

OCB's Strategic Orientations

AND ITS 2022 EVALUATIONS

The Stockholm Evaluation Unit (SEU) has reviewed eight evaluations that the unit managed during 2022 to analyse them vis-à-vis the Operational Prospects' Strategic Orientations.

This paper explores the extent to which the OCB Strategic Orientations (outlined in Operational Prospects), are covered in the findings of the evaluations conducted during 2022. The Strategic Orientations provide valuable insight into what constitutes operational value in OCB. The objectives of this analysis are twofold; 1) contribute to our understanding of the ways OCB is orienting towards these focus areas and 2) find ways to better align current evaluation practice with the strategic orientations.

From the 10 defined strategic orientations, two have not been included in the analysis (*Have a Managed Portfolio Diversity* and *Think Global, Act local*) as they pertain to the global portfolio and are not captured in the individual evaluation. Three evaluations (CMSTR, FRCEV, METAÉ) were also out of scope as they covered broader institutional initiative outside of the scope of Prospects.

The aspirational nature of the Strategic Orientations suggest that they represent areas for improvement: An ideal type. There is therefore a tendency for the evaluations and this analysis to identify more points where OCB is not meeting these ideals. This results in an unbalanced representation of all the excellent work happening in the projects. It is also worth noting that the evaluation carried out (in vertical programs and stable settings) are not representative of the OCB portfolio and that absence of strategic priorities reflected in the evaluation findings is not itself evidence that these priorities are not present in the projects.

Table 1. Strategic Orientations covered by evaluations

STRATEGIC ORIENTATION	BATBE	BEIRA	ESHOW	HEPKA	HIVGU	HIVKI	KANAN	RECON	TOTAL
Medical Humanitarian Identity	x	x	x	x	x	x	x	x	8
Focus on Vulnerability and Neglect	x	x	x	x	x	x	x	x	8
The Patient at the Centre	x	x	x	x	x	o	x	o	6
Continuum of Care	x	x	x	x	x	x	x	x	8
Témoignage and Speaking Out	x	x	x	x	x	x	x	o	7
Getting the Right Staff	x	x	x	o	o	o	o	x	4
Be a Risk-Taking Organisation	o	o	o	x	o	x	o	x	3
Act Accountable and Responsible	x	x	x	x	x	x	x	x	8

MEDICAL HUMANITARIAN IDENTITY

OCB's medical programmes respect human dignity and stand in solidarity with neglected populations. OCB puts the human being at the centre of projects, thus making sure they are relevant to the patients' needs and local contexts. Emphasis is placed on the medical impact and quality of care of responses. Priority will be given to those interventions in settings with excess morbidity and mortality and acute suffering.

All evaluations (8 out of 8) discussed alignment with the medical humanitarian identity of the organisation. This has been principally addressed through addressing evaluation questions of relevance, needs of the patients and communities as well as the principles and values of the organisation. In all eight evaluations, projects did respond to objectively verifiable needs (high morbidity and mortality), often coupled with gaps or lack of quality medical services, in areas affected by conflict and/or chronic underinvestment in healthcare services. Very much in line with the Medical Humanitarian Identity.

Beyond the needs, OCB is well positioned in terms of providing interventions with high medical impact and quality of care. In Gaza and Mosul, OCB provides surgical care to populations affected by conflict and the *'type of surgeries performed (especially Reconstructive Surgery), the strict adherence to IPC (Infection Prevention Control) protocols and provision of high-quality care at zero cost to the patients is a cut above'* the rest. Similarly, in Kinshasa, *'OCB 'support for the decentralization of HIV services, particularly at the primary level, was relevant in view of the difficulties of access to treatment for HIV patients in Kinshasa and the low quality of care (high rate of lost to follow-up)'*. In all 8 evaluations, whether it is Hepatitis C in Karachi, SGBV (Sexual and Gender Based Violence) in DRC (Democratic Republic of Congo) or PMTCT (prevention of mother to child transmission) in Guinea, OCB has positioned itself well in areas of need where provision of quality health service is likely to have a high impact.

FOCUS ON VULNERABILITY AND NEGLECT

OCB will focus on populations in need, who have been affected by conflicts, epidemics, natural disasters, exclusion, economic crisis etc. Especially vulnerable persons include victims of violence, women, sex workers, men having sex with men, IV drug users, migrants, ethnic minorities.

All evaluations (8 out of 8) look beyond the general population to address issues of vulnerability and neglect. Apart from Gaza, Mosul, and Kananga, which address trauma, most evaluations (6 out of 8) cover interventions brought about by epidemics or diseases which have reached epidemic proportions.

Again, except for Gaza and Mosul, 7 of the 8 evaluations address issues of vulnerability, neglect, and intersectionality. In Guinea, the PMTCT component of the project specifically addresses women and children, which is highly relevant considering this *'female-dominated epidemic and the challenges of accessing testing and treatment in Guinea'*. In Karachi, the focus on an urban slum population with important levels of undocumented migrants is also seen as highly relevant although there is no focus on key populations. In Beira, the evaluation found that, while the provision of Advanced HIV Disease services was extremely valuable, the specific needs of key populations were addressed and it *'did seem (that Key Populations) have not been hindered from accessing the AHD (Advanced HIV Disease) service'*.

