STOCKHOLM
EVALUATION
UNIT

Stockholm Evaluation Unit – Guidelines

EVALUATION MANIFESTO

A compass for navigating complexity

April 2022

INTRODUCTION

MSF Operational Centre Brussels (OCB) is committed to a culture of evaluation; a culture that is continuously evolving within its broader organizational culture. Prepared for those who conduct and manage evaluations (external consultants and the Stockholm Evaluation Unit (SEU), this document presents a basis for making choices and weighing competing options when seeking to deliver quality evaluations. It discusses what evaluation means to OCB, what ought to be evaluated, and how we work to ensure evaluations are of value to OCB.

This document is further operationalized through process documents and communication material, sometimes specific to the individual evaluation or to the evaluation process itself. It exists in compliment to other relevant documents, including the Stockholm Evaluation Unit's Steering Committee's Framework that was adopted in 2019, which explains the reasons and ways in which OCB wants to use evaluation to drive quality and accountability in operations.

This document reflects the current yet evolving position of the SEU and can therefore come to be updated as ideas and thoughts develop in theory and in practice.

EVALUATION AT OCB

WHAT IS EVALUATION?

For OCB, evaluation is about assessing the design, strategy, implementation, and results of our medical and humanitarian interventions, measured against established MSF or international standards (SEU Steering Committee Framework, 2019). To further elaborate, it is a systematic process to judge merit, worth or significance by combining evidence and values[1]. Simply stated, evaluation is for the sake of making a judgement: what was valuable, why was it good, how was it successful?

A COMMITMENT TO EVALUATION

The commitment to evaluation at MSF was confirmed in the La Mancha Agreement (2006)[2] which states that MSF aspires to ensure quality and relevance in operations, is committed to the impact and effectiveness of its work so that good work can be multiplied and abandon ineffective practice. La Mancha also confirms that MSF is accountable and actively transparent externally and internally, citing specifically accountability and transparency "to those we assist, our donors and wider public."

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1 https://evaluation.msf.org/sites/evaluation/files/evaluation_manual_online_version_2017.pdf; https://www.betterevaluation.org/what-evaluation.

2 The La Mancha Agreement is available at https://msf.org/sites/msf.org/files/La%20Mancha%20Agreement%20EN.pdf

In turn OCB further confirmed this commitment in its 2020-23 Strategic Orientations, stating that: *A culture of evaluation to give the field teams the opportunity to learn from [their] practices and to constantly improve the quality and pertinence of operational/medical interventions.*

WHY DO WE EVALUATE?

Evaluation at OCB is to inform learning and accountability, in order to drive quality and improved operational decision making, so to better serve the people we want to reach with lifesaving medical humanitarian interventions.

As an organization, OCB must continuously ask itself: "was it valuable, was it good, was it successful, was it relevant?" in order to account for what has been done, going beyond experience and reflection. Such accountability is not primarily for the sake of compliance, but rather to generate credible knowledge to learn from in order to do better and to take better decisions. Only after such judgment has been made, can we reflect and analyse what was valuable, why and how it was valuable, in order to learn.

MSF does not receive funding from bilateral donors in Europe or the US, so our evaluations are very rarely motivated by such external accountability. Yet, evaluations are open and available externally and thus a way in which we realize our commitment to transparency, underscoring our accountability towards external stakeholders including patients and the community, partnering organizations, as well as donors.

WHO EVALUATES?

At OCB, the SEU, a unit within the Operations Department[3], is mandated to manage evaluations. The SEU is accountable to a steering committee made up of OCB's and MSF Sweden's senior management which provides strategic direction and support. Most of our evaluations are conducted by external evaluators. Consultants are selected through a dedicated selection process for each individual evaluation, measuring them against criteria based on the evaluation's terms of reference (ToR).

Key stakeholders involved in implementing, managing, and advising on what is being evaluated (whether a project, policy, or program) can come to be involved in the evaluation, either very directly (as commissioner, focal point, or member of the consultation group) or more indirectly as a key informant (in the data collection phase of the evaluation). The SEU's guideline "Roles and Responsibilities[4]" goes into more details on the evaluator, evaluation manager, commissioner, focal point, and consultation group.

