METHODOLOGY

1. THEORY OF CHANGE DEVELOPMENT AND VALIDATION

Method-driven evaluations (pure qualitative or quantitative) have methodological rigor, but it ignores broader programming issues of interest and usefulness to stakeholders. On the other hand, many evaluations may focus heavily on assessing causal mechanisms linking interventions to outcomes. To address the drawbacks of method-driven evaluation, advocates of program theory or theory-driven evaluations proposed to go beyond methods by articulating theoretical assumptions underlying a program for inquiry[1]. The evaluation of the MSF DRTB project was designed to adopt a theory-based evaluation approach, driven by a good understanding of which ToC was adopted by MSF to implement the project. As part of the ToC development, the evaluators initiated a comprehensive desk review that aims at developing a better understanding of the project. The output of the desk review fed into the development of the project ToC (please refer to the list of documents reviewed and references in the annexes). In addition to the theory-based evaluation approach, the evaluators adopted a resource tracking approach to evaluate the efficiency of the project.

This section of the report provides a brief overview of the evaluation methods utilised, the rationale for its selection, and how they were deployed. It also describes the evaluation synthesis and rubric based on the evaluation's pre-defined criteria and standards. It is important to note that the ToC for MSF DRTB project was not developed before or during the project implementation. The ToC has unfolded through a facilitated process of open inquiry and dialogue facilitated by the evaluators. A version of program theory called the action model/change model schema was adopted for this purpose. The schema goes beyond assessing why it works (the change model) by also assessing how to do it (the action model).

The structure and components of the change model and action model schema and their relationships are discussed below:
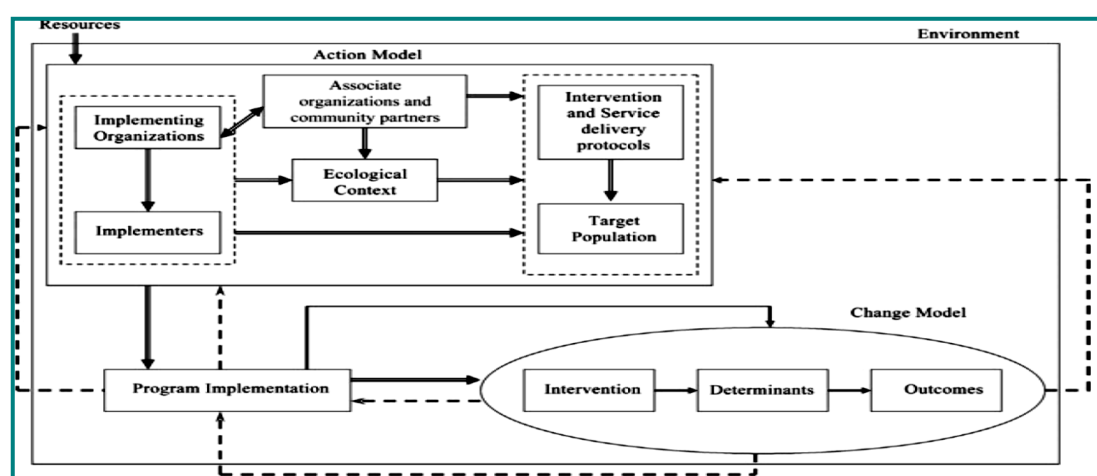

Figure 1. Action Model/Change Model Schema[2]

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[1] Chen, H.-T. (1990). Theory-driven evaluations. Sage Publications, Inc.
[2] Chen, H.T. (2005). Practical program evaluation: Assessing and improving planning, implementation, and effectiveness.

A. 1. THEORY OF CHANGE DEVELOPMENT AND VALIDATION

Creating ToC for projects and programs can help organizations grasp the bigger picture of the change they want to see. MSF's DRTB involvement in Iraq could benefit from this. A ToC depicts how an intervention's efforts result in desired or observed impacts or results. These include the change theory, result mapping, effect route, and investment logic. The ToC help in identifying and answering critical evaluation questions, key indicators, data gaps, prioritize other data collection, and report data effectively.

