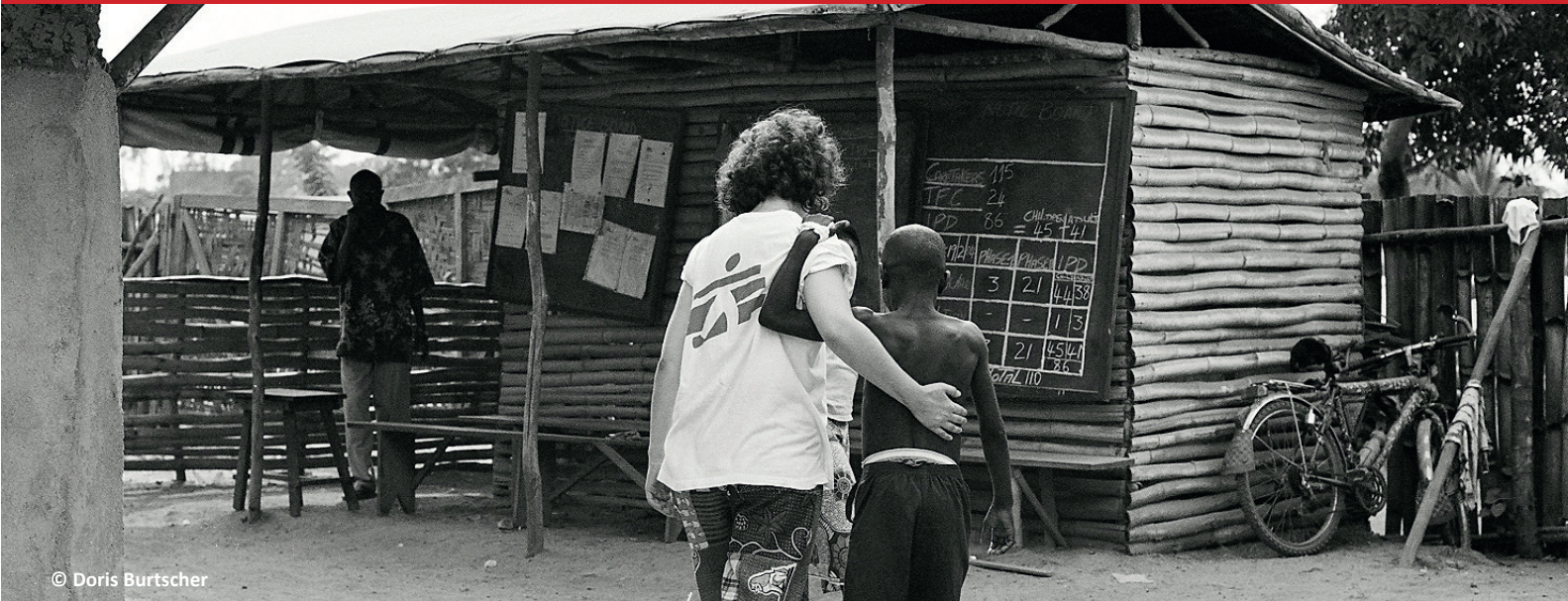


Evaluation Manual

A HANDBOOK FOR INITIATING, MANAGING AND CONDUCTING EVALUATIONS IN MSF



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Content

About the Evaluation Manual	1		
List of acronyms	2		
Part I - Evaluation in MSF: concepts and issues	3	Part III - Tools for evaluation	20
1 Evaluation in MSF	3	1 Methods of data collection	20
2 What is an evaluation?	3	1.1 Document review	20
3 Types of evaluation	4	1.2 Routine data analysis	21
4 Evaluating WHAT?	6	1.3 Survey and questionnaire	21
5 Evaluation criteria and benchmarks	6	1.4 Cohort analysis	21
5.1 Criteria for humanitarian aid evaluation	6	1.5 Common types of interviews	21
5.2 References for evaluation	9	1.6 Focus group discussion (FGD)	23
6 Quality standards and ethical considerations	11	1.7 Observation	23
6.1 Quality standards for evaluations	11	1.8 Participatory methods	24
6.2 Ethical considerations	12	1.9 Logical framework (logframe) analysis	25
Part II - Evaluation process in 10 steps	13	2 Selecting respondents	25
Step 1 - Defining purpose and scope	13	2.1 Probability sampling	25
Step 2 - Writing the terms of reference (ToR)	14	2.2 Non-probability sampling	25
Step 3 - Analysis of stakeholders	15	Practical tips for the evaluation process	26
Step 4 - Choosing the methodology	15	1 Reflect on your role	26
Step 5 - Deciding the budget for the evaluation	15	2 Take notes	27
Step 6 - Selecting the evaluation team	16	3 Write for your audience	27
Step 7 - Preparing the field	16	4 Good news first	29
Step 8 - Evaluation research phase	16		
Step 9 - Reporting and dissemination	18	References	
Step 10 - Management follow-up	19		

About the Evaluation Manual

Evaluations are increasingly becoming a recognised tool for organisational learning and accountability in MSF. But evaluation processes need to be well managed and be of good quality in order to yield useful and credible results.

While we insist on precision and rigour in designing an evaluation, we also encourage flexibility and creativity in adopting evaluation processes to the needs of the organisation.

This manual aims at promoting good evaluation practice by outlining concepts, steps and methods for evaluations.

It is written to facilitate the work of all those who are involved in evaluations within Médecins Sans Frontières: those who commission, manage, conduct or use evaluations.

This manual contains three parts:

Part I addresses concepts and general issues of evaluation, as we understand them in MSF. It covers general definitions and types of evaluation, evaluation criteria and standards as well as ethical issues.

Part II describes ten essential steps for initiating and managing an evaluation: from its initiation to the management and follow-up of outcomes.

Part III is about tools for conducting an evaluation. Using appropriate methodology is essential to ensure the credibility of evaluation. Hence, this part lists the most common methods as well as general points for data collection. This final part is mainly addressed to evaluation teams going to the field.

Since it is in our interest to further develop this manual, any feedback is greatly appreciated. Please address it to evaluation@vienna.msf.org.

List of acronyms

DAC	Development Assistance Committee
FGD	focus group discussion
HoM	head of mission
HQ	headquarters
IMC	International Medical Corps
Logframe	logical framework
MoH	Ministry of Health
MSF	Médecins Sans Frontières
NGO	non-governmental organisation
ODI	Overseas Development Institute
OECD	Organisation for Economic Co-operation and Development
ToR	terms of reference
UN	United Nations
UNICEF	United Nations Children's Fund
WFP	World Food Programme
WHO	World Health Organisation

Part I - Evaluation in MSF: concepts and issues

1 Evaluation in MSF

MSF is constantly striving to improve the quality of its operations. Systematic and objective evaluation processes are important opportunities to reflect, explore and capture the many experiences teams make in the challenging context MSF works in. Evaluations are therefore a much needed tool for organisational learning.

LEARNING

is the process through which experience and reflection lead to changes in behaviour or the acquisition of new abilities. (ALNAP 2016: 27)

ACCOUNTABILITY

is the obligation to demonstrate that work has been conducted in compliance with agreed rules and standards or means to report fairly and accurately on performance results *vis-à-vis mandated roles and/or plans.* (OECD 2002: 15).

Evaluations are a means for MSF to ensure more transparency and accountability at different levels: internally at movement level, or externally in the field with partners and “beneficiaries“, in our home society towards our supporters and partners (ie, donors, public and media). Additionally, evaluations provide an appropriate means to assess the quality of our operations not only in terms of medical and operational standards but

also with respect to our core humanitarian and medical mandate and principles.

