

# EVALUATION OF MSF-OCB FIELD RECENTRALISATION PROGRAMME

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The authors' views expressed in this publication do not necessarily reflect the views of Médecins sans Frontières and the Stockholm Evaluation Unit.

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## ACRONYMS

ADKAR	Awareness, Desire, Knowledge, Ability, and Reinforcement
ARO	Annual Review of Operations
ARO	Annual Review of Operations
BRAMU	Brazil Medical Unit
CAR	Central African Republic
CD4	Rapid Testing
CMR	Country Medical Referent
CoDir	Committee of Directors
COVID-19	Coronavirus disease 2019
CST	Country Support Team
Dos	Directors of Operations
DRC	Democratic Republic of Congo
EPREP	Emergency Preparedness
FAD	Field Associative Debate
FRC	Field Recentralisation
HIV-TB	Human Immunodeficiency Virus - Tuberculosis
HOM	Head of Mission
HQ	Headquarters
IMS	International Mobile Staff
KII	Key Informant Interview
L&D	Learning & Development
LHS	Locally Hired Staff
M&E	Monitoring & Evaluation
MedCo	Medical Coordinator
MIC	Mirroring Implementation Committee
MOH	Ministry of Health
MYRO	Multi-Year Review of Operations
OCB	Operational Centre Brussels
OCBA	Operational Centre Barcelona-Athens
OCG	Operational Centre Geneva
PC	Project Coordinator
PCR	Polymerase Chain Reaction
PDMs	Personal Development Managers
PEA	Performance and Evaluation Advisors
PMR	Project Medical Referent
POR	Project Operations Referent
PUC	Pool d'Urgence Congo
R&R	Rest and Recuperation
RDT	Rapid Diagnostic Test
RST	Regional Support Team
SAMU	Southern Africa Medical Unit
SEU	Stockholm Evaluation Unit
SHERLOG	Online field support platform
Sitreps	Situation reports
ToC	Theory of Change
UCT	University of Cape Town

## EXECUTIVE SUMMARY

### THE FRC PROGRAMME EVALUATION

In 2019, MSF-OCB initiated the Field Recentralisation programme (FrC). The programme aims to shift decision-making closer to the medical-humanitarian act and its beneficiaries in order to boost OCB's impact and contribute to its social mission. MSF-OCB Strategic Orientations and Operational Prospects 2020-2023 prioritise patients and populations by reducing bureaucracy and strengthening decision-making autonomy as close as possible to the targeted populations. That will eventually contribute to improvements in quality of services delivered to OCB beneficiaries. FrC started in Southern Africa in 2019 and continued in Central Africa in 2021. An internal review was carried out by the FrC Catalyst and Support Team in 2021 followed by an external monitoring exercise to assess progress made, in 2021.

In 2022, the Performance and Evaluation Advisors (PEA) Consultancy was commissioned by MSF-OCB to evaluate FrC to date and to contribute to the “test-try-learn” approach of the FrC programme. This report is an account of the FrC programme, from the root cause analysis and strategic design to the implementation and results. The evaluation highlights key challenges in delivering on programme objectives and seeks to generate a deeper understanding of the positive and negative impacts of FrC, at different levels of the organization, and to help identify a path for the future. The evaluation answers to **three main questions**:

- How well does the programme, in its design, respond to the identified need/issue/problem?
- How well implemented is the programme?
- Which parts or aspects of the programme generate the most valuable outcome for the time, money, and effort invested?

To answer these questions, the Evaluation Team used primarily qualitative indicators with data collected through a review of documents and websites, and key informant interviews (KII) with stakeholders. The evaluators attempted to capture some quantitative data to triangulate the findings from interviews and discussion, but that did not materialize for different factors discussed in this report. KII and focus group discussions were carried out with 216 people across the organization and in multiple locations. The sampling frame in the evaluation covered five countries in Central and Southern Africa and seven projects that were selected as cases studies to develop in-depth understanding of how the programme was implemented and to assess what changes are occurring.

### FINDINGS & CONCLUSIONS

Evaluations generally look at value in terms of significance, merit, and worth. This evaluation focuses on assessing both the merit and significance of the FrC programme within the context of OCB. The findings from the evaluation confirm that the FrC programme is a valuable initiative with significant potentials to improve decision-making processes in OCB, in different ways. The evaluation found an encouraging attitude among senior leadership in promoting the principles of subsidiary and added agency to enhance local decision making.

In contexts where the programme is making a difference, there are significant shifts in how OCB operates and in the mindset of people. The design of the programme needs to be revisited however, in order to ensure that all root causes are addressed in a meaningful way. Attention should be given to clarifying expectations around what the programme can and cannot address. In settings where the programme is less successful, the main challenges relate to how the programme was implemented. The evaluation report identifies areas of improvement in the implementation process. For instance, the design of the FrC should incorporate additional solutions to address some of the challenges on human resources including attracting talent, retention, and accountability. The programme should aim to foster more cultural changes in how people work and interact. There is a need for the CoDir to review how it wants to move forward with FrC and assign more proactive roles and responsibilities to programme implementors. That includes giving more attention to the role of the Catalyst Team, the role of Change Facilitators and tasking the RST in supporting both FrC and day-to-day operations.

The evaluation finds that desired changes were observed in countries in Southern Africa region. Experience from Southern Africa indicates a positive tendency towards achieving autonomy in decision-making with positive perceptions on reducing the burden associated with HQ validation. This area was not assessed in CA region as it is too early to measure such changes. The FrC has enabled an introduction and adaptation of operational flexibility. OCB needs to invest more resources in order to enhance operational capacities and attract competent staff at country and project levels. The responsiveness of OCB is highly dependent on how OCB streamlines roles at HQ to align with changes happening. The influence of FrC on innovation is unclear, but there is a clear need to strengthen cross-learning to foster a culture of innovation. Despite these desired changes, the FrC resulted in several undesired changes. The evaluation found a lack of significant changes at HQ level in response to the rollout of FrC, except at the Cell level.

Staff feedback valued the programme as a concept and change. The evaluation also indicated challenges that may have undermined the perceived value of the programme, specifically confusion amongst staff about the boundaries of FrC and other ongoing change initiatives. The communication on FrC could have been strengthened in this regard.

## KEY STRATEGIC RECOMMENDATIONS

The Evaluation Team acknowledges the effort made by the OCB leadership and others, and recognises that a tremendous commitment, time, and resources are needed to implement such a programme. The evaluators encourage the programme sponsors and OCB to consider how to enhance the programme design and implementation in the next phase.

### ⇒ Recommendation 1: Leadership, Governance, and Oversight

- CoDir need to play more “actively visible” roles in the next period and should consider more bold and assertive language on how the FrC should be implemented.
- Organize more discussions and involve relevant stakeholders on how OCB will change its approach to Risk Management, Accountability, and Oversight in response to changes taking place because of FrC.

⇒ **Recommendation 2: Programme Design, Planning, and Frameworks**

- Revise the mind-map, consolidate additional elements, and reformulate the FrC roadmap and update the Theory of Change (ToC) into actions- and results-oriented frameworks of the programme.
- Harmonize and consolidate different relevant change initiatives currently adopted at MFS-OCB (that share boundaries and directions with FrC). Consider merging these into one umbrella change programme and to re-brand it in a strategic manner.

⇒ **Recommendation 3: Programme implementation structures and synergies**

- Re-align the role of different programme implementors including assessing options for how the role of the Mirroring Implementation Committee (MIC) and Catalyst team may evolve.

⇒ **Recommendation 4: Programme implementation guidance and communication**

- Engage the CoDir and other leadership levels to revise the FrC's value statement (why the FrC has short and long-term benefits). Use this value statement to guide communication and develop a new and comprehensive communication plan, that includes re-calibrating messaging the FrC's target audience and how they can benefit from the programme.

⇒ **Recommendation 5: Implementation Monitoring and Evaluation**

- Develop a fit-for purpose M&E framework capturing process, inputs, outputs, outcomes, that contains suitable indicators (qualitative and quantitative), including impact indicators, with a clear timeframe linked to the results framework.

⇒ **Recommendation 6: Programme Try, Learning, and Feedback**

- Develop regular briefs on quick wins, areas of "failure", and areas of potential learning (including those captured) in this evaluation report. Encourage cross-learning and experience sharing-focused activities.

⇒ **Recommendation 7: FrC Contextualization in next regions and countries**

- Develop the rollout plan and roadmap structured according to the FrC programme pillars. Assign clear roles and responsibilities for programme implementors.
- Re-define what "buy Autonomy Frame" means at regional, country and project context (not only at project level). Clearly communicate the frame and strategy to all OCB staff in the regions.
- Ensure a greater community involvement in the FrC process and its evolution in the future. Schedule an appropriate impact assessment in due time.