Several evaluations found that more could probably be done in this area. Similar findings in Kananga suggest that age dynamics have only been modestly considered and *'intersectional issues (including disability and sexual and gender minority status) have not been explicitly addressed.'* In Kinshasa, the decentralisation of HIV services appears not to have given specific attention to pregnant women *'while they are now the main bottlenecks in the fight against HIV in the DRC'*.

THE PATIENT AT THE CENTRE

OCB will engage with and involve patients, communities, and civil society as active participants in order to ensure relevance and accountability. We will act on feedback and needs and provide patients with information so that they can make decisions regarding their own health.

OCB engage with patients and communities is discussed in 6 out of the 8 evaluations. In Iraq, the TB project, the evaluation found little or no 'involvement of the communities in the identification of the needs and the design of the care model.' And, in Kananga, the evaluation highlights the need to engage the youth in discussions about the problems they face to understand their needs. More positively, in Guinea, peer education is found to have been successful and women *'shared that they had regained hope that they could have uninfected children.'* No information is given in the evaluations with regards to how OCB gathers feedback.

Part of the challenge of 'community engagement' is that it has become a catch all phrase that often encompasses other concepts such as patient-centred, community-centred and person-centred, each with their own specific meaning. OCB's relationship with the people it aims to assist is a feature of the Strategic Orientations on Medical Humanitarian Identity, The Patient at the Centre and Responsibility and Accountability and involves not only how needs are assessed but also how these people are involved in the services provided in a meaningful way and with open lines of communication in both directions. There appears to be a need to better align evaluation practice with these different dimensions.

CONTINUUM OF CARE

OCB is committed to a functioning continuum of care system which starts with primary health care on the community level, continues with primary health care facilities and ends on a hospital level. The goals and objectives of a project decides at which level a project should intervene.

OCB's commitment to a functioning continuum of care appears to be intact with all (8 out of 8) evaluations finding that the level OCB engaged at was consistent with the goals and objectives of the project. In half of the projects evaluated (4 out of 8), the strategy involves shifting service provision to the primary level, freeing up capacity at the hospital level to manage more complex cases, extending service delivery and reducing the barriers to access. In Kinshasa, the integration of this strategy into the existing health zones is seen as highly appropriate.

It is worth noting though that several evaluations found significant confusion or lack of clarity at the strategic level, especially in relation to decentralisation and integration. This is summarised well by the evaluation team in Guinea who suggests that.

'Decentralization is a theme present in many MSF projects, but it is essential to clarify definitions and strategies to reflect the fact that implementation goals and approaches may vary from one project to another and depending on the central themes of the projects or the contexts of implementation. Indeed, decentralization covers different realities, and different objectives, of disengagement, better care, or coverage.'

These different underlying objectives can get hidden from view by the one-size-fits-all objective to 'reduce morbidity and mortality' and evaluations need to look beyond stated objectives to elucidate the full project logic.

TÉMOIGNAGE AND SPEAKING OUT

OCB will place speaking out at the core of its identity and will thus develop strong private and public positions on the human suffering we witness in the field and on global topics. We will also advocate for new diagnostic or treatment strategies. Operational research will always be integrated into projects. We will give a voice to our patients.

Some evaluations offer examples of how operational research is integrated into projects such as in the case of DRTB in Iraq and Hepatitis C in Karachi, where Operational Research was a core aspect of the operational strategy. In other cases, such in Beira, the evaluation finds that the project has successfully influenced national guidelines, which it calls a 'major achievement'.

Apart from the reconstructive surgical projects, the other seven evaluations are of choice projects that have systemic change built into the project design. They involve a new or innovative approach to care services and provide the basis for advocacy work on diagnostics and treatment. There is, however, a gap in the evaluations with regards to work that give the patients a voice and work towards public and private messaging. This may be because of the types of projects evaluated or because everything gets called 'advocacy'. There is a potential area for improvement in future evaluations.

GETTING THE RIGHT STAFF IN THE RIGHT PLACE, TIME & ROLE

OCB has an HR approach which aims to take away the labels of national, international and HQ staff while continuing to ensure competent, professional, and autonomous staff members. Training of staff will be a priority.

Staff and issues relating to staff are only addressed in half of the evaluations (4 out of 8) marking a considerable variation to last year. This is potentially the result of a change in the way evaluation questions are written and the inclusion or not of the efficiency criteria.

Two evaluations, Recon and Beira, mention high staff turnover as a notable challenge with the former referring specifically to 'international staff', suggesting that there is still some work needed to adopt the new language and structure, in evaluations and beyond. For Iraq, the evaluation highlights the importance of '*Adopting a good and fit-for-purpose human resource matching ... in a country like Iraq.*' Although it gives little suggestion on how to do this.