Evaluations are increasingly becoming a recognised tool for organisational learning, and accountability in MSF. Through a systematic activity of evaluation, MSF is seeking an overall improvement of the quality of its operations. An evaluation exercise allows the organisation to take decision regarding focus, design and/or implementation of current and future projects, with the objective of increasing their quality (relevance, impact, implementation, etc.).

The value of an (independent) evaluation lies in providing an external perspective (of someone not involved in the implementation of the project) through a view that is as systematic and objective as possible.

2 What is an evaluation?

The word evaluation has many meanings. In its widest sense it is “[...] *the process of determining the merit, worth or value of*

AN EVALUATION

is the systematic and objective assessment of an on-going or completed project, programme or policy, its design, implementation and results. [...] An evaluation should provide information that is credible and useful, enabling the incorporation of lessons learned into the decision-making process (OECD 2002:21,22).

something [...]”¹. So defined, evaluation covers a wide range of activities, many of which can also be described by other words, such as appraise, assess, examine, judge, rate, review, and test. Therefore, there are different forms of evaluation which take stock of the situation at different points in time.

For MSF, evaluations will normally be concerned with assessing the design or strategy, implementation and results of health interventions against established MSF or international standards, humanitarian principles, MSF policy and country strategy.

What we consider important is that evaluation does not equal an inspection to judge. It is rather a process that is facilitated by an evaluation team but in which everyone concerned with the evaluation questions (e.g. including relevant internal and external stakeholders and beneficiaries) contributes knowledge and views. At the end of this process feedback is given to all of those involved and consequent follow-up of the evaluation ensured.

3 Types of evaluation

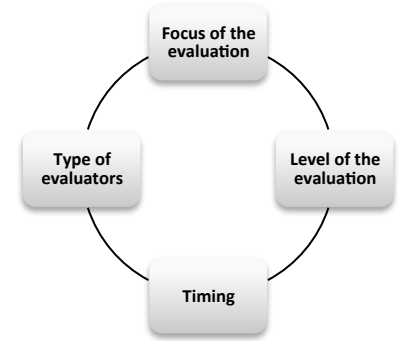
Evaluations can broadly be classified depending on their **focus** either as *process evaluations* of an on-going intervention (*formative*), or as *outcome/impact* evaluations looking at results of a completed intervention (*summative*).

Evaluations can take place at different **levels**, at *operational*, *policy* or *thematic level*. *Operational level* corresponds to any project or programme in a given country. An evaluation on *policy level* looks at the operational or medical and technical policies.

Evaluations on *thematic level* are conducted transversally across a number of projects or across the organisation as a whole looking at a specific theme.

In relation to the **timing**, evaluations can be conducted *ex-ante*, *real-time*, *mid-term* or *ex-post*. *Ex-ante* means that the evaluation is conducted just after a project’s start. *Mid-term* evaluations, formative in purpose, are carried out mid-way through the implementation of a project. A *real-time* evaluation aims at giving an immediate feedback during the evaluation fieldwork in an emergency intervention to those executing and managing the humanitarian response. *Ex-post* evaluations are implemented after a project has been completed some time ago and look at long-term impact and sustainability.

As the focus of our evaluations may be more often on programme improvement and lessons learning, evaluation of on-going projects will be more commonly conducted at critical junctures of their implementation.



¹ quoted in (Molund and Schill 2004)

Evaluations can emphasise lessons learning or accountability – but mostly it will be a mix of both. Generally, when the focus is on improvement of future performance (*learning*), evaluations will need to be participatory and the focus will be on process. When evaluations are emphasising *accountability*, evaluators require more independence and the focus will be more on how the chosen strategies and resource setup reached intended outputs and results. Therefore accountability-focused evaluations usually take place towards the end of a programme.² The process of participation of key stakeholders and following up on results together with them is crucial.

Hallam (1998) argues that it is difficult to separate accountability from lessons learned, since it would be difficult to draw lessons learned without first giving account of what has been done and why.

Depending on the **profile of evaluators**, we distinguish between internal and external evaluations. Internal evaluators come from within MSF but are external to the project. The advantage of internal evaluators is that they are familiar with policies and working procedures in MSF which may strengthen the organisational learning aspect. An external evaluator is an independent (non-MSF) consultant. The advantage of external evaluators can be that they provide a particular additional expertise that is not available in MSF and potentially a more

objective opinion and analysis. Recently mixed teams of external and internal evaluators are commonly deployed, as they are able to combine the benefits characteristic to each of them.

Beyond that, the focus of an evaluation can be directed towards different moments of **the result or evaluation chain**: Inputs are followed by activities and the “results” comprise outputs, outcomes, and impacts.

Inputs: financial, human, and material resources used for an intervention

Activities: actions taken or work performed through which inputs are mobilized to produce specific outputs

Outputs: products and services which result from an intervention; may also include changes resulting from the intervention which are relevant to the achievement of outcomes

Outcome: likely or achieved short-term and medium-term effects of an intervention’s outputs

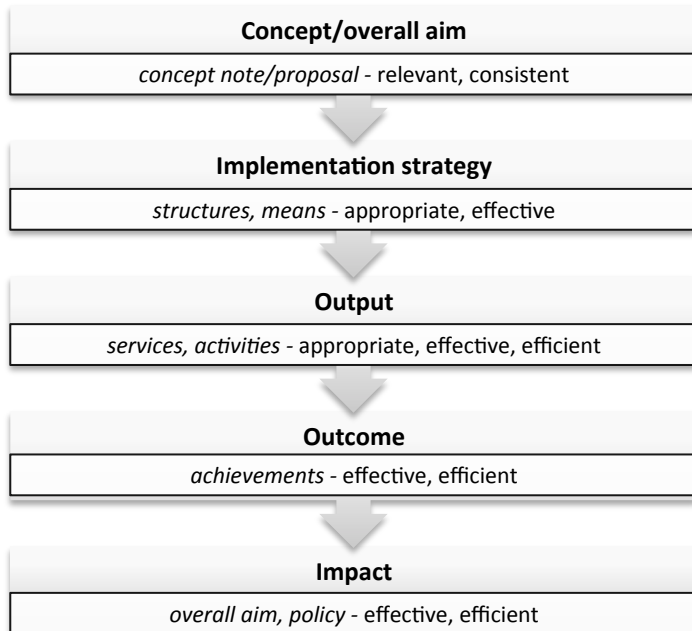
Impact: positive and negative, primary and secondary long-term effects produced by an intervention, directly or indirectly, intended or unintended

Source: adapted from (OECD and Evaluation 2002)

² ALNAP Evaluation of Humanitarian Action Guide, 2016: 44

4 Evaluating WHAT?³

Depending on where evaluation questions are located in the result chain, different evaluation criteria will apply. For example, if the overall aim of a project is the reduction of malnutrition, it should be consistent and relevant. The strategy to achieve this aim needs to be appropriate and effective.



³ (Balthasar 2007)

5 Evaluation criteria and benchmarks

With an evaluation we attempt to assess the “value” of something. Hence, we need “criteria” to define exactly what we are measuring. In order to assess if criteria are met, benchmarks and indicators are used.

5.1 Criteria for humanitarian aid evaluation

The following evaluation criteria are based on a definition by OECD/DAC and were specifically adapted to humanitarian assistance evaluation by ODI (Overseas Development Institute)⁴. Below we adapt and define those criteria specifically for the use by MSF. The criteria to be applied for any given evaluation need to be defined on a case by case basis, depending on the purpose and scope of the evaluation.