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[3] The SEU primarily evaluates OCB projects but has the possibility to evaluate for other OCs and partner sections as well. When evaluating outside of OCB, the points set forth in this policy related to the SEU's priorities and functioning apply as well.

[4] See https://msfintl.sharepoint.com/:b:/r/sites/sto-StockholmEvaluationUnit/Shared%20Documents/EVL_2021_SCO_RolesAndResponsibilities.pdf?csf=1&web=1&e=7qmS3w.

WHAT DO WE EVALUATE?

OCB will prioritize the evaluation of medical operations, aiming to evaluate a breadth of the thematic operational priorities (OCB's Operational Prospects). Evaluations can take place at any point in the project's lifetime. But since there is a focus on supporting the projects more directly, it is preferred when evaluations are conducted while implementing (for example, mid-term) so that adjustments can be made, rather than at the end of a project. As such, evaluations driven by the project themselves ought to be given precedence, as well as those synched to strategic decision making or platforms (such as the Roundtables, Quarterly Monitoring Meetings). It is also a priority to evaluate projects that are either large in scope or budget.

EVALUATION TYPES

The following chart presents an overview:

TYPE	PURPOSE	WHAT
Project Evaluations*	To attribute value to a project, project component, or specific activities, testing merit, worth, or value.	Medical operational projects, including activities and strategies, Processes and policies, and organizational aspects.
Real time evaluation	To assess a project in real time, as it is being implemented, to test assumptions and make necessary adjustments immediately.	Emergency response Regular projects in a quickly changing context
Transversal evaluations	To evaluate a thematic area, across several projects.	Medical operational topics;

*Project evaluations can take many shapes, whether they aim to inform a project during its implementation mid-term (formative, developmental) or is conducted at the end of the project or even once it has completed (summative or ex-post). The SEU is constantly looking for the most suitable approach to delivering on requests, as such everything starts with a discussion to understand the intended purpose and use and then how to meet it.

The SEU also engages in synthesis reporting, to gather learning from already completed evaluations to answer specific questions or suss out analysis on a specific topic. This is best suited for medical operational topics, including approaches and processes.

THE EVALUATION PROCESS

Anyone can approach the SEU to get input and help reflect on when it is best to evaluate a project, and whether the questions being asked is best answered by an evaluation. The SEU will work with the key stakeholders to draft the terms of reference for the evaluation. Evaluations are planned with the intended use in mind from the beginning.

The SEU manages evaluations according to its internal Six Step Process. The intention is to have a process in place that provides guidance and structure but can remain flexible to an evaluation's specific

needs. The SEU manages each step of the process, yet once external evaluators are on board, they take over lead and prepare the main deliverables.

The evaluation requires close dialogue between the key actors throughout. There is a feedback loop seeking written input from the commissioner, evaluation focal point and the rest of the consultation group at three points related to the main deliverables (ToR, inception report, draft report). The final deliverables at each of these stages are quality controlled by the Head of the SEU and endorsed by the evaluation commissioner.

QUALITY ASSURANCE AND CONTROL

The SEU works with quality assurance and control throughout the evaluation. Evaluation managers/officers rely on each other's input at the start of the scoping phase and throughout. There are feedback loops throughout the evaluation, collecting input from the consultation group (including the commissioner and focal point).

In particular, the unit's referents review key deliverables (ToR, inception report, and evaluation report); the medical referent when this is applicable, and the technical referent on all deliverables. The technical referent's particular focus is to review whether and how the inception report delivers on the ToR's intentions, and if not, whether the changes are merited, as well as on the method and methodology proposed.

All deliverables are quality controlled by the Head of the SEU, and then passed to the evaluation commissioner who endorses the final product. At the end of the process, the SEU conducts an internal assessment of the evaluation, based on results from surveys shared with key stakeholders (including evaluators) and the evaluation manager/officer's own reflection.

PLANNING FOR EVALUATION

The SEU Steering Committee decided in 2019, through the publication of its framework, that all OCB projects should be evaluated by default at some point during their project life cycle. Longer projects should consider being evaluated more than once.

