
ANNUAL REPORT 2022



The SEU in 2022

Exploring the value in evaluations at MSF

In 2022, the SEU commissioned a meta evaluation of five years of evaluation to explore their value to OCB. It was both a useful and humbling experience to be evaluated. We became familiar with some of the feelings we hear from colleagues we usually guide through evaluations, not only on how to find the time to engage in both the process and the conclusions but also an apprehension on what the evaluation would conclude, whether what we do has a value. We were happy to read that it does and take with us numerous recommendations for how we can make our work generate more value to OCB. As such, it moves us to a clearer understanding – and, hopefully, also the implementation – of what quality medical humanitarian evaluation is for MSF.

We are constantly considering how achieving this value, and in 2022 we adapted elements of our set up and our approach, to move us closer to this goal.

We want to do more to review who we engage in evaluations, and how. We have taken some good steps in making sure that findings are disseminated to patients and communities (through presentations for and meetings with partners and brochures like the one in this report). Yet, we also want to take a step towards more meaningful engagement.

Finally, we want to see that evaluations

get used! Anecdotally, we hear that they do, something echoed in some of the interviews in this report. However, not even the meta evaluation was able to solidly establish the effect of evaluations, so going forward we need to dedicate more efforts to supporting the follow-up (with tools like the management response) and gathering the data (our own monitoring) to be able to know for sure.

Going beyond the individual evaluation, we continue to produce transversal analysis that speaks more to organizational learning. We continue with our reoccurring Evaluation Day and produce written analysis. We have analysed the 2022 dossier looking both for reoccurring themes as well as analysing findings vis-à-vis the Operational Prospects (snapshots of both appear in this report). Besides what these documents tell OCB, they are also a useful in reflecting on the approach to evaluation that the SEU manages.

Through this, our first annual report in this format, we want to share insight into all these elements – the transversal analysis, how we engage colleagues and consultants, and not least, what happens with the findings.

Linda Öhman
Head of Unit

A Year in Review

THEME	BATBE	BEIRA	CMSTR	ESHOW	HEPKA	HIVKU	HIVKI	KANAN	METAE	RECON	TOTAL
Epidemics											0
Conflict and Violence								X		X	2
Migration and Detention											0
Sexual Reproductive and Women's Health							X		X		2
Child Health and Nutrition				X			X				2
Trauma Care										X	1
Chronic Infections: HIV, TB, and Hepatitis	X	X		X	X	X	X				6
Non-Communicable Diseases											0
Continuum of Care		X			X	X	X	X			5
Clinical Care		X					X	X			3
Antibiotic Resistance										X	1
Environmental health											0



Where: Guinea, DRC, Mozambique, South Africa, Sierra Leone, South Sudan, Haiti, Iraq, Palestine



What topics: HIV, Tuberculosis, Hepatitis C, reconstructive surgery, the design and build process of health facilities, sexual and reproductive health, SGBV, OCB evaluations.



Which evaluators: The SEU primarily works with external evaluators. In 2022, our evaluators came from the Czech Republic, Belgium, South Africa, the UK, Haiti, the USA, DRC, Canada, Pakistan, Sudan, and Burundi.



At what cost and for how long: The average cost for an evaluation in 2022 was €33,000 ranging between €18,000 and €52,000 respectively. (OCB projects do not need to budget for evaluations, funds come from a central budget post). Evaluations took on average nine months.

TRANSVERSAL ANALYSIS ON THE BASIS OF:

The Operational Prospects

To what extent are OCB Strategic Orientations (SOs, outlined in Operational Prospects) covered in the findings of the 2022 evaluations?

The SOs 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.

The complete paper analyses eight evaluations vis-à-vis eight (of the ten) strategic orientations. As a sample, two are included here: medical humanitarian identity and patient at the centre. All quotes are taken directly from the evaluations.

The aspirational nature of the SOs suggest that they represent, to some extent, 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 good work happening in the projects. It is also worth noting that the evaluation carried out (predominantly 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.

Medical humanitarian identity

All eight evaluations out of eight discussed alignments with OCB's medical humanitarian identity. This has been principally addressed through speaking to 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 appears to be 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 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 eight evaluations, whether on Hepatitis C in Karachi, SGBV in DRC or PMTCT in Guinea, OCB has positioned itself well in areas of need where provision of quality health services is likely to have a high impact.

The patient at the centre

How OCB engages with patients and communities is discussed in six out of the eight 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 very 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.

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.

The complete report is available [here](#).