Overall, evaluations need to make sure that we not only know what results were achieved but also how and why they were achieved as well as what actions to take to further improve performance.

EVALUATION CRITERIA

- Relevance
- Appropriateness
- Effectiveness (coverage, timeliness, coordination)
- Efficiency (cost-effectiveness)
- Impact
- Continuity

⁴ (Hallam 1998)

5.1.1 Relevance⁵ *“Are we addressing the real needs?”*

Relevance looks at how far the intervention corresponds to the real needs of the population, compliments other interventions from other actors and how far it is justifiable in regards to the MSF mandate, principles and operational policy.

Key evaluation questions - RELEVANCE

- Which MSF policies apply and to which extent is the project / programme design and implementation in line with them? Is the MSF policy itself valid?
- Was an independent needs assessment possible and carried out appropriately? What has changed since then?
- Are project objectives consistent with identified needs? Are intervention choices appropriately prioritised to meet the most urgent needs first?

5.1.2 Appropriateness *“Have things been done the right way?”*

Appropriateness is used to assess whether the intervention is appropriately designed to reach the objectives; through review of procedures and strategies or according to the perception of stakeholders and particularly the target population. It focuses on the extent to which an intervention is tailored to the local context. Note that a project can only be effective if designed appropriately!

⁵ Relevance and appropriateness are complementary criteria used to evaluate an intervention's wider goal and objectives.

Key evaluation questions - APPROPRIATENESS

- Is the intervention appropriate according to the perception (expressed needs/demands) of the target population and/or according to national policies?
- Is the strategy appropriate in order to achieve the objectives?
- Were appropriate and timely adaptations made in response to changes in the environment?

5.1.3 Effectiveness *“Are our objectives achieved?”*

Effectiveness addresses the extent to which the project achieves progress towards its objectives and purpose and/or whether this can be expected to happen on the basis of the activities, outputs and outcomes of the project.

Key evaluation questions - EFFECTIVENESS

- To what extent have the agreed objectives (medical and and/or advocacy) been achieved?
- Were the activities carried out as originally planned?
- What were the reasons for achievement or non-achievement of objectives?
- How well do the achieved results compare to quality standards (MSF guidelines, WHO standards, etc.)
- What could be done to make the intervention more effective?

Sub criteria to effectiveness are coverage, timeliness, and coordination.

Coverage (access) describes the extent to which project activities reached the specific target population and/or to what extent the beneficiaries had access to existing services. Coverage also needs to be assessed in relation to the groups included or excluded from a programme in terms of ethnicity, gender, socio-economic status, occupation, location or family circumstances (e.g., single mother, orphan).

COVERAGE

- To what extent do the project activities reach the specific target population? Are there any factors that are hindering access for the population most in need?
- To what extent do beneficiaries have access to project activities?
- Is anyone or any particular group excluded from the services?

Timeliness is concerned with the adequacy of timing in order to optimise the intervention. It is of particular importance in emergency programs.

TIMELINESS

- Was the timing of the intervention adequate? What were the reasons for timely or delayed response?

Coordination focuses on the extent to which activities are adequately co-ordinated with other (external) actors.

COORDINATION

- Have other actors in the area of intervention been identified? Which contacts/coordination happen/s with other actors? Is coordination adequate? Has independence from other actors/coordinating bodies been maintained?

5.1.4 Efficiency⁶

“Were things done with minimum resources possible?”

Efficiency looks at the relationship between (verifiable) effects (output, outcome) and input (human, material and financial resources) required to achieve them. This generally requires comparing alternative approaches or comparing similar interventions. Simple indicators for comparison are cost/patient treated, cost/person vaccinated, etc. This is called cost-effectiveness analysis.

Key evaluation questions - EFFICIENCY

- Were inputs and resources used appropriately and to their maximum potential?
- Could the activities or results have been achieved at lower costs? Could more be done within the same budget?

⁶ Cost-effectiveness is often applied as a sub criterion of efficiency.

5.1.5 Impact *“What difference did the programme make?”*

Impact looks at the wider effects of the project – social, economic, technical, environmental – on individual, community and institutional levels. Impact can be intended or unintended, positive and negative, immediate and long-term, etc. Health impact is measured in terms of epidemiological indicators, e.g. disease incidence or mortality rates or life-years gained. Additionally, it can also be measured in qualitative terms by assessing changes in attitudes, i.e. perceptions of changes.

In most of our programmes it is not possible to collect impact data in a reliable way due to the lack of baseline information and due to the fact that many of our interventions are short-term. Furthermore, it is often difficult to control confounding factors, which may have contributed to a change beyond specific MSF interventions, e.g. a reduction in mortality. In other words, a problem of attributing results to intervention. However, impact as perceived by beneficiaries can be qualitatively assessed. The assessment of unintended or negative impact, e.g. effects on the political environment, on security, on population movements, etc., can be very relevant for MSF, particularly in conflict situations.

Key evaluation questions - IMPACT

- What changes in the health status and general well being of the target population was caused by the project?
- What do beneficiaries and other stakeholders affected by the intervention perceive to be the effects of the intervention?
- Did the intervention have any unforeseen (harmful) impact?

Key evaluation questions - CONTINUITY

- Is a phasing-out strategy designed and achieved? What does it consist of (exit, handover, continuation)?
- Which local capacities and resources were identified? How does the project connect with them?

5.1.6 Continuity *“Was the assistance provided in a way that took account of the longer-term context?”*

Continuity is also referred to as Connectedness (sustainability in development aid). This is the criteria that evaluates if a project is implemented in a way that takes into account long-term as well as interconnected problems. In the MSF context, continuity will often be examined in regards to patients' access to care after MSF has left, e.g. in HIV/AIDS projects but also on a more general basis. Continuity can also arguably be looked at more generally in terms of organisation's exit strategy and handover for primary healthcare or secondary services, etc.⁷

5.2 References for evaluation

Where possible, an intervention will be measured against specific references or standards and against the set indicators. The following types of references should be considered:

⁷ (IFRC 2011)

5.2.1 Technical standards

The MSF (or also external) technical/medical guidelines and policies provide good standards for technical evaluation questions. Common health standards (WHO, etc.) are applicable for evaluation. National standards (e.g., from MoH) should also be taken into consideration.

5.2.2 Humanitarian standards

Humanitarian standards are, for example, the MSF priorities in emergencies, e.g. top 10 priorities. There have been various attempts to set international standards for humanitarian aid, the most famous being the Sphere standards⁸. Though MSF has decided to withdraw from the Sphere project⁹ after its initial phase, these standards can still be useful as indicators and as a way to compare MSF results with externally agreed standards.

5.2.3 Operational framework (logframe)

Operational indicators (as stated in a logical framework or planning documents) as well as any baseline data are important references. For every evaluation, the logframe of the project, with the objectives and the indicators set for reaching them is a key tool. Operational and/or country policies can also be valuable references.

⁸ (RRN 1994)

⁹ (Tong 2004)

5.2.4 Humanitarian principles of MSF

The application of the MSF core principles neutrality, independence and impartiality is difficult to measure and often requires a perception study of views of different MSF and external stakeholders.