# INTRODUCTION

## BACKGROUND

Twenty years ago, the McKinsey Group reviewed the inner workings of MSF-Operational Centre Brussels (MSF-OCB) and suggested reforms to improve decision-making flexibility and to support controlled growth. Significant structural changes were made in the late 1990s with the introduction of a Cell Model for managing field operations.<sup>1</sup>

Two decades later, MSF-OCB interventions continue to increase in size and complexity, while humanitarian space shrinks. Technology, specialisation, challenges related to human resources (HR), and the growing scope of portfolios have all exposed the limits of the Cell Model.<sup>2</sup> Even the concept of an Operational Centre (OC) has been challenged with the large number of employees and technical experts concentrated in Europe.<sup>3,4</sup> Multiple reviews have highlighted frustrations related to heavy, bureaucratic, and centralised decision-making processes. Policies and guidelines institutionalised medical and non-medical practices<sup>5</sup> and reduced room for innovation. Involvement in longer-term projects for HIV and neglected diseases pushed MSF-OCB to think and act well beyond emergencies. Heavy reporting and validation procedures have in many cases reduced the capacity to deliver timely assistance. People at all levels agreed that something needed to change<sup>6</sup>.

The MSF International Board's Call for Change<sup>7</sup> in 2018 was an important driver for “an agile, adaptable, competent, and accountable, multi-centric organisation, driven by patient needs, and energised by the skills, commitment and courage of MSF people”. The Call for Change addressed four key areas, including bringing decision-making closer to the humanitarian act. The same points were reiterated at various meetings at HQ and in Field Associative Debates (FADs). Following an initial workshop in South Africa on increasing autonomy in projects, a consultant was hired to test the hypothesis that the MSF-OCB model with its multiple validation layers slowed down operational decision-making. A roadmap was prepared by Cedric Martin at the end 2018, and several workshops followed. In 2019, work officially started on a new approach, mindset, and model for operations, and it was introduced as Field Re-Centralisation (FrC). The aim was to increase the impact of medical-humanitarian operations by increasing Project autonomy while ensuring access to knowledge and support<sup>8</sup>. A core team, backed by the General Director and an Operations Director, consulted, designed, and started to roll out FrC. MSF-OCB set the direction in the *Strategic Orientations 2020-2023*.

The COVID-19 pandemic delayed reviews of FrC. In October 2020, an internal review was carried out by the FrC Catalyst and Support Team, entitled “*Field Recentralisation Programme – After 1 year, what*

<sup>1</sup> McKinsey Review - Recentralisation Project Roadmap 2019, MSF-OCB.

<sup>2</sup> Interview with a member of the evaluation Consultation Group (CG) 2022.

<sup>3</sup> Field Recentralisation Monitoring Exercise 2021, MSF-OCB.

<sup>4</sup> Recentralisation Project Roadmap 2019, MSF-OCB.

<sup>5</sup> Elaboration of technical guidelines and protocols compensated for the lack of knowledge and experience of staff in the field.

<sup>6</sup> Interview with members of the evaluation Consultation Group (CG) 2022 and the International Board (IB) Call to Change.

<sup>7</sup> MSF's Call for Change: Challenging MSF's Status Quo on Evolution and Growth, MSF International Board, March 2018.

<sup>8</sup> Concept Paper: OCB Field Recentralisation Programme, April 2019.



*have we learned?”* and external evaluators were also commissioned to do a light snapshot exercise, shared as the “*MSF - OCB Field Recentralisation Monitoring Exercise – October 2021*”.

In 2022, the Performance and Evaluation Advisors (PEA) Consultancy was contracted by MSF-OCB to evaluate FrC to date as part of the “test-try-learn” approach of the FrC programme. The evaluation aim is to articulate why and how change has happened and to identify which aspects of FrC generate the most valuable outcomes to carry forward. The PEA evaluators spoke to a wide range of stakeholders and reviewed key documents in preparing the findings for this report. The Evaluation Team commends the MSF-OCB leadership for the efforts made to implement a programme that requires a tremendous amount of commitment, time, and resources. For the MSF-OCB Direction, FrC is clearly more than a pilot, it represents a major shift in MSF-OCB’s structure and culture. Given the complexity of the FrC programme, design and implementation, the evaluation was also complex in design, approach, and synthesis of the findings.

# 1. EVALUATION SCOPE & METHODOLOGY

## 1.1 EVALUATION COMMISSIONERS & EVALUATION TEAM

The Commissioners of the Evaluation are the OCB Director General and a Director of Operations. The Stockholm Evaluation Unit (SEU) worked with them to define the Terms of Reference (**Annex A**) and to engage the PEA Consultancy to evaluate the FrC programme. The Evaluation Team included:

- **Amjad Idries:** Evaluation Team Leader and subject matter expert in Programme Evaluations and Global Health.
- **Javier Gabaldón:** Medical Doctor and subject matter expert in Health and Humanitarian Aid.
- **Sheila Debly-Magnus:** Strategist and subject matter expert in Change Management.
- **Vanessa van Schoor:** Subject matter expert in Humanitarian Programme Management and Communications.

## 1.2 PURPOSE OF EVALUATION & INTENDED USE

In line with OCB's use of a cycle of learning and improvement, this evaluation is guided by the Terms of Reference Aims and Objectives. There is an account of the FrC programme from the root cause analysis<sup>9</sup> and strategic design, to implementation and results. The evaluation highlights key challenges in delivering on programme objectives. It seeks to generate a deeper understanding of the positive and negative impacts of FrC at different levels of the organisation and to help identify a path for the future.

## EVALUATION AIMS & OBJECTIVES

- To provide an account of the FrC programme from the Goals, Root Cause Analysis, and Strategic Design to the Implementation Progress, Challenges, and Results.
- To support a deeper understanding of the effects of FrC (positive and negative) at different levels of the organisation.
- To assess what type of change is happening, for who, at what levels of the organisation, and under what circumstances.
- To assess where there is a desired positive change and unintended or negative change.

## 1.3 EVALUATION FRAMEWORK

The evaluation focused on answering the following questions:

### EQ1. How well does the programme, in its design, respond to the identified need/issue/problem?

1.a. How well does the programme design address the root causes? Is it still the right solution?

1.b. Has it been adapted to the context in which it is implemented?

1.c. Has the programme been able to adapt to changes in the context, including in response to its own internal learning and increased understanding?

### EQ2. How well implemented is the programme?

<sup>9</sup> The goal is not to redefine the root causes, but rather to highlight where they do not go deep enough to address key challenges highlighted in the design.

- 2.a. What outcomes have been achieved and how valuable are they for the patients? For OCB project-based staff? For the OCB Departments (including Operations)?
- 2.b. Do the outcomes contribute to addressing the root causes for launching the programme?
- 2.c. What opportunities and constraints have emerged throughout the course of implementation? How was the programme able to overcome constraints and capitalise on opportunities?

**EQ3. Which parts or aspects of the programme generate the most valuable outcome for the time, money and effort invested?**

## 1.4 METHODOLOGICAL APPROACHES TO ANSWER QUESTIONS

Further details on the evaluation scope and methodological approach can be found in **Annex B**.

**Table 1.** Evaluation questions and approach

EVALUATION QUESTIONS	EVALUATION APPROACH
1. How well does the programme, in its design, respond to the identified need/issue/problem?	The evaluators used a theory-based evaluation design that modelled the program logic before critically reviewing the problem statement of “why” FrC was introduced. This is linked to “how” OCB designed the programme (building on the Theory of Change). A theory-based or process evaluation helped the evaluators to document where and why the program was succeeding or failing. It also guided the generation of suggestions on areas for improvement.
2. How well implemented is the programme?	The evaluation question (including sub-questions) implied an assessment of programme performance and documented achievements of intended results (outputs and outcomes). The evaluators used Process Mapping and Outcome Harvesting, in combination with a value-added assessment. The process evaluation utilised the ADKAR Change Management Model to benchmark the program implementation process. By using Outcome Harvesting the evaluation focused on analysing “how” inputs and activities produced intended and unintended outcomes. The evaluators focused on how stakeholders understood the guidance provided and perceived the program outcomes.
3. Which parts or aspects of the programme generate the most valuable outcome for the time, money, and effort invested?	The evaluators used a value-added assessment using pre-defined criteria and collected data on system-wide indicators of intended and unintended outcomes. A systematic approach was used to obtain, classify, and analyse FrC results. Assessing resource impact was limited by the lack of available quantitative data.

## 1.5 EVALUATION CRITERIA

The Evaluation Team used defined criteria to facilitate a more objective assessment of the programme and its achievements. The definitions of each criterion emerge from key FrC principles, and the values it has intended to generate. Five criteria give a normative framework for determining the FrC programme's merit and serve as the foundation for evaluating its performance. Section 3.1 of this report reflects the findings of the evaluation based on these criteria.

**Table 2.** Evaluation criteria

CRITERIA	DEFINITION
<b>Project autonomy in decision-making</b>	Autonomy refers to the ability of competent field and project staff to make decisions about their projects free from control in judgments or actions.
<b>Agile decision-making with immediacy</b>	The FrC programme should support or enable MSF teams to work iteratively, collaboratively, and transparently. The new culture should support and empower the Project team to initiate and decide on the best solutions to field challenges promptly.
<b>Responsiveness</b>	FrC should support MSF Projects to become more responsive to the needs of beneficiaries. The new approach should be demonstrated in the ability of MSF (at the corporate level) to react rapidly and positively to the needs at the Project level. It also entails demonstrating the capability of the Projects to adjust to external influences in a timely and meaningful manner.
<b>Operational flexibility</b>	Projects should have the ability to respond to changes in their context effectively and efficiently. The operations design should support the Project teams to make decisions or decide on changes freely and as appropriate to the context. The FrC program should enable the projects to take the appropriate decisions on the scale and scope of the interventions, making the best operational decisions to deliver on project objectives and new needs coming out in the area (emergencies interventions) not foreseen by the project.
<b>Innovation</b>	The new approach should enable MSF to put its projects at the centre and align with the needs of the beneficiaries. The programme should demonstrate practical implementation for realising or redistributing the value of MSF operations through smart systems and solutions.