Training of staff is seen as positive in the Iraq DRTB project. In two evaluations, Beira and Recon, challenges relating to remuneration (incentives) of MoH (Ministry of Health) staff are discussed, as

well as mentoring and training issues for MoH staff. While having a strategic orientation specifically related to staff is justifiable, the broader issues relating to use of human resources and 'capacity-building' are not well represented. A broader interpretation and definition of efficiency in evaluations could potentially bring more information to questions around how OCB is using available resources in the most efficient ways.

BE A RISK-TAKING ORGANISATION

OCB works towards expanding networks, deepening analysis, and improving our ability to navigate complex political environments. We will keep our neutrality and impartiality central and negotiate our access to beneficiaries with tact.

While the evaluations do not speak directly to ambitions to expand networks and deepen analysis, in Iraq's complex political environment, early efforts to develop relationships with national authorities were slow:

'...several significant organisations were named in the project documentation as key partners, including the Global Fund, IOM (International Organization for Migration) and WHO (World Health Organization), and the TB Association, however the evaluators found insufficient evidence on adequate contact with them. Lobbying efforts concentrated on promoting the operational research to the national government, with insufficient participation from other stakeholders.'

Similarly, in Gaza, the evaluators found that OCB could have been more aware of the complex political environment and partnered with the MoH from the outset. Relationships in other locations were found to be challenging and the evaluation of Kinshasa project found local health officials *'to be unaware or not very interested in the AIDS project and even less in decentralization activities'*.

ACT RESPONSIBLE AND ACCOUNTABLE

OCB will strive for accountability towards patients, communities as well as towards the rest of the movement and our donors. We will communicate our achievements, challenges and setbacks and engage in dialogue with our beneficiaries. Closure of projects should be responsible, accountable and have a realistic timeframe. Capitalisation, critical learning exercises, routine monitoring and evaluations of projects should be systematised. OCB is also committed to the principle of 'Duty of Care' towards staff and beneficiaries.

Issues relating to accountability and responsibility are covered in all evaluations (8 out of 8) and receive a considerable amount of attention. Overall, the evaluations find significant room for improvement in terms of developing project theory (Iraq, Karachi, Katanga) defining goals and objectives (Iraq and Karachi), determining indicators, and routinely collecting data (Recon, Beira, Guinea, Kinshasa). Evaluations often highlight the gaps in M&E (Monitoring & Evaluation) frameworks, Theories of Change and Logical Frameworks, which, as tools, are ways of elaborating program theory and design and provide a useful way to ensure a shared understanding of the goal and objectives. They also provide a useful tool in determining project success and establishing achievement of objectives.

Challenges in data collection and monitoring relate to interoperability of MSF and MoH data, data quality, consistency in monitoring between comparable projects and over time and lack of data beyond direct service delivery, relating to catalytic dimensions of projects. This is well captured by the evaluation of reconstructive surgery projects.

'Qualitative interviews gave the impression that a lot of data is being collected in Gaza in a systematic way,[1] but it was not clear if the data were "fit for purpose." [2] It is reported regularly in the monthly, quarterly and Annual reports, but many respondents were not able to describe how it was used.[3] It seemed that data collection was a box checking exercise focusing on routine monitoring data,[4] responding to requests of individuals/departments without an overarching plan.[5] Indicators, reporting periods and the log frame were constantly being modified without documentation of appropriateness or utility,...

Accountability is not only about frameworks and data although they do provide the basis for understanding the achievements, challenges, and setbacks. These frameworks provide a way to systematically gather the information needed to account for decisions taken, choices made, resources used, activities carried out and results achieved. They do not provide the mechanisms for how we engage in being accountable, defined above as a dialogue with donors, patients, communities, and the rest of the movement. In the evaluations reviewed there is a significant gap in addressing questions relating to this 'accountability in action' although a few the evaluations have themselves been shared with the communities involved.

The idea of responsible closure is not explicitly addressed in the evaluations although lack of withdrawal plan is noted in two locations (Beira, Guinea) and concern about continuation of services beyond MSFs presence is raised in an additional two (Karachi, Kinshasa). In Kananga, a clear strategy for support and handover is well documented and potentially provides a more positive example of responsible closure although the evaluation does raise concerns about the viability of the plan.

LOOKING AHEAD

The strategic orientations provide valuable insight into what matters for OCB and into the values that underpin operational choices and decisions. The evaluations, which use normative values of relevance, appropriateness, effectiveness, efficiency, etc. provide some insight into how OCB is doing regarding these strategic priorities. There appears however to be some gaps between the values put forward in the strategic orientations and the values coming out of the evaluation. If we want evaluation to speak to what matters to OCB, we may have to better align the values.

There are two feasible ways to achieve this. The first is to replace the DAC criteria with a new set of normative criteria based on the Operational Prospects and the values of OCB. The second would be to retain the DAC criteria and define them better for the OCB context. Either way, the introduction of the new Operational Prospects at the end of 2023 will be a good opportunity to check the alignment and ensure that evaluation efforts remain fit for purpose.