TRANSVERSAL ANALYSIS ON THE BASIS OF:

2022’s Reoccurring Topics

The SEU examined ten SEU managed evaluations commissioned by OCB in 2022 to identify reoccurring themes. They are presented in the table below.

detail to explain both the themes and key words, yet here is a snapshot of some of the main takeaways from the analysis.

KEY WORDS	THEMES	HEADINGS
Needs assessment, project design	Planning	Project management
Monitoring, Data, Information, and knowledge management (IKM)	Monitoring	
Capacity building, Exit Strategy, Sustainability, Sustainability	Exit strategies	
Staff capacity, HR model, Staffing policies, HR gaps	Human resources	Resource management
Use of available resources	Resource allocation	
Time planned and used	Timelines	
Strategies, Effect	Advocacy	Operational approaches
National, Internal, International	Collaboration	
Consultation, community-based activities	Community engagement	
Decision making, Agility, Decentralization	Strategies	
Strategies, Conceptualising, Evidence	Change	Project outcomes
Missed opportunities, Reaching results	Effective programming	

The SEU analysed the evaluations by gathering the conclusions and recommendations, and then tagging these with key words. Key words that reoccurred most were grouped into themes. Themes were gathered under three headings.

The complete report goes into greater

Planning primarily encompassed needs assessment and project design, and within these calls for theories of change (ToCs) to conceptualize and plan for change were noted. Important elements of a theoretical approach to planning for change appeared, such as making visible and monitoring assumptions. As it is closely related to change, elements

related to ToCs also appeared under the heading project outcomes, and specifically under preconditions for achieving results.

Aspects related to change were not included in the SEU's previous review of reoccurring themes (of evaluations 2017-2021). It is likely that an increased understanding of change (including the 2022 Evaluation Day on catalyst projects) contributed to it emerging prominently through this analysis.

Collaboration emerged quite significantly in the 2022 evaluations, on different levels, but mostly internally. Predominantly, the evaluations spoke to a potential for increased effectiveness as well as internal learning if internal coherence and collaboration were to increase. Better defining key aspects of the projects reoccurs as a precondition for better internal coherence. Related, and captured under the heading operational approaches, community engagement was noted in the conclusions and recommendations. These spoke to working in and working with the community, but also picked up on the need for ensuring opportunities for patients and communities to provide feedback and input into programming.

Monitoring is an often-reoccurring theme in OCB evaluations, partially because the

lack of available data also has an effect on the quality of evaluations. Unfortunately, none of the evaluations present conclusions or recommendations that speak to well-functioning systems where data can serve as a basis for continual assessment or decision-making. Systems, processes, tools, and capacity seem to be areas where OCB needs to improve in order to address this.

Finally, there were a number of themes that emerged strongly at least in part because of the type of evaluations that OCB commissioned, as well as the evaluation approach used. In 2022, the SEU managed three evaluations related to HIV care, where at least two implement a strategy of decentralization – leading there to be several conclusions and recommendations on this operational strategy. The SEU, and perhaps even more so the majority of assigned evaluators, continue to use normative project evaluation criteria, such as the ALNAP criteria, leading to several reoccurring themes touching upon effectiveness and efficiency. With regards to efficiency, and a point not captured in earlier SEU analysis, was the use of time. Three evaluations cited cases where timelines were not realistic for achieving the stated expected results.

The complete report is available [here](#).

ONE YEAR LATER:

Mbare

Eva Deplecker, Claire Reading, Jennifer Marx, Lucy O'Connell are all technical referents from the Medical Department. They have been supporting the adolescent health project in Mbare, Zimbabwe, and were part of the consultation group for the evaluation completed in 2021.

Which is your main takeaway from this evaluation?

It was a good exercise for the project and HQ (advisors - operations) to support the evaluation of the project. The evaluation was conducted at the right timing, as the project was running since several years. This helped to reframe the project and work for the remaining years based on what was learned during the evaluation process.

Have there been any changes in the project and or at HQ regarding the impact and use of this evaluation?

Overall, the evaluation recommendations triggered reflections and conversations, for AROs and roundtable to help focus on the specific topics of the Mbare intervention. There have been many HR changes since the external evaluation, not sure all related to it. New leadership at all levels since RST, staff turnover and re-organisation of organigrams means that as technical advisors we should re-engage with the SEU recommendations of the evaluation and use as a guide to the

next steps.

An increased focus on Mental Health may have derived from the evaluation, although not sure it is safely integrated with the SRHR focus of the project yet. The willingness to address the needs of adolescents from key pops as well as LGBTIQ and other vulnerable and at-risk youth to improve their representation and engagement in the project has increased but is still under-resourced. The SRH and HIV components remained stable, with a great improvement on SAC/PAC activities through capacity building of local staff which created good social cohesion and safety. There is an ongoing revision looking at how best to simplify and align the monitoring and evaluation system with the project. All these aspects were explored by the evaluation and considered among the recommendations.