## 1.6 DATA SOURCES & ANALYSIS

The PEA Evaluation Team used primarily qualitative indicators with data collected through a review of documents and websites, and in-depth interviews with stakeholders. The evaluators used the following sources:

- Literature review: a total of 63 documents were reviewed for this evaluation (Annex C).
- Stakeholder engagement: Key informant interviews and focus group discussions were carried out with 216 people in multiple locations.

## SAMPLING

The evaluation included visits to the two FrC regions of Southern Africa and Central Africa. The field visits selected several projects and produced seven case studies<sup>10</sup>. In Southern Africa, sites were visited in all three countries: South Africa (Cape Town, Eshowe, Johannesburg, Tshwane), Mozambique (Beira, Maputo), and Zimbabwe (Harare, Mbare, and virtual calls with Beitbridge). In Central Africa, meetings were held with teams in two countries: Democratic Republic of Congo (DRC) and Burundi. There was no visit or interviews with the team in the Central African Republic (CAR). A similar approach and selection criteria were followed to select the countries, projects, and interviewees (Annex B). All interviewees were given the option to be interviewed individually or in groups and assured of the anonymity of their responses. Text which is not presented as a direct quote or directly attributed to the evaluators reflects consistent responses from a large number of interviewees. Extreme or one-off comments have not been included. The qualitative research was based the Evaluation Framework's questions (Annex E), with probing to elicit a deeper understanding of views and opinions.

## OVERVIEW OF INTERVIEWS

A design, analysis, and decision-making approach was used. The Evaluation Team used Henry Mintzberg's Framework to map key internal stakeholders affected by or influencing the FrC program. Interviewees were given time to speak and assurances of anonymity.

Table 3. Stakeholders' role in the FrC

STAKEHOLDER GROUP	ROLE IN THE FRC	# OF PEOPLE INTERVIEWED
Strategic apex of MSF-OCB	Top management and support employees, including MSF-OCB Board Members, Director General, members of the Mirroring Implementation Committee (MIC), Directors of Operations (DOs), and the FrC Catalyst Team.	15
Technostructure	Analysts or specialists supporting Operations, mainly in Brussels or in the regions. This includes medical referents, advisors, specialists, accountants, or staff responsible for advocacy, communications, finance, HR, etc.	24
Middle line	Middle and lower-level managers. In the context of FrC, this includes RST and CST members, and Support Department staff in HQ (supply, logistics, finance, HR, etc.). It also includes all management-level personnel in RSTs.	44
Operative core	The workers in the context of FrC, including key Project staff (coordinators, medical referents, managers, doctors, nurses, and other core staff who deliver activities). People in this group are the main implementors of FrC.	110
Staff of support functions	This group includes maintenance, clerical, transport, legal counsel, or consulting support at HQs, RSTs/Cells, CSTs, and Projects. The key distinction is proximity to medical operations.	18

<sup>10</sup> Case Study definition: Detailed information to illustrate a thesis or principle. The FrC Case Studies highlight success, challenges, or early wins. The Case Studies aim to illustrate how the goals of FrC have been operationalised and how MSF staff engaged. The Case Studies do not attempt to provide any comparison between projects or countries, as each context differs in FrC implementation.

Other people	A wide range of people, other than those grouped in the previous categories, and including people from outside MSF-OCB or from other MSF OCs.	5
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## 1.7 DATA ANALYSIS FRAMEWORKS

The evaluation used qualitative data and information received through the interviews and group discussions. The data sets were manually analysed, which involved organising and categorising findings under different themes (guided by the evaluation questions). The Evaluation Team followed a structured and systematic process to interpret and understand the qualitative data collected using six frameworks (described below). The main approach for data analysis was to focus on the evaluation questions. The team used an iterative data analysis and synthesis process, which started as soon as data collection started, generating themes as data collection progressed. That was linked with the snowballing sampling method, tracking when saturation points were reached (i.e., no additional interviews generating different themes or topics). Further, the evaluators conducted a series of four internal workshops, each focused on the main evaluation question, with one workshop aimed at triangulating the findings that emerged from the two regions covered by the evaluation.

The Evaluation Team used six frameworks to analyse the data collected, in order to establish the findings and develop the evaluative statements presented in this report (see: Annexes C, E, F):

1. Development of the Logical Framework of the FrC Program.
2. Action Model/Change Model Schema for analysing the program Theory of Change.
3. A methodological approach to evaluation questions (as presented in the PEA Inception Report).
4. ADKAR Change Management Model.
5. The Framework of the Evaluation Criteria.
6. The Evaluation Matrix.

## 1.8 LIMITATIONS

### LACK OF QUANTITATIVE DATA

The evaluators identified potential indicators to inform an Outcomes Analysis. Quantitative data was a major challenge to locate due to the lack of an established monitoring and evaluation (M&E) framework for FrC and limited data made available from other MSF-OCB HQ monitoring systems. The lack of access to quantitative data made it difficult to assign values to the time, money, and effort invested. The evaluators are confident that with the depth of information and insights gathered through document reviews, reaching saturation in responses, and with the number of people interviewed giving similar responses, there is more than sufficient evidence to confidently support the conclusions in this evaluation.

### NO INTERVIEWS CONDUCTED WITH PATIENTS OR COMMUNITIES

While the overall aim is to have more patient-centred care, the length and breadth of FrC implementation is not enough to have had a noticeable impact on patient care.

## MANAGING SOURCES OF BIAS AND CONFOUNDING FACTORS

FrC generated a lot of interest and a wide range of views on design and implementation. As highlighted in the ADKAR methodology, if stakeholders doubt the value of changes brought by a new intervention, it is not easy to ensure reliable results. This is due to personal or group bias and can be linked to issues that include a lack of understanding, preconceived notions, or using an evaluation to discuss challenges not directly related to the programme. Stakeholders were proactively engaged in the potential benefits of the evaluation as an evidence-gathering activity to highlight elements and consequences in an evidence-based manner. This allowed gathering information on the positive and negative factors linked to implementation and for constructive feedback loops on possible improvements. In addition, the evaluators focused mindfully on the evaluation scope and facilitated discussions in ways that solicited honest and helpful feedback most directly with the people associated with and impacted by the FrC initiatives.

## PROGRAMME FOCUS – NOT INDIVIDUAL PROJECTS

By design and scope, the evaluation focused on the design, implementation, and general outcomes of the FrC strategy, rather than evaluating specific country or project contexts. Significant level of detail was collected by the evaluators from each selected project or country. However, the final report focuses on a synthesis of data and conclusions for the general FrC approach.

## 2. FINDINGS

### EVALUATION QUESTION 1: HOW WELL DOES THE PROGRAMME, IN ITS DESIGN RESPOND TO THE IDENTIFIED NEED, ISSUE, PROBLEM?

#### 2.1 PROGRAMME DESIGN ASSESSMENT

Summary of findings on the Program Design:

- Most people can understand and articulate what FrC is and the rationale behind it.
- The Theory of Change has not been updated and oversimplifies what is needed to achieve the desired outcomes.
- The program framework does not clearly articulate a logical progression for the program.
- The program design does not sufficiently cover all relevant aspects of HR interdependencies and assumes only marginal HR effects on the change process.
- The approach to change overemphasizes structural change and does not give sufficient attention to the cultural changes or human element required in change management.

### WHY MSF NEEDED THE CHANGE

In 2017, a diagnostic evaluation of MSF-OCB found a culture of micro-management and fragmented decision-making.<sup>11</sup> Recommendations were made to give projects space to take risks and make mistakes. The OCB General Direction acknowledged that a top-down approach delayed action. Various reviews identified a multiplicity of reports, requests, validation layers, and tools that were not being used<sup>11</sup>. Staff in the Cells reported that too many decisions came to them due to a lack of experience at project and coordination levels<sup>12</sup>. Documents for the Annual Review of Operations (ARO) were deemed too long for field planning, incomplete for briefings, and irrelevant to maintain institutional memory. The level of standardisation was perceived as too high to adequately address needs or follow for adaptation in the wide range of MSF contexts. Demotivated staff left, and MSF often struggled to find enough experienced people to replace them promptly.

“Over the past decade, MSF has grown in size and complexity, and our operational responses have become more technical and diverse. The locations where we work have become increasingly volatile, uncertain, and complex. Our aim is now to shift the center of decision-making, as much as possible, to those closest to our beneficiaries and communities, placing our project teams firmly at the center of the organisation.”

[What is Field Recentralisation? Field Recentralisation Program Document](#)  
FRC Catalyst Team, 2020

### CHALLENGES AND ROOT CAUSES

Diagnostic reviews, evaluations, and various reports have highlight both structural and cultural challenges. At the start of FrC, a Root Cause Analysis was conducted and embedded in a Mind Map produced by the Catalyst Team. The map was shared with the MSF-OCB Board and Association

<sup>11</sup> SEU Review of Reporting, May 2017.

<sup>12</sup> Recentralisation Project Roadmap, Cedric Martin, February 2019.



Executives for validation. Although it identified the most pressing needs, it did not explain why the issues existed or persisted.