HUMANITARIAN CHARTER AND PRINCIPLES

In addition to evaluation criteria the underlying core reference point for MSF operations are the Charter and the humanitarian principles. Questions concerning humanitarian space and operational independence need to be addressed when looking into project relevance and effectiveness, e.g. *“Do the identified needs and the design of intervention correspond to MSF mandate and principles? Are our achievements justifiable in regards to our core principles?”*

In addition, there are a number of evaluation questions that require a similar qualitative analysis, e.g. effectiveness of advocacy, coordination, continuity, etc.

Examples of additional evaluation questions

- Are there any experiences of manipulation by local / other actors in the conflict?
- What are the restrictions to free and secure movement of our staff?
- What is the relationship / proximity to the local population?
- What issues emerged during the setting up and management of the programme, which might be generalisable to other situations?

6 Quality standards and ethical considerations

6.1 Quality standards for evaluations

While evaluations are used to assess the quality of MSF's action, evaluations themselves need to be of good quality. The responsibility for good quality of evaluations lies with all those involved: the evaluators, those who commission an evaluation and those participating (respondents, interviewees) in the evaluation.

Below, we refer briefly to international standards¹⁰ defined for evaluation that serve as a reference when judging the quality of an evaluation. In contrast to evaluation criteria, which *“guide what is evaluated”*, quality standards *„guide how the evaluation should be planned, managed, conducted, and utilized“* (IFRC 2011:7).

6.1.1 Utility

Evaluations must be useful and serve the information needs of the intended user. All stakeholders must be clearly identified, objectives of the evaluation must be clarified and the evaluators must be competent and trustworthy. In addition, the basis of value judgements must be transparent and the report has to be comprehensive, clear and timely. From the beginning the use of evaluation findings has to be clearly stated.

¹⁰ adapted from (Widmer, Landert and Bachmann 2000), (Molund and Schill 2004), (IFRC 2011), (M. Q. Patton 1996)

6.1.2 Feasibility

An evaluation must be commissioned and conducted realistically and efficiently. Adequate resources shall be used cost-effectively to achieve maximum benefits and applied methods shall be appropriate so as to minimize interference with other projects and the socio-economic and political context.

6.1.3 Ethics and legality

An evaluation must be conducted legally, ethically and with due regard for the rights and welfare of those involved in evaluation, and in particular those affected by the outcomes. The customs, culture and dignity of human subjects shall be respected and the evaluations should ensure the informed consent (with the option of anonymity/confidentiality for all participants), and confidentiality of respondents.

6.1.4 Transparency

Evaluations shall be conducted openly and transparently. This includes ensuring transparency in the evaluation design, data-collection, development and dissemination of evaluation products and handling competing interests. Transparency may be compromised if it threatens the confidentiality rights and security of individuals. Any unresolved differences of opinion within the evaluation team should be acknowledged in the report.

6.1.5 Impartiality and independence

Evaluations should provide comprehensive and unbiased analysis that takes into account the views of all stakeholders. All evaluations shall be impartial or objective which implies freedom from political influence and organisational pressure.

6.1.6 Accuracy

The information produced by evaluations must be factually and technically correct, whereby being valid and usable.

6.1.7 Participation and collaboration

All relevant stakeholders should be consulted and involved in the evaluation process as it is feasible and appropriate. Particular attention should be given to any marginalised or vulnerable groups.

6.2 Ethical considerations

- Evaluators must ensure that sensitive information cannot be traced to its source. They have to respect people's right to provide information in **confidence**. Informants must receive genuine information about what is going to happen with their statements.
- All (evaluation) team members should have the opportunity to disassociate themselves from particular findings and statements. Any unresolved differences of opinion within the team should be acknowledged in the report.
- Evaluators are not expected to evaluate individuals and must balance an evaluation of management functions with this general principle.
- Evaluators are responsible for the evaluation to be **independent, impartial and accurate**. These principles should not be compromised.
- Evaluators should ensure that their contacts with individuals are **respectful**.
- Evaluators must be **sensitive** to beliefs, manners and customs of the social and cultural environment in which they work. They should act with integrity and honesty in their relationship with all stakeholders.

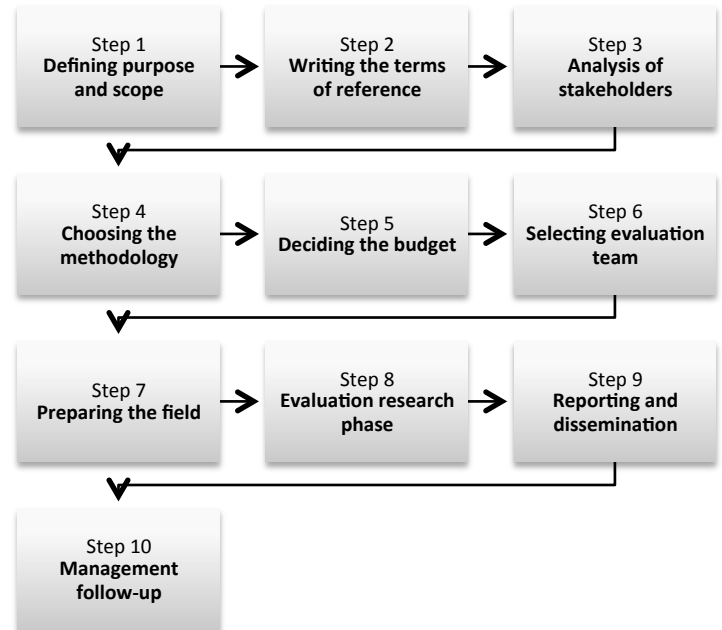
Part II - Evaluation process in 10 steps

The evaluation process can be divided into ten steps. Anyone on the different organisational levels can ask for an evaluation, i.e. field coordination, desk, operational director, medical director, general director, the board). The responsibility for the evaluation and its follow-up generally lies on the same level from where the evaluation has been commissioned.

The different steps of an evaluation can be conducted one after the other, but most often they overlap or run in parallel.

Step 1: Defining purpose and scope

Defining the purpose of an evaluation is one of the most important tasks when the evaluation is proposed. A clear statement is required on how the evaluation fits into the bigger picture and how the evaluation is expected to benefit the project/the organisation, i.e. in relation to operational decision-making. Scope determines the boundaries of the evaluation (time period, geographical area, dimension of stakeholder involvement), tailoring the objectives and evaluation criteria to the given situation.



Step 2: Writing the terms of reference (ToR)

Once the scope is clear, this can be translated into more concrete (key) questions that need to be answered by the evaluation. The key question at this stage is: Which information is required to satisfy the practical purpose of the evaluation?

The ToR should be drafted by the initiator of the evaluation, together with the other stakeholders of the project, particularly the project management team. The evaluation manager supports this process. A selective review of relevant documents may be required in order to understand the issues involved.

Clarifying the ToR between all stakeholders can be a long process but it is extremely important to make sure expectations and objectives are clear. Often final clarifications or changes still occur once the evaluator begins to discuss with the field team. There should be some room for minor adjustments (flexibility!). The evaluator may also realise that the available data are not sufficient to answer some of the questions. This would require reformulation of some of these questions.

EVALUATION QUESTIONS are

- specific in terms of concepts, time frame and unit of analysis,
- clear and understandable by both involved stakeholders and “cold” readers,
- objective and neutrally stated,
- appropriately framed in terms of scope and time frame and
- aiming at producing information of interest and usefulness to the audience.