Evaluation costs are paid from a central fund at OCB, rather than by the projects themselves. The annual evaluation plan, of what will be evaluated, is managed by the Head of the SEU and the Director of Operations, who serves on the SEU Steering Committee.

The timelier an evaluation is planned, the more likely it is to be able to match the expectations of those asking for an evaluation with regards to when it is conducted and delivered. And it also helps the SEU to better manage its resources.
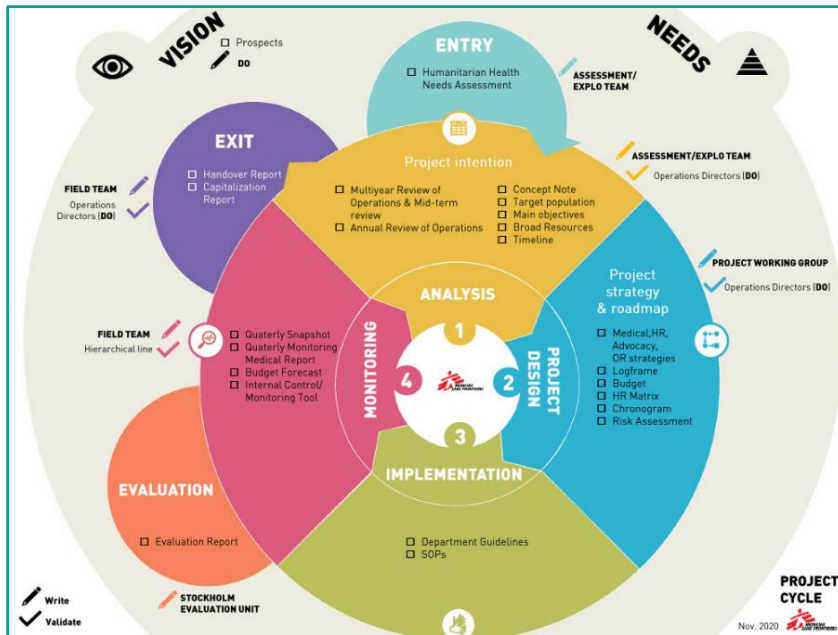
Planning for evaluations ideally takes place during the project planning phase as per the Operational Project Planning process (the Ops process) when establishing key milestones as a part of setting the timeline. They can also be discussed and confirmed during any of the projects' strategic meetings.

Most evaluations are confirmed during Q3 and Q4, for the following year. Yet the SEU also responds to ad-hoc requests as they emerge during the year, particularly when it concerns real time evaluations and evaluations of an emergency response. They are dependent on the availability of resources.

THE VALUE OF EVALUATIONS AT OCB

The SEU does today not manage a stated quality framework to define what is quality and value in evaluations at OCB yet is influenced by several frameworks including the Joint Committee on Standards for Educational Evaluation (JCSEE) Program Evaluation Standards, ALNAP Proforma, as well as various evaluator competency frameworks, including those from the American Evaluation Association and the United Nations Evaluation Group (UNEG). It is likely that ideas on what constitutes quality or value for different stakeholders in evaluation, within the context of MSF and OCB, differ across the organization.

The SEU's understanding of value and quality can be grouped in three areas: methods, use and values. Evaluation is inherently value based as it attributes value to projects and activities. The SEU is mindful of who defines value and wants to ensure this is taken into consideration when evaluations are designed, conducted, and used. The SEU strives for its deliverables to be credible, emphasising methods and warranted argument, which in turn are in part linked to the evaluator's competencies. And finally, the SEU recognizes that how both projects and the organization use evaluations is OCB's key priority. Here it is not just about the final product, but also how the process is valuable to the organization, project, and the individual.

VALUE
Choosing criteria

Despite some clear issues and limitations with the DAC criteria, the SEU continues to work with the ALNAP criteria which remain the best available (prescriptive) criteria for humanitarian projects. At this time, rather than to adopt alternative criteria, the SEU chooses to engage in how the criteria are

defined and understood by the various stakeholders and draw attention to the multiple underlying principles and values that the criteria can hide. The SEU always remains open to the use of alternative criteria, prescriptive or descriptive, on a case-by-case basis.