The evaluators identified some of the FrC Root Causes mentioned in various documents, including:

- A. Field teams' frustration on how MSF-OCB operates.
- B. Calls for change at different levels of the organisation.
- C. The complexity of systems and policies.
- D. The future direction of the MSF movement.
- E. The shortage and loss of experienced and adequate HR.

In addition, the Evaluation Team was informed of some of the FrC root causes and reasons behind FrC rooted in challenges faced by MSF-OCB in HR management, particularly:

- Sufficiently available and qualified critical mass of staff (both currently and in the pipeline) to fill project positions.
- Labour market dynamics (supply, demand, and competition) in both medical emergencies and new programmatic areas where MSF is expanding (mainly in developmental programmes).
- The need to explore and understand how to achieve the right job profiles (based on changing roles and responsibilities) across different levels of OCB (HQ/ Brussels-based, RST, CST, and project) and how to plan for long term.
- The need to address turnover in both senior and mid-level positions (including through the creation of retention schemes and policies).

A set of cultural factors combined and contributed to the structural factors that can be considered the root causes of the challenges that FrC aimed to address. Structural changes made through the FrC such as changes to team composition or reporting lines, are often insufficient to address cultural norms. Challenges related to cultural attitudes and practices are not unique to OCB, MSF, the humanitarian sector, or even each generation of workers. However, it is essential to ensure that this is not the only step taken and that new frustrations or challenges are not fuelled.

“The FrC movement started in Rustenburg, where there was a strong desire for local decision-making on project needs, personnel selection, and strategic direction...Rustenburg is a mining town with high rates of sexual violence, making it feel like HQ visitors were just tourists. People coming in had to have their capacity built. People from the global North are twice as expensive as local staff, despite competencies.”

MSF-OCB Senior Staff

“It is access to information, how these decisions are being prepared, how the conversations are being had, how people exchange in a different way or in the same way. I think this needs to be really also at the center of the decentralisation program.” A senior staff said: “But can we take validation layers out or make them lighter? Can we, based on subsidiarity, take decisions closer to where the act is and be quicker and more adapted? The decisions to the medical humanitarian work and to impact the beneficiaries.”

MSF-OCB Field Staff

Challenges influenced by organizational bureaucracy do not simply arise. All systems and policies are approved by someone in charge. Medical professionals who practice in state-of-the-art medical

facilities in Europe, America, or Africa, are often frustrated by the lack of medicines or tools which they know could be useful in the field.<sup>13</sup> Bureaucracy is product of an organization's growth, increasing levels of professionalization, and efforts to ensure that everyone has access to the same information and opportunities. While lengthy medical protocols result from better access to knowledge, the tools or information may be too lengthy or complex for field teams to use them effectively. FrC is about direct access to Projects essential for Support Departments.

On the other hand, Projects can face challenges when multiple experts provide contradictory advice or delay the start of activities, while trying to define a coherent approach among themselves. For example, the rollout of the Youth Project in Mbare (Zimbabwe) required validation by nine different advisors, including Sexual and Reproductive Health, Adolescents, Laboratory, M&E, HIV-TB, Patient and Community Support, Mental Health, Disability, and Key Populations.

## STRUCTURAL FACTORS

MSF is a multi-billion-dollar organisation with around 63,000 staff in 70 countries<sup>14</sup>, yet most operations are run from Europe. MSF is experimenting with various models to establish a broader presence across the globe, while maintaining meaningful medical humanitarian action and bearing witness. Reflecting on the findings from this evaluation, the Evaluation Team recognize that one of the most crucial factors for why MSF needed to change was influenced by the shortage or loss of experienced staff to deliver on proposed activities. This is partially related to operational frustrations, but it is also linked to a host of practical issues like salaries, promotions, families, holiday time, and professional growth. The FrC design is incomplete without a deeper look at the root causes. The structural approach of FrC considers operation's hardware, but there is little consideration for the cultural factors or its software. The organisation struggled to find enough interested, available, committed, or qualified professionals to address all its needs and ambitions. With the Strategic Orientations and Operational Prospect 2020-2023, MSF-OCB confirmed the position of putting patients at the centre of medical activities.

Operationally, MSF-OCB is a large organization with multiple layers and levels of specialisation, and a heavy matrix management structure, with both vertical (Director to Field) and horizontal (across Departments) reporting lines. It is important to note that horizontal lines do not only refer to HQ departmental level but also extend to project-level horizontal interactions across different functional areas. A top-down validation approach works well when rapid decisions are required during emergencies or in insecure contexts<sup>15</sup>. The validation layers aim to mitigate risk and ensure quality. However, this approach is less useful in more stable, developmental, or specialised programmes and sites where there is time to discuss, where community or government support are essential, and where capacity building of staff is an aim.

In some of the more established Projects, HQ steps in when there are gaps in personnel or expertise. Even when this is not the intention, it can be seen as prescriptive or top-down. There has been a gradual concentration of experts at HQ as MSF staff often follow a career trajectory from project to

<sup>13</sup> A Call for Change: Challenging MSF's Status Quo on Evolution and Growth, MSF International Board, March 2018.

<sup>14</sup> MSF USA Website, February 2023.

<sup>15</sup> Harvard Business Review, Four Behaviours That Help Leaders Manage a Crisis, C. Nichols, et al, 2 April 2020. Available at: <https://hbr.org/2020/04/4-behaviors-that-help-leaders-manage-a-crisis>.

coordination to HQ. With around 500 staff at MSF-OCB HQ<sup>16</sup>, specialised silos have developed. Processes and standards have gradually supplanted field autonomy and reactivity, with decisions made farther from the operational frontline.

The standard MSF-OCB structure of Project-Country Coordination-Cell has led to replicated functions. Numerous reports have commented on the volume of information being too difficult to process. Many Projects produced more reports than required, often to be heard or supported. Staff in the Cells stated that some reporting was maintained more for transparency and institutional memory than for decision-making. Data was produced by Projects, while decisions were taken by Coordinators or Specialists, and Projects no longer felt responsible or accountable.

## CULTURAL FACTORS

A new model of operations was introduced, not only because the Directors wanted it, but because of the demands from the field and the (international) movement. Calls for change came from various levels and fed into major policy statements up to MSF International Board level<sup>17</sup>. As explained further by a staff member:

“In 2017 at the General Assembly, we spoke about decentralisation and getting power back. We were vested in the South Africa Office and its future and advocating for decisions to be made closer to the field.”

OCB Staff member

Yet, the MSF movement frequently reviews its operations and direction. This observation was assessed in one report stating: *“The last forty years have seen an extraordinary rise in humanitarian assistance to those suffering in conflict and emergencies. Doctors Without Borders (Médecins Sans Frontières) has been at the centre of this, one of the world’s most admired organizations, yet one constantly seeking to reinvent itself.”*<sup>18</sup> However, some people interviewed indicated that the future direction is never clear for an organisation that prides itself on being reactive and flexible.

Constant evaluation and re-evaluation are part of MSF’s culture, and Accountability is a core principle. The concept of autonomy, on the other hand, has a range of interpretations and comes with various degrees of responsibility. Some of the complaints about top-down line management or the Cell approach were due to a lack of transparency on why decisions were made, how budgets were allocated, or who was selected to oversee implementation. These choices cannot be simply attributed to a structure. People want to find ways to add value<sup>19</sup>. Line managers are individuals with interests, experiences, and priorities. Frustrations can exist in the most rewarding environment. Specialists, coordinators, or implementers can be silenced and then accused of not providing support or not doing the right things by powerful operators.

<sup>16</sup> Email correspondence with MSF Staff.

<sup>17</sup> A Call for Change: Challenging MSF’s Status Quo on Evolution and Growth, MSF International Board, March 2018.

<sup>18</sup> Renée Fox, Doctors Without Borders: Humanitarian Quests, Impossible Dreams of Médecins Sans Frontières. A detailed sociological study of MSF, 2014. Available at: <https://www.doctorswithoutborders.org/who-we-are/books-about-msf/doctors-without-borders-humanitarian-quests-impossible-dreams-medecins>

<sup>19</sup> Frederic Laloux, Reinventing Organisations, 2014. Available at: <https://www.reinventingorganizations.com/>.

MSF-OCB is a successful international NGO based in Belgium. It is the largest Operational Centre in the MSF movement. The senior leadership team must balance domestic, regional, and international agendas and aspirations. Growth, bureaucracy, and effectiveness have been topics of debate in various forums, including the “Call for Change”, “The MSF We Want to Be”, and others. There are pressures from national staff and other international MSF offices to contribute more substantially to operations, organisational development, and the future direction of MSF. Some of the new leaders in MSF-OCB do not want to be based in Brussels, and there are people who work for MSF-OCB because they find it is an interesting job with interesting people but do not want to work outside their home country. MSF staff in countries where MSF operates share similar sentiments.

The cultural debate around the provision of humanitarian assistance takes place every day in various national and regional contexts where MSF operates. The MSF principles of neutrality and impartiality are vital to some and less understood by others. This is an era where Humanitarian action is being re-examined through the lenses of *MeToo*, *Black Lives Matter* and the *Decolonisation of Aid*.

All of these structural and cultural factors and challenges need an intervention that introduce solutions and change to status quo at an organizational-wide level. Effectively attracting coordination profiles back into the projects and developing a regional workforce requires a closer look at what is motivating current and future recruits.