SAMPLE OUTLINE FOR TERMS OF REFERENCE

Terms of Reference for

Commissioned by:

Duration of evaluation:

Time period that is evaluated:

ToR elaborated by:

1. CONTEXT

Short and relevant to the evaluation

2. OVERALL OBJECTIVE and PURPOSE

3. KEY EVALUATION QUESTIONS

Along the evaluation criteria relevance, appropriateness, effectiveness, impact (including coverage, timeliness, coherence), efficiency and continuity

4. EXPECTED RESULTS and INTENDED USE OF THE EVALUATION

5. PRACTICAL IMPLEMENTATION OF THE EVALUATION

6. TOOLS AND METHODOLOGY PROPOSED (if any)

7. DOCUMENTATION FOR READING

8. JOB PROFILE/S OF EVALUATOR/S

Step 3: Analysis of stakeholders¹¹

Stakeholders are people affected by the evaluation, positively or negatively, directly or indirectly. The key element is to decide what kind of analysis is relevant for what purposes whereas there are different ways to approach stakeholder analysis.

If the analysis aims at deciding the involvement of actors in the project cycle, you need to clarify and negotiate the roles played by various stakeholders and their relations at the beginning of a project. To prioritise the involvement of different groups, categorise all actors affected by the project according to interest group, gender, status, ethnic and/or organisational affiliation, authority, power, etc. Decide whose interests need to be prioritised in relation to the evaluation.

A mapping of stakeholders is a useful way for outlining different forms of participation. This helps to decide who needs to be fully engaged, consulted or informed/influenced.¹²

Step 4: Choosing the methodology

In the course of writing the ToR the methodology will be defined. The evaluator should be clear whether s/he follows the suggested methodology or s/he recommends changes. Usually a mix of qualitative and quantitative methods provides the best results. The choice of methodology depends on the questions and the type of information required.

¹¹ (Gosling und Edwards 2003)

¹² (ALNAP and Channel Research 2009)

Common evaluation methods include:

- Review of project documents, i.e. assessment reports, project plans, proposals, annual plans, country policies and project reports, external document
- Interviews with MSF staff (expatriate and national, on project-, co-ordination- and HQ level), stakeholders (including beneficiaries and representatives of host communities) and representatives of national and international organisations (UN and NGO); these could be individual interviews or focus group discussions
- Other methods: direct observations, team meetings, workshops, analysis of available epidemiological surveillance data, surveys, etc.

Step 5: Deciding the budget for the evaluation

Depending on the scope and methodologies of an evaluation the required resources can vary a lot. A basic decision about the overall budget should be taken, and it needs to be agreed under which budget line the evaluation is carried out. Agreement needs to be reached on what fees are paid for internal / external consultants. Costs will usually include:

- Remuneration for evaluators / fees for consultants
- Travel costs and allowances
- Accommodation in the field and HQ (for pre- and post-evaluation discussions)

Step 6: Selecting the evaluation team

The range of possible evaluators is wide: from a team member in the country, to someone from the HQ, an internal or completely external person. Usually a minimum of two team members is recommended to enhance objectivity. Ideally, one of them will have experience/ competencies in evaluation and the other one a professional background that is relevant to the specific evaluation objectives. For any evaluation, a job profile listing expectations in detail should be drawn up. For consultant evaluators (MSF or non-MSF) basic arrangements must be made, i.e. type of contract, exact time plan, flexibilities, who owns the data, sharing of findings, etc.

Depending on the scope of the evaluation, the key questions and methodology, one can define the evaluator's required language skills, areas of expertise and required experience. Analytical and communication skills, flexibility, ability to listen and to offer constructive criticism as well as good writing skills are crucial skills of an evaluator.

Step 7: Preparing the field

ToR as well as timing of the evaluation should be well agreed with the field team. It is important that team members are available during the evaluation. Means of transport and temporary travel plans should be agreed beforehand. It may be useful to communicate the planned evaluation already to stakeholders or relevant authorities and to ask the field team to schedule appointments. The evaluator may request additional

interviews either preceding the evaluation (at the ToR discussion stage) or during the evaluation itself.

Step 8: Evaluation research phase

The nature of the research phase obviously depends on the type of evaluation. Policy or thematic reviews may be desk studies, while project evaluations usually require a field visit. The research process consists of information gathering through various methods, analysis (which should happen on an on-going basis) and finally interpretation in order to draw conclusions and recommendations.

In any case the first steps are usually preliminary discussions and briefings at the headquarters. The evaluation team must receive all key documents at the beginning of an evaluation. If a field visit is required, document review should necessarily take place before departure. The length of the field stay will depend on the number of project locations to be visited, and the estimated time necessary for interviews and meetings should include some contingency planning (flexibility!).

Of particular importance is a feedback meeting at the end of a field stay, which should take place for both the field and co-ordination team, including senior national staff. Preliminary findings and first analysis should be shared and an idea given to the teams so as to what conclusions and recommendations are drawn. This helps the evaluator to countercheck and validate the information s/he has obtained. Furthermore, the feedback of the team provides important input for the final research phase. An evaluation can potentially be very unsettling for a

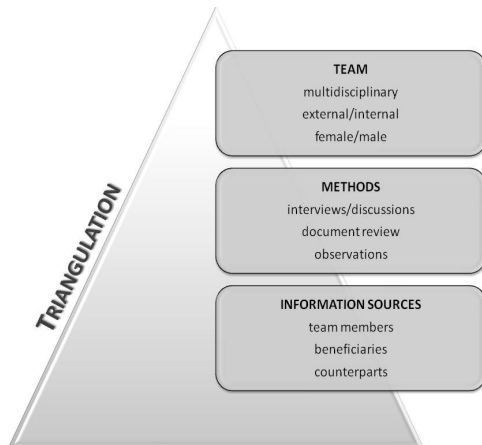
team. Hence, it is important to keep them informed and reduce fears.

Validation of data

There are three important ways to guarantee the validity and credibility of the research process and the data collected: Triangulation, cross-checking of information and reflection phases.

Triangulation

Triangulation is an essential way of ensuring the validity and the quality of the information collected. It means that there are constantly three or more angles of data collection to cross-check information and avoid bias.



Triangulation works through:

- Using different methods throughout the evaluation project (e.g., document review, questionnaires, interviews, observations, etc.)
- Using different information sources (e.g., MSF staff, beneficiaries, local authorities, other NGOs, etc.)

- Looking for heterogeneity in the (evaluation) team and a minimum of two team members with different professional background and gender

Cross-checking of Information

Another way to ensure validity is to cross-check information with respondents and stakeholders (e.g., feedback at the end of the interview, on-going exchange with the project team, etc.).

Reflecting phases

Lastly, reflection phases are crucial for the evaluators. They need to take time out to reflect on information collected so far, check whether the process is on track in regards to the objectives of the evaluation.

Analysis of evaluation data

The process of analysis should be on-going during an evaluation. The logical process is a first individual analysis of each interview (or other data set). Therefore there needs to be a good transcript or verbatim report of each interview. A daily analysis of findings will inform the next step of data collection. A mid-point review (and adaptations) leads to the analysis of the complete set of data. Consistent and regular discussions between evaluators comparing notes and concerns are critical. The final analysis requires a thorough comparison of all data collected. This will involve the search for similarities and differences between different respondents, methodological tools (such as interviews, observations, questionnaires, documents) and explanations of those. The final report should acknowledge differences in perception of respondents. In case

of a big data set, it might be worth using special software for (qualitative) data analysis.

ANALYSIS

- Record all interviews (or other data)
- Highlight the most important points using “codes”
- Draw first points of analysis of individual interviews
- Look for points that you need to follow up / confirm (and look at different ways to approach and ask the same question)
- Look for concordance and differences in your data (quantitative or qualitative) and for possible explanations
- Constantly search for alternative results and conclusions

In order to clearly differentiate between evidence-based findings, conclusions (interpretations of findings) and recommendations, an evaluation frame should be used.