Ask the right questions

Our evaluations are designed to answer between five and seven high level questions which are themselves based on the evaluation's intended use and often take the criteria as a starting point. The Key Evaluation Questions (KEQs) are 'evaluative' and require a judgement to be made to answer them. The sub questions are not evaluative and include descriptive and normative questions which need to be answered in order to answer the KEQ. In some cases, the KEQ is action oriented (asking for recommendations), in which case there will be an evaluative question in the sub questions in order to ensure that recommendations are based on an explicit evaluative judgement. The SEU is open to evaluators challenging the questions and adapting them as a part of the evaluation process.

Engagement and ownership

When evaluations are driven by those who are interested in making good use of the findings, or seek to engage them from the very beginning, we are likely to see better involvement, support, and engagement with results (findings, conclusions) whether delivered at the end or throughout the process. The commissioner, working with the support of the SEU, will at the start of the evaluation set up a consultation group of key stakeholders to accompany the evaluation – their engagement is key to a good evaluation. Who makes up the consultation group (i.e. project-based staff, technical referents, senior management) will depend on the type of evaluation and its intended use.

Engage voices of those less present

Evaluative processes must always ask themselves on the basis of whose values is the evaluand being evaluated. The SEU is working to increase diversity in ownership and inclusion of underrepresented stakeholders in planning for, implementing and using evaluations. This means not only patients and communities, but also partnering organizations including governmental actors (i.e., Ministry of Health), and MSF frontline workers. Including the most vulnerable or hard to reach, particularly in contributing to and accessing findings, is something the SEU continues to work towards.

Languages

The SEU strives to ensure that the evaluation process and report will be accessible to all relevant stakeholders in the process. Sometimes this means managing processes in more than one language at a time. There will however also be times when this is not possible. When reports are produced in more than one language, one report will always serve as the basis for the other, and this will be clearly communicated.

Ethics

The evaluation process should be managed in accordance with the SEU Ethical Guidelines, which includes information on everything ranging from managing conflicts of interest, respect for dignity and

diversity, transparency, and data protection. As per MSF policy[5], SEU evaluations are exempt from ethical review and clearance. As such, we systematically do not seek ethical clearance; that said, all evaluations should follow ethical norms and practice, as per the mentioned guidelines.

USE

At OCB, a central element in the initial discussions during the scoping phase of an evaluation is on the evaluation's intended purpose and use. That said, use can look very different in who drives it, how it is achieved, and what or who the target for use is.

Learning

Learning from evaluations happens on an individual, project or organizational level. They can promote not only single but also double loop learning. In the former, the focus is to right a wrong, whereas the latter considers not only the immediate problem but also considers an understanding the cause of the problem and takes action to address this.

Real time learning

The process of participating in an evaluation aims to be as meaningful as having access to the final product. The process should therefore be inclusive, recognizing what participating in an evaluation – whether as a key informant or as a member of the consultation group – can mean. Key moments in the process should be planned as they can be valuable in what they deliver, for example a debrief with the project team after data collection can lead to immediate and timely action.

The evaluation process itself can lead to an important moment for reflection and learning, both on what is being evaluated, but also for practicing evaluative thinking. Often, the opportunity of participating in a structured interview can unlock thinking that will be meaningful for the project as well as the individual's learning and development.

Follow up on findings and recommendations

Recommendations are not a requirement in OCB evaluations, and when they are included should preferably be co-created with the consultation group or other engaged stakeholders. Co-creation does not mean that they should be a wish list, but always be a response to the evaluator's findings, analysis, and conclusions.

A management response is a useful tool for evaluation stakeholders to respond to findings and recommendations, signalling agreement or disagreement with them, and proposing how they will best be followed up upon (including the timeframe and resources needed).

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[5] MSF Research Ethics Framework; https://scienceportal.msf.org/assets/7000?show=full.

At project level, evaluation recipients should look for ways to concretely integrate findings and recommendations and their corresponding planned action points, into existing tools for follow up on the project, such as the Snapshot, as well as for discussion at strategic platforms and meetings.