## 2.2 SOLUTIONS PROPOSED BY MSF (OVERALL FRC DESIGN)

### DEFINING FIELD RECENTRALISATION

To revise a hierarchy that has been in place for two decades, the MSF-OCB Committee of Directors (CoDir) launched a consultative process and proactively disrupted the status quo. The new model proposed looked to put the Project back at the centre of operations, hence the term “recentralisation”.

To devolve responsibility to the field and improve the impact of operations, MSF-OCB started with a Recentralisation Project Roadmap<sup>20</sup> based on interviews and workshops with 95 people in Southern Africa and 43 staff at HQ. This was followed by the OCB Field Recentralisation Programme Concept Paper in April 2019 to introduce key ideas such as subsidiarity, autonomy, the right to fail, horizontal networks, rescue/ substitution, and reduced dependency on traditional line management.

FrC introduced a bottom-up approach to consultation, although the scope, boundaries, timing, and budgets remained with HQ (i.e., autonomy within a frame). An emphasis was put on decision-making autonomy in Projects, expecting/on the condition of competence, self-reflection, and accountability<sup>21</sup>. Only stakeholders with roles that directly added value to a topic, discussion, or decision needed to be involved. Crucial consultation (not consensus) aimed to give decision-makers the benefit of MSF-OCB’s collective intelligence. Non-judgmental mechanisms, the Rescue Role, and the *Binôme/Pair* were introduced for Projects to get support, rescue, or substitution. The overall aim was for each region,

<sup>20</sup> Recentralisation Project Roadmap, Cedric Martin, February 2019.

<sup>21</sup> Concept Paper: OCB Field Recentralisation Programme, April 2019.

country, or project to “learn by doing” and to tailor the FrC response to their specific objectives, needs, competencies, and future perspectives.

## THEORY OF CHANGE

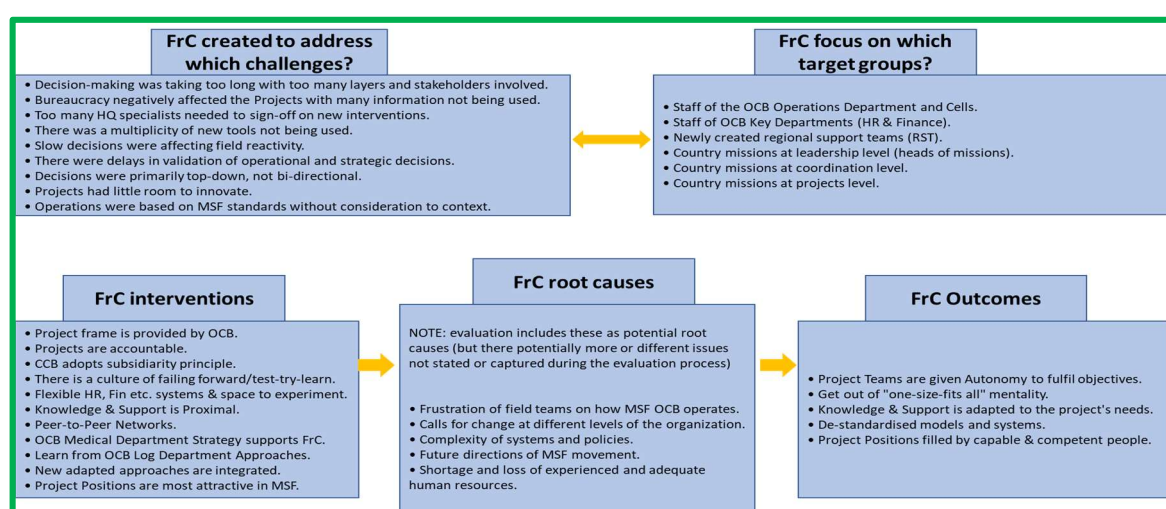
A Mind Map<sup>22</sup>, or “*Theory of Change*”, was developed by the FrC Catalyst Team. However, there was no narrative or logical framework attached, and evaluation interviews indicated that the document was not widely shared or understood. Furthermore, according to the Catalyst Tea, the document was never updated. For the sake of this evaluation, the Evaluation Team drew from the Mind Map and other key documents and interviews with the MSF-OCB Consultation Group to create a Theory of Change and a Logical Framework.

**Table 4.** Logical framework of the FrC programme

Outcomes	Outputs	Activities	Inputs
1. Project teams are given Autonomy to fulfil objectives	1.1. Project frame is provided by OCB	<ul style="list-style-type: none"> <li>- Define the frames</li> <li>- Define or revise the guidelines</li> <li>- Adapt the systems</li> </ul>	<ul style="list-style-type: none"> <li>- Experts’ consultation</li> <li>- Taskforces and groupwork</li> <li>- Workshops</li> <li>- Webinars or seminars</li> <li>- Communication materials</li> </ul>
	1.2. Projects are accountable	<ul style="list-style-type: none"> <li>- Support PC/PMR accountability for assessing and engaging appropriate levels</li> <li>- Adapt finance systems where necessary</li> </ul>	
	1.3. OCB adopts the subsidiarity principle	<ul style="list-style-type: none"> <li>- Strengthen mentoring and coaching</li> <li>- Enhance a culture consultation (from decision-makers and implementers)</li> <li>- Demonstrate OCB values</li> </ul>	
	1.4. A culture of failing forward/test-try-learn	<ul style="list-style-type: none"> <li>- Ensure the frame does not undermine subsidiarity</li> <li>- Strategic mentors’ role to continue to support</li> </ul>	
2. Get out of “one-size-fits all” mentality	2.1. Flexible HR, Financing, etc. systems and space to experiment	Try, test, and evaluate the new approaches (pilots, systems and tools)	<ul style="list-style-type: none"> <li>- Technical modification</li> <li>- Expert consultations</li> <li>- Support provision</li> <li>- Communication materials</li> </ul>
3. Knowledge & support are adapted to Project needs	3.1. Knowledge and support are proximal	<ul style="list-style-type: none"> <li>- Support leverage and staff development</li> <li>- Define an adapted medical support to projects</li> <li>- Contributions from different departments</li> </ul>	<ul style="list-style-type: none"> <li>- Develop initiatives</li> <li>- Technical modification</li> <li>- Experts’ consultations</li> <li>- Support provision</li> <li>- Taskforces and group work</li> <li>- Workshops</li> <li>- Webinars/seminars</li> <li>- Communication materials</li> </ul>
	3.2. Peer-to-Peer Networks	<ul style="list-style-type: none"> <li>- Support a culture of sharing experiences at country and regional levels</li> <li>- Develop plans for catalysing systematic project-to-project communications, sharing and problem solving</li> </ul>	
	3.3. OCB Medical Department strategy supports FrC	<ul style="list-style-type: none"> <li>- Define roles and responsibilities</li> <li>- Normalise the role of the Medical Department</li> </ul>	

<sup>22</sup> Please visit the following page to access the Mind Map:  
<https://www.mindmeister.com/1251076147?t=ZLbIkweS1X#player>.

	3.4 Learn from OCB Logistics Department approaches	<ul style="list-style-type: none"> <li>- Enhance visibility of SHERLOG</li> <li>- Share best practices</li> </ul>	
4. De-standardised models and systems	4.1. New adapted approaches are integrated	<ul style="list-style-type: none"> <li>- Mandate for change provided by OCB</li> <li>- Try, test, and evaluate new approaches (pilots, systems and tools). Communicate changes</li> </ul>	<ul style="list-style-type: none"> <li>- Provide support</li> <li>- Communications materials</li> </ul>
5. Project Positions are filled by capable & competent people	5.1. Project Positions are most attractive in MSF	<ul style="list-style-type: none"> <li>- Change job grades</li> <li>- Increase visibility for field positions</li> <li>- Field Projects contributes to the global HR perspective</li> <li>- Other MSF initiatives support FrC</li> </ul>	<ul style="list-style-type: none"> <li>- Experts' consultation</li> <li>- Taskforces</li> <li>- Workshops</li> <li>- Webinars/seminars</li> <li>Communication materials</li> </ul>



**Figure 1.** Summary of the FrC Program Logic

The evaluators consider this evaluation activity an important foundation for revising the ToC and understanding where further improvements on how to move towards targeted outcomes could be made.

## BASIC PROGRAMME DESCRIPTION

**Objectives:** To increase the impact of MSF medical-humanitarian operations to better respond to increasingly complex patient needs. Decisions are made by those closest to the medical act to improve overall medical humanitarian relevance, effectiveness, and organisational efficiency. This can be achieved through the project teams' increased autonomy and better access to advisors/referents' (Supporting teams) knowledge and expertise.

**Outcomes:** Projects are given increased autonomy to fulfil objectives. MSF gets out of a "one-size-fits all" mentality and adapts knowledge and support to project needs. De-standardised models and systems are introduced. Capable and competent people fill project positions.

**Added value:** More Project autonomy, within "an agreed framework," leads to their increased presence in decision-making. This results in Project staff feeling more visible and recognised. The management style becomes more participative and horizontal, with clearer accountability for



decisions. FrC strengthens the identity, reactivity, and proximity of MSF. Ultimately, there is less confusion about who decides and more clarity on who is responsible.