Step 9: Reporting and dissemination

The final evaluation report must be logically structured and contain an executive summary as well as a summary of recommendations which should be followed by findings, conclusions and lessons learned which need to be clearly distinguished from one another. The report has to be free of information that is not relevant to the purpose of the evaluation. Conclusions should add value to findings – the logic behind conclusions and the correlation to actual findings should be clear. Recommendations need to be based on evidence and analysis, be relevant and realistic, with priorities for actions

SAMPLE OUTLINE FOR EVALUATION REPORT

Content

List of abbreviations and acronyms

Executive summary

The executive summary should not contain more than 1-2 pages and present main findings and a summary of recommendations

Introduction

Background of the evaluation, methodology and limitations

Findings

This chapter should strictly outline findings only (ie, qualitative and quantitative data), presented in a concise way.

- Use tables and figures to facilitate understanding
- Use a consistent system for footnotes and include a glossary for abbreviations
- Separate findings from conclusions and recommendations!!

Conclusions / Discussion

Consequentially following the findings, here the analysis and interpretations take place. They should be corresponding to the evaluation objectives and key questions in the ToR.

Summary of recommendations

Recommendations should be clearly addressed to those who are concerned.

References

References to key documents and literature used

Annexes

Interviewees, ToR, sample questionnaires, short CV of evaluators (optional)

made clear. The overall report must not be longer than 20 pages for project evaluations. Thematic evaluations may take up to 50 pages.

Dissemination of the report needs to be discussed among those who commissioned the evaluation as well as the HoM and/or the project team. The report could, for example, be disseminated within one section, between different sections, to external counterparts and the wider public.

Dissemination should focus on the intended direct or indirect users of the evaluation. Anyone who can be expected to make effective use can be very useful (e.g. local counterparts, authorities, donors, partner organisations, etc.). Since the complete report may contain some internal information that should not be widely shared, summarised versions of the report can be produced and also translated into the national language.

Step 10: Management follow-up

Evaluation managers take the overall responsibility for the evaluation processes and the evaluation's follow-up. The evaluation manager is the first and main interlocutor with the evaluation team.

Results of the evaluation will be – as mentioned above – initially shared on all levels, i.e. field, coordination team, and desk. The final results will be presented on the agreed level (operational director/desk, communications director, board, etc.) where formal response to the outcomes and recommendations will be provided. During this process it will be decided (and justified) which recommendations are taken or dropped. The final version

of the evaluation report could include the management response to the evaluation as an annex (ie, elaborated steps for following up of the key recommendations).

WAYS TO ENSURE UTILISATION

- Get original purpose very clear
- Ensure ownership, participatory process
- Get key stakeholders behind
- Share findings in the field
- Allow debate with evaluators
- Ensure good readability of report
- Disseminate info widely / on all levels
- Promote credibility of evaluators
- Formulate recommendations clearly and realistically
- Use evaluation outcomes in trainings

Part III - Tools for evaluation

“Not everything that counts can be counted. And not everything that can be counted, counts.”

Albert Einstein

Methodological considerations have already been briefly introduced in the context of step 4 of the evaluation process (page 15). In this chapter, quantitative and qualitative methods are first defined and each method described in more detail.

Quantitative methods provide what is considered “hard data”. They can answer questions such as: *who, what, when, where, how much, how many, how often?*

Such methods are important when you need to “measure” evidence, e.g. show the size of the achievements or certain problems, or to justify a particular (change in) strategy, or to demonstrate outputs, outcomes (effect) and potential impact (which may be difficult to measure).

Qualitative methods help to provide an in-depth picture of a given situation. They reveal people’s problems, priorities, beliefs, perceptions and attitudes¹³. In essence, they answer the questions *how and why*, e.g. why mothers bypass the MSF facility or avoid participation in a vaccination campaign.

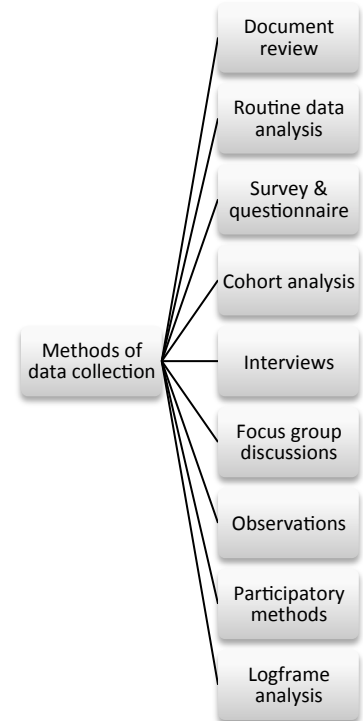
¹³ (M. Q. Patton 2002)

In practice these two methods are used together in order to complement each other. For example, quantitative methods are used to understand the coverage of an antenatal care and qualitative methods can explain why people are not using the services.

1 Methods of data collection

1.1 Document review

Assessment reports (baseline data), project plans, proposals, annual plans, strategic plans, medical policies, statistical data and other internal and external documentation about the project/ country (e.g., country policy) should be systematically reviewed. This will help to formulate further questions for the evaluation, and to identify sub-issues. Of particular importance are the plan of action and the logical framework, which help to assess objectives and indicators and the progress



towards them. A general desk review of literature on the theme may be useful, i.e. best practices, relevant studies done, etc.

1.2 Routine data analysis

Analysis of any output or outcome data is essential for an evaluation. Useful indicators may include attendance and coverage rates (immunisation, curative care, percentage of specific target population, etc.), adherence and drop-out rates, achievement of indicators set (e.g. quantity of water, food, latrines provided), cure and fatality rates, morbidity and mortality rates (where applicable).

Always compare data with that of other organisations claiming to work in the area or have information on the area whether WHO, UNICEF, IMC, Merlin or WFP, etc.

Analysis of specific epidemiological data, e.g. the reconstruction of epidemic curves for outbreak situations, can be useful to assess timeliness and effectiveness of interventions.

1.3 Survey and questionnaire

Surveys are used to figure out the prevalence of certain characteristics or a phenomenon in a given population. In evaluations, they are used to study opinions, perceptions, etc. In order to produce reliable results, surveys must use probability sampling¹⁴. Also, they have to use reliable, standard

¹⁴ See chapter 2.1 on Probability sampling

and validated tools (e.g. questionnaires, medical tests, etc.) for measuring a phenomenon. Questionnaires could also be used, e.g. health centre exit questionnaires.

Online surveys are a specific form of web-based questionnaires that can easily be administered through free software (e.g. survey monkey). This is an easy way to consult e.g. all staff who were involved in an intervention.

1.4 Cohort analysis

In a cohort study, patients who receive one or another type of treatment are followed over time to analyse their outcomes in terms of health gain, e.g. cure rate. A cohort study can be prospectively set up, but in evaluations we mostly use retrospective analysis of cohorts that is based on routine data. Cohort studies are used for chronic or long-term diseases, like HIV/AIDS and TB, and for common outcomes such as cure rate, death rate etc.

1.5 Common types of interviews

Face-to-face (semi-structured or unstructured) interviews, where interviewers use a checklist of questions/issues to be addressed, are most commonly used in evaluations.

INTERVIEW QUESTIONS

- are clear, understandable and easy to answer,
- are appropriate for your mode of data collection,
- address one or more of the evaluation questions,
- permit adequate generalisation of findings,
- permit adequate opportunity for desired quantitative analysis.