It is important to note that the ToC for MSF DRTB project was not developed before or during the project implementation. The ToC has unfolded through a facilitated process of open inquiry and dialogue facilitated by the evaluators. A version of program theory called the action model/change model schema was adopted for this purpose. The schema goes beyond assessing why it works (the change model) by also assessing how to do it (the action model). In addition, the schema focuses on both descriptive and prescriptive assumptions behind the design and implementation of the project. The draft schema was shared with SEU evaluation manager and the evaluation commissioner for deliberation on its soundness. The draft ToC was then shared with the stakeholders in MSF for review (i.e., internally). The evaluators facilitated the development of the second version during a ToC validation workshop that aimed at co-creation and validation of the ToC with the project staff and other relevant stakeholders. The first draft helped the evaluators to guide or facilitate the discission process during the workshop, without imposing views or opinions from the evaluators on how the project is (or was) perceived by the stakeholders. Through dialogue, the participants emerged with a much clearer understanding of how change could have happened in the Iraq context and the range of strategic options that were open to MSF and the other actors in the system. The discussion of the schema provided a shared framework for understanding the system, planning specific MSF strategies, gathering, and documenting evidence of success or failure, demonstrating their contribution to impact.

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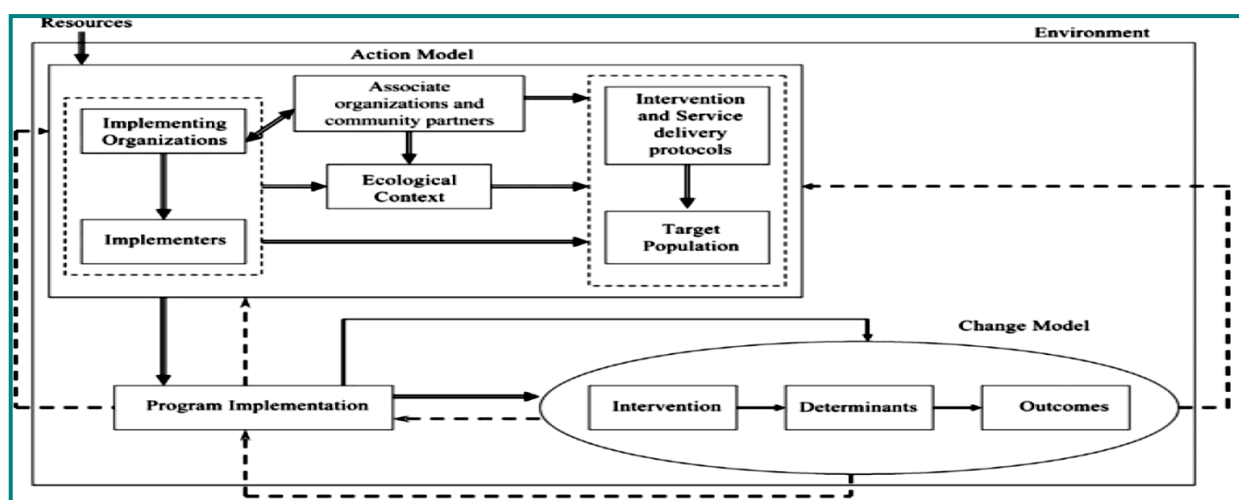

Figure 1. Action Model/Change Model Schema[3]

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[3] Chen, H.T. (2005). Practical program evaluation: Assessing and improving planning, implementation, and effectiveness.

Action model

The action model within the MSF DRTB project context is a systematic plan for arranging staff, resources, settings, and support organizations, to reach a target group and deliver MSF DRTB intervention services. The action model consists of the following elements:

- **Implementing organization**: This part of the analysis has focused on MSF (as organization) and its role of allocating resources, coordinating activities, and recruits, trains, and supervising implementers and other staff. How well the project was implemented is related to how well MSF has structured its way to deliver the project. The aim of this analysis is to ensure that MSF has provided the suitable and adequate capacity to implement the project.