### Implementation:<sup>23</sup>

- Define a new set-up and way of working in each region.
- Redefine roles and responsibilities in HQ, Coordination and Projects.
- Put Projects in the “driver’s seat” to request support and define the best way to take action. Allow teams to work in more horizontal/circle management set-ups with less hierarchy.
- Simplify tools and processes, with fewer steps and less bureaucracy in the chain of command.
- Allow for continuous learning and development. Nourish and exchange existing competencies among staff. Create connections between similar projects.
- Encourage a coaching mentality and posture.

### PROGRAMME PILLARS<sup>24</sup>

The FrC Roadmap identified four operational areas (pillars) with changes in each expected to impact others.

#### **Pillar 1: Project Coordinator (PC)/Project Medical Referent (PMR) decision-making and project teams’ autonomy are increased within their project environment.**

To give project teams freedom, the four MSF decision domains—Operations, Security, Communications, and Resource Management, will be specified. Direct access to all help will improve. Project management, medicalisation, and professional development will be encouraged.

#### **Pillar 2: Country Coordination becomes a Representation and Support Office**

This pillar aims to change project and coordination roles. The capital team may adapt to support tasks like legal, administrative, supply communication, and representation as the project team loses its hierarchical purpose. The model depends on project quantity, catalyst role, security stakes, and emergency preparedness (EPREP) scenarios. Coordination changes but remains.

#### **Pillar 3: The Cell/Hub strategic partner is closer to the operational reality.**

The accountability of the project to the Cell can create issues in terms of overseeing the continuity and consistency of objectives and the operational portfolio. To being in the region, the Cell can act as a mirror, advisor, and mentor to project teams. However, integrating the Cell ensures that Projects receive consistent responses to complex challenges. It requires a great deal of expertise and favours proximity to support departments. The possibilities of hybrid model are thoroughly considered.

#### **Pillar 4: HQ role is transformed while project support becomes more transversal.**

Operational support needs to be reconsidered to become more transversal rather than vertical. Referents and specialists can be hosted by projects or regions in communities of practice. HQ can focus on norm-setting and policymaking. while preserving the operational portfolio, organizational capability, arbitration of resource allocation, emergency response, accountability, and representation. HQ’s direct operational support is reduced.

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<sup>23</sup> The Basics: A simple guide to bare-minimum Field-Recentralisation in OCB Operations – Southern Africa Region

<sup>24</sup> As described in FrC Roadmap Developed by Cedric Martin.

## 2.3 PROGRAMME CONTEXT

This part of the findings addresses the evaluation sub-question: **Has the programme been able to adapt to changes in the context, including in response to its own internal learning and increased understanding?**

### Summary of findings on Ability to Learn and Adapt:

- Factors related to timing and confluence of other change initiatives taking place at the same time challenged implementation. MSF-OCB has a series of changes and competing priorities, with FrC getting lost or blamed for several unrelated initiatives.
- There is a need to harmonise and consolidate related initiatives into one general stream that reflects OCB Direction's vision under one umbrella "change programme".
- FrC was implemented as a Test-Try-Learn approach, but the learning has not been well documented or shared between regions.

Programmes undertaking change require a supportive environment. It is important to highlight that the Evaluation Team makes a clear distinction between FrC and other initiatives that affect the programmes in significant manners, but that cannot ignore or assumed to be as distractions or confounding factors. With the launch of FrC, a significant number of external factors were repeatedly flagged during the evaluation as creating new challenges:

- **Project Closures** were announced or undertaken at the same time as the FrC rollout. In Southern Africa, the Regional Support Team (RST) is often blamed for the confusion. There were early departures of key personnel and gaps in key positions due to different factors, including the introduction of the FrC. Projects asked why there was no scope to keep their sites open when new projects were being sought, and why they needed to adopt FrC rather than focusing on the transition. There were issues with the availability of personnel and funds to support the closures. These factors did not influence the context in the CA region in same manner.
- **COVID-19** influenced FrC in both good and bad ways. The pandemic pushed people to adapt quickly, use more virtual meetings, assign greater responsibilities to national staff, and look at new methods or sources for procurement.<sup>25</sup>
- **Nationalisation/Localisation** was discussed in terms of recognising local capacity, cost savings, detachments, and expatriation. There are some examples of International Mobile Staff (IMS) and expatriates being managed by national or Locally Hired Staff (LHS).
- **The OC Model** is challenged by Partner Sections and field staff as being heavy, having power concentrated in Europe, and not serving the Social Mission of MSF.<sup>26</sup>
- **Networked ODs** is a new initiative to regroup operational support functions in a Centre of Expertise of the Operational Directorate (Southern Africa, Central Africa, Middle East, Latin America, and Europe).<sup>27</sup>
- **MSF-OCB internal initiatives** overlap with FrC and include the FieldCo Handbook and a series of projects on Roles and Responsibilities, Participative Leadership, Knowledge Management, Medical

<sup>25</sup> Field Recentralisation Programme — After 1 year, what have we learned? Field Recentralisation Catalyst and Support Team, Version 3, October 2020.

<sup>26</sup> OCB: From OC to Networked OD with Field Recentralisation at the Heart, 2022.

<sup>27</sup> Ibid.



Department Working Circles, SHERLOG, Streamlining the Management Chain, OCB Medical Academy, LEAP, Rewards Review, Mentoring & Coaching Hub, L&D, etc.

- **High-level interest** ideas around FrC did not develop in a bubble. Zimbabwe Coordination had experienced people from OCB transition through its Coordination, including a former Head of Mission (HoM) who is now the President of the OCB Board, his successor in Harare was the former President of MSF-Norway and the MSF International Board, and the former Medical Coordinator is now the MSF-International Medical Coordinator. A former HoM from Mozambique and Malawi is also on the MSF-OCB Board. Notions of autonomy and frontline decision making have deep roots.
- **MSF International initiatives** also address some of the same challenges and suggested solutions as FrC. This includes the “International Call for Change”, “The MSF We Want to Be”, International Remuneration Project, Field-Driven Management, etc.

The evaluators recognise that FrC’s context is complex. Important questions emerged through this evaluation regarding synergies and how to get the most out of the process. The context affects the way OCB staff interact with other MSF OCs in their country or in countries and regions where FrC is not in place. There is no guidance on how to work with other OCs who use the standard MSF hierarchical model. People interviewed from other MSF OCs say they are watching out for the results from FrC to see if there are elements to adopt. MSF-OCA is interested in understanding how the FrC model differs from their Demand Driven Model or MSF OCBA’s Decentralised Cells and management structure. There is interest in how FrC impacts HR, geographical alignment, and the scope and scape of operations. Important questions emerged on lessons learned, added value and whether FrC is viable in emergency contexts.

In addition, there are some important factors in the implementation context in Southern Africa. For instance, all projects except Beira and Mbare were due to close and are closing. Levels of motivation may be different. There was not much motivation to test and try new ideas and many projects wanted to continue the same implementation modality. Capacity building on coaching was done for all projects and CSTs but new members have joined after and just before the evaluation which could also explain their level of understanding. A full change management training planned late 2022 was only done in January 2023 due to the need to incorporate key participants in the training.

## 2.4 PROGRAMME ADAPTATIONS

This part of the findings addresses the following evaluation sub-question: **Has it been adapted to the context in which it is implemented?**

Summary of findings on Adaptation to the Context:

- The concept of FrC was adapted to different contexts with various operational models found in the countries and projects covered by the evaluation.
- There are two contexts where teams are very positive to FrC – Beira in Mozambique and Burundi. Most staff at other sites are either negative or unaware of the changes linked to FrC.

- The evaluation highlighted important areas for learning that need to be articulated and shared in the current sites and in new regions where FrC will be introduced.
- Getting to the “learn” part of the “test-try-learn” cycle is challenging without a means of tracking adaptations and impact.
- More guidance is requested from the Catalyst Team and the MIC on how to implement FrC successfully.

The OCB Committee of Directors (CoDir) has been responsible for the FrC direction and results, including at HQ. The MIC was responsible for providing guidance on the implementation. However, the evaluators believe the light touch of the MIC to support the program has contributed to the confusion associated with FrC. Given the significance of the changes to be initiated under the FrC umbrella and the depth of the root causes to be addressed, the approach was not strong enough to drive a strong change process.

The Evaluation Team recognizes that because each region/country will be different and due to the nature of the programme there is a need for continuous “adaptations.” The Evaluation Team expected to observe a clear learning cycle between experiences in the Southern African region and programme adaptations in the Central African region. However, the team struggled to find solid documentation on lessons learned from Southern African to inform Central Africa. A staff member describes this lack of learning process to enhance design; stating: *“FrC felt like a copy/paste with a lot of grey area on how to operate.”*<sup>28</sup> Very few people interviewed in Central Africa made any reference to the experiences in Southern Africa.

The first adaptation in Central Africa has been to keep the Country Coordination in place. In Southern Africa, there was a delay in having a Change Facilitator in the field due to the COVID-19 pandemic, while in Central Africa, a person was recruited early in the process to provide support on participative management and serve as a champion for the Catalyst Team in the field.