1.5.1 Individual interview

A cross-section of people can be interviewed on the same topic to reveal a range of attitudes, opinions and views. Interviews can also be conducted over the phone or Skype, preceded by an introductory letter or e-mail specifying the purpose of the interview and time required.

1.5.2 Key informant interview

GROUP INTERVIEWS

- Plan and prepare group discussions well beforehand
- Encourage and “dig” for alternative views and opinions
- Spend time afterwards to hear from people who did not talk in the group

Key informant interviews are interviews with people who have knowledge of and/or experience in a particular issue, or with outsiders to a particular community (e.g., mothers, pregnant women, midwives, teachers, community leaders, government health staff, traditional healers, suppliers, particularly for remote manage-

ment projects, other NGO and UN personnel, etc.). Key informants should be able to answer more general questions about knowledge and behaviour of others, and give a good overall view of the way things work in the community.

1.5.3 Group interview and discussion

Interviewing a group of people provides access to the knowledge of several people at once and cross-checking on others within that group could take place. Groups should not be larger than 12 to 15 people. Group sessions require a minimum

of two people for interviewing, note taking and observation. Note that group interviews are not good for revealing sensitive information! Be aware of “recall bias”, i.e. the fact that with time memories fade and change!

GENERAL RULES FOR INTERVIEWING

- Prepare a checklist of questions (according to a specific group of stakeholders) beforehand following the ToR and the literature you reviewed
- Review checklist after initial piloting and amend as necessary
- Arrange place and time conveniently
- **Explain the purpose of the interview/evaluation**
- **Ask for consent explicitly**
- Reassure that the discussion will be confidential
- Use a simple and/or appropriate language
- Respect the informant’s point of view. Do not argue, discuss or make judgemental statements
- Start with easy questions to warm up and approach sensitive issues gradually
- **Ask “open ended” questions**
- Be flexible and allow a natural flow of the discussion
- **Depending on how much detail you need, “probe” for it!**
- Pausing is useful to allow participants to think more about the questions
- Make sure you summarise and feedback the most important points at the end
- Finish with an informal chat and thank your respondent for participation
- Be aware of overburdening interviewees – keep it simple!

1.6 Focus group discussion (FGD)

A small group of 6 to 10 people with similar background, for example, specialist knowledge, particular interest or specific characteristics (e.g., age, gender, people suffering from the same disease, urban / rural, etc.) are invited to discuss a topic in detail. The facilitator must speak the local language or use a well-versed interpreter (see page 27). S/he keeps the discussion on or around the topic but – in contrast to group interviews – the aim of FGDs is for the participants to debate with each other whereas the facilitator is taking the role of an observer. FGDs are useful for understanding perceptions and attitudes. They can also stimulate analysis of past changes and generate ideas for the future. FGDs can paint a picture of what is socially acceptable or what general beliefs are, rather than give in-depth knowledge. The advantage of FGDs is that a lot of information can be obtained with one session/discussion.

FOCUS GROUP DISCUSSION

- Organise FGD in a comfortable place, without interruptions
- Create an informal but (culturally) respectful atmosphere
- Give a good explanation about the FGD at the beginning (purpose, confidentiality, time required, use of evaluation)
- Ask that rules be respected (importance of everyone being able to speak, non-interruption, etc.)
- Encourage all participants to speak and balance those who speak a lot with quiet ones
- Look at the general rules for interviewing (page 22)

Caution is required when interpreting results because participants may agree with other respondents (for different reasons, e.g. peer pressure, group acceptance) even if they have a different opinion. FGDs will not be appropriate for sensitive, contextual information or information about SGBV for instance (unless generic).

Ideally, FGDs should consist of:

- 1 moderator who poses the questions and facilitates the discussion
- 1 note taker (alternatively tape recorder)
- 1 observer who looks for agreement/disagreement, non-verbal information, etc.

Two people are also possible but this way it is more stretched.

1.7 Observation

Direct observation means observing objects, events, processes and relationships between people or people's behaviour systematically and recording them. Direct observation is a good way to cross-check people's answers to questions (e.g. conditions of health facilities, staff interaction with patients, waiting time, etc.). Taking part in meetings can be a good way to observe dynamics and issues.

OBSERVATION

- Think about the objectives and broad issues of your evaluation
- Identify indicators that you can assess through observation
- Draw up a checklist for observation

1.8 Participatory methods

Participatory methods are often used in addition to typical interviews as they can help to generate open discussions. They can be particularly useful with illiterate respondents and when participation (of the community) is crucial for the evaluation. Participatory methods require sufficient time.

1.8.1 Timeline

A timeline is normally done by asking people (in groups or individual) to think of important events within a given period in the past (e.g. during the project period). It can help to reconstruct history or understand changes.

1.8.2 Mapping

Drawing maps can be particularly useful in groups. They can serve to find out more about an area, about social features in an area, about changes in a particular area. Maps can demonstrate what important features for different respondents are (men, women, etc.). Mapping can be on paper, on the ground using local resources, etc.

1.8.3 Ranking

There are many ways of ranking or ordering information, e.g. wealth ranking, problem ranking, impact ranking or performance ranking. Ranking can be used to identify differences in the community and to understand local indicators and criteria for wealth, health, etc. It can be done through voting to select a preference, pair wise ranking to compare which is the preferred of two option and others. Performance

ranking is particularly useful with staff to understand how they rank specific elements of a project, what worked, what is not working so well, what improvements could take place.

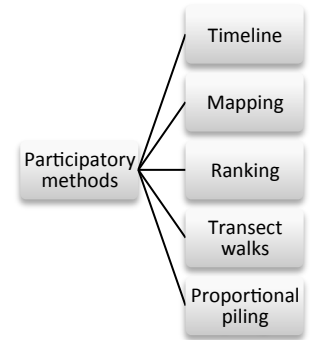
1.8.4 Transect walks

Transect walks are similar to maps but ambulatory and often partial (may not take in the whole village spatially).

Organised (or casual) walks through a particular area can help to identify important features for respondents and help to observe specific points. Walks can be more informal and ease discussions.

1.8.5 Proportional piling

Proportional piling can provide estimation about figures, shares, etc. The respondents are provided with a certain number of little units (e.g. 100 groundnuts, 20 pebbles of the same size or crushed paper) and asked to divide them according to the question posed (e.g. how many people out of your community take children for vaccination?). This helps to approximately quantify information and can trigger further discussion.



1.9 Logical framework (logframe) analysis¹⁵

Logframe analysis helps to clarify how the planned activities will help to achieve the objectives and will foster to be explicit about the implications of carrying out the planned activities in terms of resources, assumptions and risks.

Once the objectives and plans of actions for the project have been established, logframe analysis can be used to analyse the logic of the relationship between its aim and the proposed activities. To that end a matrix can be applied.

2 Selecting respondents

For an evaluation process usually non-probability, purposeful sampling is most appropriate. Most evaluation research aims at obtaining information that is relevant and credible in a particular setting. The advantage of purposeful sampling is to select relevant and information-rich cases. There is no pre-determined size of purposeful samples. The main criterion is the need to sufficiently triangulate and validate the information obtained. It is up to the evaluator to decide on a sample size that is large enough to be credible given the purpose of the evaluation and small enough to allow adequate depth and detail for each case within the given period.