What were the main highlights for you, in being involved in the evaluation process?

Technical advisors need to be a member of the consultation group. As the evaluators can be external to MSF, it's important to clarify MSF terminology and priorities. One advisor was the focal person and consulted the other advisors (as adolescent health care is a transversal topic) for their input. All work was centralized and communicated to the evaluators, and this worked well.

ONE YEAR LATER:

Mumbai

In 2021, the SEU accompanied an evaluation focusing on the catalytic role of Mumbai project with regards to policy change. One year later, the SEU spoke to [Alex Kim](#) (Ops Coordinator), [Aparna Iyer](#) (Project Medical Referent Mumbai), [Hemant K Sharma](#) (Deputy HoM) and [Mabel Morales](#) (Medical Coordinator) to explore their main takeaways and highlights. The interview has been edited.

Hemant: There have been a lot of internal discussions following the evaluation process. /.../ I would have liked the evaluation to explore the impact more comprehensively, and to go one step further – beyond key informant interviews for overall impact evaluation.

Aparna: /.../ I understand the choice of scope for the evaluation, but I would have liked to know more in details how good we are doing medically speaking, although it is covered to some extent in the evaluation.

The main takeaways for me: we are pragmatic rather than strategic, and we need to be more strategic! We also have a tendency to operate in silos, both internally and externally, and the evaluation highlighted that greater collaboration would yield greater results.

Mabel: The outcomes were really good

and useful for internal reflection in the field and in HQ. /.../The evaluation highlighted the achievements on paper, but I would have liked the evaluation to explore the changes in practice, as gaps remain despite policy changes. Main takeaway? To be truly catalytic and achieve policy change, which is the overall objective of the project, we need to be more strategic. But our question is still: how to be strategic?!

Alex: The evaluation instigated a change process with long standing effects. However, if the evaluation is to be useful, it does take time to realize how you can use it. I think that it will be easier for me in future evaluation processes because now I have been part of one.

The evaluation did not give prescriptive recommendations telling us what to do; /.../ it gave us the main orientations to guide our decisions. I admit it would be somehow easier to get detailed recommendations to just follow... but I understand the value of more general ones; we are the only ones able to take our decisions.

/.../ we are working on redefining our strategy for the future of the mission and project, and the evaluation is a key element in the process. Let's discuss in one year and see how far we have come!

COMMISSIONING AN EVALUATION:

Experiences in Kananga

The SEU is accompanying a multi-phase (developmental) evaluation of the decentralization of SGBV activities in Kananga, DRC, looking at design and early implementation (in 2022), and results (in 2023). At the end of 2022, the SEU talked to Maria Mashako, DRC Medical Responsible, commissioner of the evaluation, and Zakari Moluh, DRC Deputy Medical Responsible, about their thoughts so far. The interview was translated from French to English and has been edited.

This evaluation model is very relevant because the need to evaluate our activities in the field in order to continuously readjust and improve remains undeniable.

[However,] there was a need to 1) clarify how the evaluators reach conclusions that are sometimes far from the perception at the project level and 2) sufficiently involve the commissioner in case of misunderstandings, especially before the sharing of preliminary conclusions.

How would you describe your role as commissioner in this evaluation?

The commissioner's role is to monitor and facilitate the successful completion of the evaluation, ensuring that the conditions are met at both the project and coordination levels. For us, this meant

sharing information and documents through discussions, interviews, and field visits, as well as monitoring the entire evaluation process, both with the evaluation team and SEU, and with the project and country support team (CST).

What have been the key moments for you as evaluation commissioner, so far?

The key moments were, for example, organizing the field visit, ensuring the availability of the field team for an optimal visit, as well as explaining the project and operational choices to the evaluators.

The restitution workshop on the preliminary conclusions with all the teams (project, CST, SEU) highlighted certain contradictions and misunderstandings in the strategic vision of the project's decentralization activities, or even simply differences in semantics, which ultimately had an impact on mutual understanding.

There was an urgent need for realignment, to ensure shared understanding internally and externally and clear strategic vision. Discussions have helped to resolve misunderstandings.

The SEU strives to contribute to truly useful and used evaluations: do you feel this is the case with "your" evaluation?