**“We were more mindful of the sensitivity of FrC and tried to involve HQ more in Central Africa. We made fewer radical changes than we did in Southern Africa.”**

MSF-OCB Staff

The evaluation process highlighted some important areas for learning regarding the presentation of FrC to new regions:

**Table 5.** Potential effects of FrC

	POTENTIAL EFFECTS ON HOW TO ADAPT
Nationalisation of the post	<p>Successful nationalisation is linked to individuals, their levels of competence, their exposure to MSF outside of national borders, and their ability to preserve neutrality and impartiality. Staff in a country may view promotions linked to FrC as recognition or restitution of a historical debt. In many cases, talented and committed staff have been promoted to Management positions in the Projects and are overseeing MSF staff of all nationalities.</p> <p>In other cases, national technical experts have been put into management positions without evaluation or training for the new tasks. National staff in the capitals</p>

<sup>28</sup> Interview with MSF-OCB Staff.

	<p>struggle with being ranked lower than Project Managers and are trying to navigate their new support roles. There is a mix of camaraderie, jealousy, and even xenophobia in some countries where staff from other parts of the country or neighbouring countries are viewed as a threat to positions and promotions. Some national staff have no desire to work in other countries and prioritize job security over a “<i>without borderism</i>” motivation, stating that their primary interest is to help their local communities.</p> <p>One of the benefits of locally hired staff is that they can start working quickly, adapt to the local context rapidly, and are often willing to remain in their posts for a long time. MSF will have to adapt to these posts not being open for rotation of new recruits and to evaluate the value of diversity in teams. Given the existing social and ethnic tensions in some countries, MSF-OCB may want to consider a broader consultative process with local representatives.</p>
Involvement/feed back of community leaders	To fully assess the impact of FrC or meeting local needs, MSF-OCB needs to have its teams consult with community leaders and representatives. In the case of Burundi, where FrC has evolved and where the project has a model of co-management with other institutions like the Ministry of Health, the question of the need for greater involvement of third parties in FrC and learning from development partners arises.
Change facilitators	The active presence of change facilitators helps with the rollout of FrC. The timing for recruitment, the level of responsibility, and the role in learning and development are crucial if invested in early and sufficiently. Two key staff members in Southern Africa received change management training in 2022, and more training was planned for additional key personnel in early 2023.
Engagement of HQ in the process	The project was the first step for FrC. Many people have asked about plans regarding changes at HQ and the longer-term vision of FrC including changes in the support structure and financial decisions.
Role of HQ support departments	Changes in systems, processes and procedures have been introduced with little guidance. Projects report more direct access to technical referents, while HQ referents say they feel less connected with the field and unable to make contact unless approached by the Field. SAMU reports less engagement from the field, lack of clarity on roles, blurry lines of communication leading to confusion, and some duplication of roles. There is less optimisation of support resources, a loss of institution memory and key competencies (advocacy and comms), and not enough training.
Staff Development	A Regional Learning & Development (L&D) position was created in Southern Africa and linked to the RST, Partner Section and Personal Development Managers (PDMs) in each country. This has helped to identify training needs and interest, especially for management support.
Subsidiarity	This was key from the start and needs continued promotion. The Beira Team has a strong sense of building strong team capacity, while Zimbabwe's projects vary in how much subsidiarity is incorporated into decisions, depending on the direction of their managers. In South Africa, the teams are too overwhelmed with closures and cultural challenges to see how these fit in.
Typical MSF Projects	Recommendations have been made to introduce FrC into more typical MSF projects that require greater agility and reactivity to emergencies. The introduction of FrC in Burundi was relatively easy with only one project, while in DRC, it is more complicated to prioritise the rollout of FrC with more projects and staff busy with day-to-day operational issues. There has been no evaluation of FrC in CAR.
Medical Quality	Interviewees raised concerns about maintaining medical quality, particularly in Projects that are closing. While medical stocks, purchasing, storage, and the impact on patient care were not within the scope of the evaluation. These areas require close observation.

Representation	Many people interviewed were worried about MSF communicating less in FrC sites, both with local authorities and on sensitive humanitarian issues. The team in the capital does not have a clear representational mandate, and the projects cannot be pushed to communicate. With testimonies as a key activity and MSF Communications staff flagging concerns about reduced visibility since FrC, MSF-OCB needs to monitor this area carefully.
Loss of experienced staff	Interviews indicated that several experienced staff members have declined offers to work in FrC Projects or Capitals where the salaries are lower. The Evaluation Team wanted to review the turnover and gaps in Project and Capital staffing but was unable to access the data to see whether a “regional workforce” is developing from the FrC programming.

## 2.5. PROGRAMME DESIGN APPROPRIATENESS

This part of the findings addresses the following evaluation sub-question: **How well does the programme design address the root causes? Is it still the right solution?**

Summary of findings on Root Causes and Design:

- The evaluation suggests that the initial root cause analysis of the programme is incomplete and that the consultative process for programme design was insufficient. Many participants considered the forums to be top-down, and HQ-staff driven who did not consider ideas from the field into the design.
- Programme design and implementation focused on the vertical line of operations and hardly touched the horizontal departmental lines.
- It is key to shift include more opinions and ideas from more people at the frontline of service delivery.
- It is a big ask to put the weight of Project Support, Country Support, Regional Strategy, and rollout of FrC on the RSTs. There is a risk of the RST growing and reintroducing bureaucracy and delays while trying to ensure quality in operational support and delivery.
- HQ is the Fourth Pillar and needs to be included in the FrC design. This needs to include units outside of Brussels, such as SAMU or BRAMU. If HQ is set to emphasize setting norms and developing policies, they need to connect with the Projects. Tools like SHERLOG, UniField, and WEFIN need to be adapted.

### GAPS IN PROGRAMME DESIGN

This evaluation reveals that people in MSF-OCB have varied views about the appropriateness of the FrC design. In addition to the areas already covered, the Evaluation Team recommends a further focus on key areas.

### Theory of Change

The Mind Map is appreciated by some, considered as an oversimplification by others, and seen as too difficult to follow by others. On the other hand, the evaluators believe this document is meant to be updated regularly and shared widely, which was not the case (as highlighted before).

“The initial theory of change addressed all of the challenges in a meaningful way. However, we are now talking about capacity, which is key as a root cause. Although there is pressure

from the South to bring things closer, it becomes evident that capacity is a gap that needs to be addressed.”

MSF-OCB Staff

“Our approach to Central Africa was somewhat different from how we approached Southern Africa. We drew lessons from the implementation in Southern Africa, but I cannot recall a moment when we thoroughly reviewed the Theory of Change.”

MSF-OCB Staff

## Structure over Culture

The CoDir used the results from the 2019 field consultations and workshops on potential models to select the option that shifts away from Coordinators in missions and Cells in HQ. The FrC Catalyst team emphasized that the models were discussed at all levels, but feedback from the field indicated very little mention of or opportunities to implement the other two models. As highlighted during an interview of an MSF-OCB staff member: “There was overfocus on one layer and I think that layer is a very important layer...the project, they can be as autonomous as they want, but they are still there embedded in an external environment where the decision making on those environments are different to what we hope.” For some people interviewed, the old Cell is still considered as an effective way of working, especially in unstable contexts. As explained by an MSF-OCB senior staff member:

“If we say, ‘Let’s dismantle in our minds everything that is there and start with a blank page. Put the project on the table and then build it again. What do we need? What do we not need? Let’s leave it up or move it. Because maybe the organization still needs something, but a project doesn’t. And this is the other tension. The organization needs certain things because it is of a certain scale and it has responsibilities, but a Project doesn’t need it, and it has not even a clue why the organization needs it.”

MSF-OCB senior staff member

MSF-OCB has a lot of key personnel rotating through positions at the helm and making their mark on organisational priorities. To effectively implement a transformative approach, it is crucial that all members of the CoDir and HQ have a strong understanding of FrC and are fully supportive through regular briefings and support not only to the Projects but also to the CSTs and RSTs.

Another issue arises when people are uncertain about their role in the larger scheme of things. It’s normal for individuals to be unaware of the big picture, but this is precisely why the FrC programme was created in the first place”.

MSF-OCB Staff member

The evaluators observed a tendency to prioritize FrC outcomes at project levels over regional and country levels.

There are techniques on how to implement changes but that was not really considered. The most focus was on the Project, which is understandable because everybody wanted the projects to succeed”.

## Try-Test-Learn requires feedback mechanisms

Program cycles require data for monitoring and evaluation, feedback loops for continuous learning and development, and regular adaptations to refine the best models. An MSF-OCB senior staff explained that this was an intentional strategy by senior management: *“To tackle the challenges, we chose not to hire a consultancy firm to review the entire process and impose a new system that would apply to all contexts, Instead, we opted to take a step-by-step approach, starting with different types of contexts and learning by doing.”* The evaluators believe this was an important element of the program design.

## Participatory decision-making

Despite its significance, there is limited evidence of a more horizontal approach to actual decision-making, despite the introduction of only one person in the Central African Region and more project participants at key meetings (ARO and MYRO). Furthermore, neither the program scope nor the Theory of Change articulates how OCB will address micro-management.

## Risk or Accountability<sup>29</sup>

Increasing accountability was one of the core ambitions since the beginning of the FrC program. An interview with MSF-OCB senior staff member clarified that:

Projects should be accountable. And this means like in a normal project. Even if you are an accountable Head of Mission or MedCo or even a Cell, you will have an audit. An auditor comes and you will have a quality person coming to confront you with your responsibilities. Now, accountability here for me, you know when we discussed this, is a bit of a problem MSF is not used to discussing and defining who is finally accountable. Now we try to already know who is responsible. Accountability, on the other hand, is a big issue because usually people do not stay very long or not long enough around the table”.