¹⁵ adapted from (Gosling und Edwards 2003)

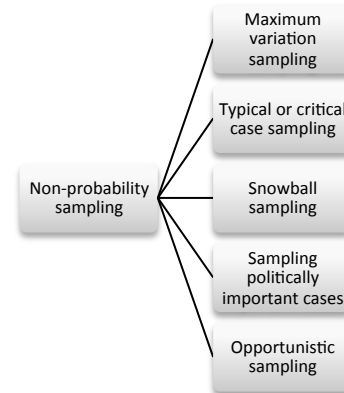
2.1 Probability sampling

Probability sampling would have to be applied when there is a need to generalise findings and when a survey is the method of choice. In probability sampling (random sampling, systematic sampling and stratified sampling) each member of the population has a known and equal probability of being selected. The advantage of this is that sampling errors (the degree to which a sample might differ from the population) can be calculated. The sample size must be large enough to detect a valid change/estimate and to reflect the true population value.

2.2 Non-probability sampling¹⁶

2.2.1 Maximum variation sampling

It aims at respondents with the most diverse characteristics that are relevant for the evaluation (e.g. patients from rural and urban settings, young and old patients, successful and non-successful cases, etc.).



¹⁶ adapted from (M. Q. Patton 1987)

2.2.2 Typical or critical case sampling

The selection focuses on typical or critical representatives of a particular group (staff, patients, etc.) in order to describe their situation or their specific problem in detail. Similarly, sampling could also be relevant in terms of a specific criterion, e.g. all mothers whose children have completed a certain treatment.

2.2.3 Snowball sampling

The strategy aims at discovering new information-rich informants by asking the people interviewed for others who might know about a particular topic. In that way, the evaluator is led from one key person to another.

2.2.4 Sampling politically important cases

Similar to the “critical cases”, this strategy might be applied to involve respondents of political importance in a particular area – either to get them interested or to gain their acceptance, etc.

2.2.5 Opportunistic sampling

Once in the field, new opportunities for interviewing can arise. Whenever the evaluator considers an encounter relevant, s/he should allow enough flexibility during the process to include those.

Practical tips for the evaluation process

1 Reflect on your role

The role of an (objective) evaluator is fundamentally different from the one of a manager. You come to listen; you must stay out of daily project issues and refrain from commenting or advising (unless you are asked about a specific matter). Watch yourself carefully in this regard. Also: analyse structure, process and outcome; NOT persons.

NOTE TAKING, FIELD DIARY, TRANSLATION, SHARING OF INFORMATION

- Inform the interviewee in advance about you **taking notes** or recording of what s/he says and get her/his consent
- Transcribe interviews as soon as possible from your notebook (or tapes)
- Keep a **field diary** where you record every day: new discoveries, revelations, surprises, difficulties, doubts, questions, etc.
- Check the main vocabulary / checklist with the **translator** to avoid culturally insensitive formulations
- Organise a short training for the translator to inform her/him about the purpose of the interviews and to let her/him understand the rules required for translation, i.e.
 - translate the response exactly as we’d like to hear as much as possible the expressions used by the informant (do not “correct” the wording)
 - do not omit any uncomfortable / unfriendly statements – we are prepared to hear them
 - let the interviewer know if the respondent feels uneasy, doesn’t have an answer, etc.
- If there is more than one evaluator, **share information** and discuss findings on a regular/daily basis during the research phase

2 Take notes

It is crucial to record as much as possible – all what has been said during interviews, group discussions, etc. The memory of the interviewer will always be selective and there is a great risk of losing crucial information. Notebook and pen are key tools for the evaluator. Tape recorders are often used to ease the difficulty of writing during interviews.

It will depend on the context whether the evaluator feels it is appropriate and useful.

In addition to notes taken during data collection, it is important for the evaluator to be aware of the changes in his own perception and understanding. Therefore s/he shall keep a diary.

If a translator is needed, s/he should provide an accurate translation of each response of the informant(s). Be aware that the organisation of a good translation is crucial and often difficult!

3 Write for your audience¹⁷

Power writing

- Get to the point and use simple, clear sentences
- Put the most important sentence of any paragraph first

- Express the principal thought of each paragraph in the first sentence or lead the reader to your principal thought with arguments building up
- Elaborate your power sentence with evidence, explanations, effects, pros/cons

Clarification of message, audience, and medium

- Message: what we want people to remember after they have read the report
- Audience: who we want to read the report
- Medium: many factors that carry the message, like words, pages, graphics, presentations

Use the **MOM test** to get the core messages clear, i.e. think of what you would tell your mom (or anyone else if you prefer) in a few, simple words, if she asked what the most important findings were.

Layout, typography and graphics

- The message is in the outline!
- Important material should be announced by layout, typography, and graphics
- Remember that ALL CAPSs are hard to read, use only for one or two short words

Findings

- Tell them something they don't already know
- Tell them something that is relevant (in our case for future MSF emergency interventions or accountability of MSF)

¹⁷ adapted from (Wholey 1994), (M. Q. Patton 1996)

- Be concise: readers can remember 2 to 5 key ideas (→ group in broad findings, detailed findings being part of explaining the broad ones)
- Present negative findings constructively, be frank about shortcomings and mistakes but avoid blame

Recommendations

Focus on your target audience:

- First, bear in mind who you are trying to communicate with
- Then, delineate your messages very clearly – maybe even categorising recommendations according to stakeholder

Formulate recommendations clear, short, direct and feasible:

Clarity

- Communicate key messages and actions that you are suggesting
- Make them so clear that even readers who didn't read the full report understand
- Don't mix conclusions with recommendations (conclusions are what you are surmising on the basis of your evaluation; recommendations are what you are advising others to do on the basis of the evaluation)

Brevity

- Keep in mind that short messages have the most impact
- Have the courage to say what you mean
- But don't sacrifice clarity for brevity (some level of detail is needed so that a reader can act on recommendations)
- Be directive but not prescriptive

Directness

- Avoid generic expressions of wishful thinking (“All sectors need to work together in future emergencies”)
- Make clear suggestions for practical action (Maybe something like “Create a strategy for responding to an emergency that has input from every sector, and is produced collaboratively”)

Feasibility

- Strike a balance between being realistic but also making clear what really needs to be done at a more macro level
- Remember that even if change may not be immediately actionable, the fact that recommendations call for it can set the wheels in motion
- Note that recommendations are not a shopping list but a practical guideline for action in resource-limited countries

HOW TO WRITE RECOMMENDATIONS

- Concise but detailed, direct but non-judgemental and, above all, clear
- No more than 2 pages; structured with bullet points
- ONLY make recommendations if there is something concrete to say; general observations should go in findings or conclusions

Beware of systemic issues:

- If a problem seems systemic, address it at the start of the recommendations and don't mention it again
- Say something new, otherwise readers will switch off

Structure recommendations clearly:

- Categorise either according to stakeholder or by theme
- Use as few subheadings as possible
- Write out abbreviations in full at first use

Executive summary

- Must be EASY to read
- Prioritise: concentrate on findings and recommendations
- Flesh out recommendations (~half a page)
- Use headlines and put the main point of each paragraph in the first sentence
- No footnotes, no squeezing of material

4 Good news first

Whatever you find, make sure you have some good news first!
In every situation people will have tried their best and need encouragement before they can face what has gone wrong.

*****REMEMBER*****

! Get definitions and concepts very clear for yourself and then communicate them clearly, i.e.

- what are you looking at in terms of effectiveness, relevance, impact;
- what do you understand by commonly used terms in the given context, i.e. access, decentralisation, simplification etc.

Notes

Notes

Notes

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