions of the restitution workshop to be taken into account by Fondation Mérieux in the further implementation of the project.
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The final report will be sent to Fondation Mérieux and Expertise France / L'Initiative in English. It will be submitted in electronic format (word for the provisional report and pdf for the final report). The final report will remain the property of Fondation Mérieux (and Expertise France), which will distribute it itself.

VI. Applications' submission

Interested firms or individual consultants must provide an application file containing information on their capacities, qualifications and experience demonstrating their abilities and qualifications to effectively carry out the assignment in accordance with point III.3.

Applications must be submitted no later than November 1st, 2024

- **By email to:** eric.nerrienet@fondation-merieux.org, anne.gilbert@fondation-merieux.org and lorette.vervoort@fondation-merieux.org.

All applications received after November 15, 2024 will be rejected.