Link to strategic platforms and meetings

At project level, findings/recommendations and proposed follow up can be raised and discussed as action points at strategic platforms and meetings organized to discuss projects (include QMMs, Roundtables and AROs), and can then be captured in documents recording the meetings' outcomes.

Evaluations can and should also contribute to other strategic spaces, such as the working groups or task forces established with a specific purpose or on a particular thematic area (whether specific to OCB or intersectional).

Communicate and disseminate findings

Presenting findings from evaluations is an important step once the process is concluded. Finalized reports are posted on the SEU's SharePoint page, accessible to all MSF. Most reports are also posted on the external intersectional evaluation group website and shared via platforms such as ALNAP. A one-page poster capturing an overview of the evaluation results is prepared and shared with the report.

OCB regularly organizes open, online sessions to present findings to the house (such as lunch and learns), where also other OCs can join. It is often the evaluators who present the evaluation findings and then a moderated discussion follows.

The SEU works with the evaluation's key stakeholders to put together a dissemination and use plan as a part of the process, in order to map out the different approaches needed to reach the intended use.

Cross-project and Inter-OC learning

The SEU shares information on completed evaluations via internal communication channels, including the internal Ops Newsletter and Inside OCB (aimed to reach MSF OCB Association members).

External communication

As evaluations are also a tool in our efforts to be accountable to those outside MSF, efforts to present findings to external stakeholders including patients and communities, partners and the national MoH are encouraged. This can be done in the form of published material (i.e., brochures) or through meetings. To date, this is not a part of all evaluations, but the SEU has as a stated objective to work to drive this.

Transversal learning

Whereas all evaluations generally serve a specific need on the project level, OCB also looks to using the evaluations to feed transversal learning on an individual as well as organizational or institutional level.

Annual report

The SEU produces an annual report since 2020, that reviews the evaluations completed on an annual basis, analysing them against the Operations Department's operational priorities and the strategic orientations (as described in OCB's Operational Prospects).

Evaluation day

Evaluation day is an opportunity for internal review and reflection on issues that have been reoccurring in recent evaluations. In addition, a specific thematic priority or topic of importance to OCB is analysed on the basis of evidence presented in the evaluations.

Annual presentation and discussion at the OCB Board

Every January, the SEU presents to the OCB Board, with a focus on what has been evaluated, what major themes have emerged, and what will be evaluated in the coming year. The OCB Board can request evaluations from the SEU. Ad-hoc presentations can be made throughout the course of the year as well.

METHOD

Evaluation method, and methodology, is a central tenant of the process, and an essential contributor to its quality. The SEU looks to the proposal and inception report to describe and justify the appropriate approach for each individual evaluation.

Data

Data collection starts with what exists. MSF routinely collects, in addition to project data (i.e., log frames, reports), also medical data. There can be quite a lot of data and of varying quality and in different locations, therefore the evaluation focal point plays an important role to help identify and gather such data. The collection of primary data, including how it is collected, is at the discretion of the evaluator(s).

Consider the evaluability of the project

Evaluations are going to be more useful if preconditions exist in the project for its evaluability. This can include having well defined and well understood objectives, as well as a monitoring and evaluation plan complete with indicators that can track implementation. This is however not always present in a project and should not be a full stop for preventing an evaluator from speaking to the project's ability to deliver a good response. in some cases, an additional step prior to or in parallel with the inception phase, to confirm agreement on the project's intention and design, will be necessary.

Discuss evaluator competencies

The SEU strives to move beyond using experience as a predictor of performance and has developed a competency-based selection process that assesses knowledge, skills, and abilities across multiple evaluator competency domains (professional foundations, technical evaluation skills, management skills, interpersonal skills and promoting a culture of learning) as well as overlapping domains related to both the context (including organisational context) and subject of every evaluation. This ought to be demonstrated both in the profile of the evaluator (or evaluators when a team applies) as well as in their proposal.

REFERENCES

This document is complemented by other Stockholm Evaluation Unit Guidelines, including the:

- SEU Steering Committee Framework

- SEU Role and Responsibilities

- SEU Six Step Process to manage evaluations

- SEU Ethical Guidelines

Stockholm Evaluation Unit
http://evaluation.msf.org/
Médecins Sans Frontières