- **Project implementers**: The implementers are responsible for delivering services to clients (in this project, both for the TB patients and government counterparts). These include counsellors, case managers, outreach workers, medical experts, and other staff. The implementers' qualifications, competencies, commitment, enthusiasm, and other attributes can directly affect the quality-of-service delivery (By MSF to support MoH entities).

- **Peer organizations**: Within the context, this project has benefited from, or even require, cooperation or collaboration with governmental organizations responsible for TB services at different levels (policy level and service delivery levels). If linkages or partnerships with these functional groups are not properly established, implementation of the project may be hindered. Analysis of this component helped the evaluators to investigate how MSF has approached its partnership with the concerned organizations.

- **Intervention and service delivery protocols**: Intervention protocol and guidelines are the curriculum or prospectus stating the exact nature, content, and activities of MSF DRTB project—in other words, the details of its orienting perspective and its operating procedures. Service delivery protocol (to support MOH entities), in contrast, refers to the steps to be taken to deliver the intervention in the field. These protocols are linked with the technical approach of 'how' the work has been done technically speaking and translating the programmatic objectives into action plans.

- **Ecological context**: certain contextual factors characterize the MSF DRTB project. Micro-level and macro-level contextual factors may play a crucial role in a project's successes or failures. Micro-level contextual support comprises social, psychological, and material supports to ensure clients' continued participation in MSF DRTB intervention (including all actors). Macro-level context includes community norms, cultures, and political and economic processes.

- **Target group**: We believe the project has targeted groups; (i) the policymakers and service providers, (ii) the community, including TB patients and their support systems. The evaluators looked into how the project and project staff has crafted a good implementation strategy to reach these target groups and the willingness of potential members from the target group to commit and cooperate with the project.

Logical/change model

The evaluators analysed the causal process generated by the MSF DRTB intervention in the change model. The following are the elements of a change model:

- **Objectives and outcomes**: Goals reflect the desire to fulfil unmet needs identified by the project stakeholders, identified at the initial phase of MSF DRTB project (as part of the MSF's exploratory

missions to Iraq). The ToC development focused on measurable aspects of these goals (to be evaluated using quantitative data).

- **Determinants**: To reach goals, the project must have identified some leverage mechanisms to develop the MSF DRTB project. The evaluators looked at which mechanisms were adopted and how well implemented to achieve the desired outcomes, and that has helped in assessing the strategy adopted by the project.

- **Intervention**: this component helped in analysing the MSF DRTB project and assessing all activities in the projects that aimed directly at changing the determinants of the challenges/ needs targeted by the project.

The logic/Change model includes the following key components as a subset:
(1) inputs (i.e., resources dedicated to or consumed by the project),
(2) activities (i.e., what the project does with the inputs to fulfil its mission),
(3) outputs (i.e., the direct products of project activities), and
(4) outcomes (i.e., benefits to participants during and after project activities). Often, the outcomes component is further divided into short-term and long-term, or short-term, intermediate, and long-term outcomes.

In addition to the ToC development and validation, the evaluators applied a context analysis approach, using a more qualitative approach for data collection and analysis through interviews that aimed at gathering information about changes observed in the broader environment of the MSF DRTB project while responding to actual needs for DRTB services. The review considered the broader issues highlighted in the published and unpublished literature on results associated with the DRTB interventions that are not necessarily linked to its causal chain of results.

A.2. RESOURCE TRACKING

This approach was proposed by the evaluators as part of the evaluation framework in which the results chain of MSF DRTB intervention will be analysed and assessed (inputs to process, and from outputs to outcomes). The focus in this analysis was on the MSF DRTB project in the Iraq context, while considering the overall programmatic landscape to analyse what is the holistic outlook of resources mobilized by MSF (including aspects related to global MSF expertise in this area). It has enabled the evaluators to establish linkages between the national TB plans and the MSF DRTB intervention workplan.

In large-scale projects and programs, this technique enables an in-depth analysis of funding and budget utilization will be conducted to provide both macro and micro level understanding of resources optimization. The evaluators aimed at assessing any observed changes in financial resources and prioritization between activities, which can enable the evaluators to link the financial resources and grant inputs to outputs and the immediate outcomes observed.