I would say in part because of the delay in sharing the Phase 1 results, which were also intended to serve as a compass for improvements prior to entry into two new health centres. However, the timely use of

the preliminary findings of Phase 1 enabled the project to readjust its focus by emphasizing certain aspects that were not sufficiently considered when starting in the first health centre. For example: to better consider and collaborate with actors who support the facility in other areas of care; to ensure the presence of a member of the local health zone during discussions, visits, and selection of facilities to be supported, beyond the formal meetings with the Provincial Health Division; or a better definition of a budgetary framework for this decentralization activity, which is intended to be replicable, among others.

information-sharing adapted to the context) in order to have a better involvement and proactivity in feedback and follow-up.

What would be your main message or advice to future evaluation commissioners?

The commissioner has a key role in ensuring:

- That everyone understands the specifics of what is being evaluated,
- Gathering and sharing the relevant documentation,
- Clearing up any potential misunderstandings during the evaluation.
- Being an active and critical listener throughout the evaluation process and considering the results of the different phases, while ensuring that the evaluation and the recommendations are taken onboard by the project team.
- And to ensure that the evaluation is accessible to the different actors in the process (e.g., language of

Dissemination to patients and communities

We are getting better at making sure results reach patients and the community too. Here is an excellent example from the Reconstructive Surgery project in Gaza: a

brochure prepared by the project in collaboration with SEU, to share evaluation findings with patients and communities.

GAZA PROJECT EVALUATION RESULTS

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 24.11.2022

Read the full evaluation report

Note: is just a summary of the most notable results, to read all the results scan the QR.

About MSF

MSF is a medical, international, humanitarian organisation that provide medical assistance to people affected by conflict, epidemics, disasters, or exclusion from healthcare. Our teams are made up of tens of thousands of health professionals, logistic and administrative staff - bound together by our charter. Our actions are guided by medical ethics and the principles of impartiality, independence, and neutrality.

What is this leaflet about?

An important part of MSF values is its accountability and transparency. This means we review all our activities to ensure they are done properly and share our findings with patients and partners, whether they highlight strengths or weaknesses. As part of this process, we hired an external panel to evaluate the impact of our reconstructive surgery intervention in Gaza before the end of 2022. This ensures full transparency in the process and help us see how these services can improve.



We are pleased to share with you some of the evaluation findings.

Things that are going well in the project:

- 01 The project activities and design are highly relevant to Gaza population needs
- 02 Project implementation and admission criteria has adapted well to Gaza context. It started with the Great March of Return patient's, then expanded to include children and patient with old trauma injuries.
- 03 The orthoplastic services and the high-quality care at zero costs to the patients offered by MSF are quite unique.
- 04 Patients are satisfied, grateful of the quality level of MSF services.
- 05 MSF staff expressed that their work with MSF helped them to gain more experience and skills, and practice

What can be improved in the next period:

- 01 Increase knowledge exchange between their projects offering reconstructive surgery, like the ones in Amman, Mosul, and Gaza.
- 02 Make a better use of the medical data collected by the services, so that they can be used to improve them continuously, data for research purpose
- 03 Intensify MSF awareness in the community level
- 04 Improve the follow up process for patients post discharge

PERSPECTIVE FROM AN EVALUATOR:

Amardeep Thind

The SEU mainly works with external evaluators: experts in evaluations, specific thematic areas as well as the geographic region that projects cover.

Amardeep Thind is an external evaluator.

In 2022, together with Richard Gosselin and Maysa Al Nattah, he completed the transversal evaluation of two Reconstructive Surgery projects in Mosul and Gaza. The SEU asked him about his experience and what he would recommend OCB going forward.

What are your main highlights about working with the SEU as an evaluator?

The highlights of working with the SEU as an evaluator are many. It is always a pleasure to work with bright, committed people who are focused on making a difference in the world. The cooperative spirit espoused by the SEU makes a challenging task much easier, and its knowledgeable personnel excel at asking the right questions and facilitating knowledge exchange.

In your opinion, how is the SEU contributing to the field of humanitarian evaluation at large?

The SEU is making a valuable contribution to the field of humanitarian evaluation along two dimensions. First, it is setting the stage by showcasing how a humanitarian organization internalizes and builds an evaluation culture thus allowing other actors to follow. Secondly,

it is constantly pushing the envelope in terms of humanitarian evaluations, especially in the questions being asked and the methods employed to answer them.

What would be your main message to MSF OCB regarding evaluations?

My main message to the MSF OCB would be to keep doing more of what it is already doing. The next frontier is to inculcate the evaluation culture (that exists within the SEU) to all of the MSF OCB national and international offices and staff, as there still exists an undercurrent that views evaluations as a 'fault-finding' exercise. Last, but certainly not the least, MSF OCB has gained valuable institutional knowledge about humanitarian interventions – and this wisdom deserves to be shared as widely as possible, both internally with the organization and externally with the world at large.

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