MSF-OCB Staff member

The Evaluation Team believes in the importance of oversight mechanisms to enhance accountability and manage conflicts of interest. However, there is limited guidance on how to address, manage, or integrate these key aspects. Although MSF-OCB’s Risk Management Unit provided adapted security trainings in Southern Africa in 2021, their support role remains unclear. Several elements fall between the Project, CST, and RST due to a lack of clarity on who is responsible, including decisions on budgets, introduction of new positions, new methods for evaluating performance, responsibilities for security plans, representation duties, and even who should be included in communication.

People are uncertain about whether FrC is a pilot or a new way of working. As explained by an MSF-OCB staff member: *“People are going in all directions and getting very frustrated. The replacement and it's just facing a hard time to phase out old things and consistent to throw out the consistent new things”*. Some say they are not clear about the root causes, tangible targets or the endgame.

<sup>29</sup> Other sections of the report cover this area.

“Too many doubts and rumors. The too many unfinished key processes and too little visibility in the medium-term fuel not only doubts, but also fear of the unknown, frustration and in the worst cases resistance to change”.

MSF-OCB Staff

Those interviewed expressed a need for better communication and for their psychosocial needs to be acknowledged and addressed. There is fear, confusion, and some trauma associated with FrC. Early FrC documents noted that implementers needed to allow fear to be present and create space for expression and sharing, even if there were no immediate solutions. Communication has been slow to counter rumours and alleviate doubts. Different groups of people interviewed indicated buy-in is still limited, and resistance to change is voiced at all levels, especially in capitals and HQ.

A decision was made to reduce the portfolio in Southern Africa at the same time of rolling out FrC. While some Projects are closing, promised new Projects have not opened<sup>30</sup>, leading to concerns about the future of the Southern African portfolio. There are teams in Central Africa who are against the Country Coordination losing its strategic role. The underlying concept of FrC is generally understood, and although people are told that there is room to provide input to the design, most of those interviewed reported not fully understanding how to do so. They saw the evaluation as an opportunity for this.

## VALIDITY OF DESIGN ASSUMPTIONS

Successful programmes require mechanisms to achieve goals, while the assumptions in the causal chain need to be explicit. Successes and shortcomings should be identified and communicated to support or adapt implementation.

Data gathered by the Evaluation Team suggests that a series of assumptions were made by MSF-OCB leadership about the external and internal environments before FrC implementation. The 2021 Review identified eight assumptions. The table below provides the evaluators’ reflections on some of these assumptions.

**Table 6.** Summary of design assumptions

ASSUMPTION	EVALUATION TEAM REFLECTIONS
1. The stability of the CoDir provides continuity for the Programme.	The commitment of the current Co-Dir remains strong, and the GD mandate was extended to facilitate the rollout of FrC.
2. There is buy-in at the Director Level.	While the Evaluation Team observed commitments from different directors towards making the FrC work, questions were raised during interviews about the level of support from HQ departments, especially from HR and Finance. Respondents indicated that collaboration with staff in various HQ Departments depends on individuals.
3. The Programme is given sufficient time to evolve.	FrC is still being rolled out, and no clear indicators have been set for monitoring. By comparison, OCBA suggests it

<sup>30</sup> Despite the portfolio size reduction, this evaluation took place during the ARO process where RST presented new projects whilst closing existing ones. The outcome of the new projects opening came after the evaluation. New projects will be opened though lesser in number than the closures.



	took nine years to measure the impact of decentralisation of its Nairobi hub.
4. There is sufficient innovation around HR recruitment and staffing to attract and retain the right people.	Assumptions regarding recruitment, matching, and retention are deeply rooted in the design challenges. However, recommendations from the 2021 monitoring report on what makes a Project position attractive have not been unaddressed. There is limited evidence and no available data on experienced field or HQ staff going to work in FrC Projects. Conversely, several experienced Coordinators and staff have left FrC sites or MSF-OCB. The commitment to FrC principles was added to recruitment criteria, but many FrC posts have had gaps. There is no data available to compare this with non-FrC sites.
5. People (MSF-OCB staff) can adapt.	The pace of FrC implementation indicates an overestimation in previous evaluations. Respondents have noted that the size and complexity of FrC, along with some initial implementation decisions not defining or providing guidance to the processes, have left some people overwhelmed or confused.
6. Project staff are motivated and stimulated by having a decisional role in the organisation.	Some staff are excited about their new roles and promotion to Management, while others have felt overwhelmed by the added responsibility and resigned.
7. International frameworks and agreements are flexible enough to support the Programme.	More time is needed to evaluate. Rescaling positions has been a challenge, and many of the staff interviewed are concerned about the lack of detail on remuneration or rewards.
8. Risks to the Programme are inherent in the event of a large-scale emergency.	The Evaluation Team did not visit any emergency sites. The COVID-19 pandemic complicated the rollout, and FrC was scheduled in Cabo Delgado (Mozambique), although it is unclear why this may have been suspended. There have not been any new large emergencies to further test this assumption.

The Evaluation Team identified assumptions in the Theory of Change that do not support the change process:

- **There has been no evaluation of the loss of the Cell.** The Cell created a dependency for decisional support, and some Projects still look to the RST in areas where they have authority. Cells were also responsible for linking HQ to Projects, and removal of the daily interactions makes it more difficult for HQ Departments to develop their norms and policies or to understand some of the requests from the field. Opening up direct communication lines between Project and HQ may bridge the distance, although there were reports that some support departments find it complex to manage requests directly from projects without national or regional reflection. As this aspect was not covered fully by the scope of this evaluation, the Evaluation Team calls for a dedicated review or an evaluation of this element to complement the findings of this evaluation.



- **Roles and responsibilities were supposed to be updated and validated during the implementation process**, yet, various drafts of tables have circulated without clear guidelines. Job descriptions lacked sufficient contextual detail, and briefings were no longer systematic. It is also unclear who at what level is responsible for updating and circulating key documents such as Security Plans.
- **Getting experienced people to work in Projects may require a change in recruitment.** People interviewed for this evaluation suggest that MSF-OCB may need to actively look for people who resigned, to encourage them to return. Salaries and benefits packages have increased for a few positions at the Projects level, but this assumes money is the key factor. Working in Projects has nostalgia from past years. Projects today have experienced older staff who often go home early to their families, with little team bonding after hours. The internet and social media have changed field staff relationships, as team building activities are often planned by the committee to occur during work hours.

#### Case Study No. 1: Khayelitsha – South Africa

As FrC was launched, intentions were announced to reduce the operational portfolio in Southern Africa and to close Khayelitsha, a Project costing around 2.5 million Euros per year, with much of the funding going to local salaries.

“The Khayelitsha legacy has fallen apart – it is closing with a whimper. The incredible impact MSF had on HIV peaked years ago.”

MSF-OCB Staff

“Khayelitsha was once again scheduled for closure, but the Project saw a lot of turnovers in working through the transition. The initial months were spent in discussion with an all-national team who were concerned about losing their jobs and hoped that with FrC, team autonomy could prevent the closure. There were also talks about racism within MSF. The RST had a limited presence in the Khayelitsha Project.”

MSF-OCB Staff

Many members of the Khayelitsha team had been involved for 15 years and struggled with continuity in project coordinators. The Project depended heavily on consultants and the previous Country Coordinator who left with the FrC restructuring and onset of COVID-19. FrC brought a triangle of support with the RST, SAMU, and Country Medical Referent. However, CMR and RST support were limited as individuals tried to get established, and MSF also worked to re-establish its status as a national entity, while SAMU tried to help and work around some duplication of roles. Opportunities were limited for people to sit together and figure out how best to support the project transition, and eventually, one person was recruited to pull the teams together and manage both the Country and Project operational support.

## 3. PROGRAMME IMPLEMENTATION & PERFORMANCE

### EVALUATION QUESTION 2: HOW WELL IMPLEMENTED IS THE PROGRAMME?

This section provides an assessment of the FrC change management process, implementation, adaptations, and lessons learned, as well as sources of confusion.

#### Summary of findings on Implementation:

- The concept of FrC is clear; however, the CoDir needs to review how it wants to move forward with FrC and assign more proactive roles and responsibilities to programme implementers.
- FrC is getting lost in the overlapping areas between related initiatives, and there are calls to harmonise and consolidate all the change initiatives.
- More attention needs to be given to the role of the Catalyst Team, the role of Change Facilitators, and tasking the RST in supporting both FrC and day-to-day operations. The general findings from this evaluation suggest that changes are happening, but more is needed.
- The lack of monitoring and evaluation indicators or a framework makes it difficult to measure progress, targets or milestones and establish lessons learned.

### 3.1 IMPLEMENTATION PROGRESS & FEEDBACK

This part of the findings examines implementation 2019-2020 by addressing the following evaluation sub-question: **What outcomes have been achieved and how valuable are they for the patients? For OCB project-based staff? For the OCB department (including Operations)?**

#### Summary of findings on Outcomes:

- The project planning and change management of the FrC are not sufficient. The lack of planning, foresight, and resources necessary for its development has limited the time and energy necessary for regular support for the development of operations, missions, and projects in line with FrC principles.
- The evaluation indicates that people in the field need clearer answers to their questions, even if the answers are difficult to accept.
- The added values of the programme were not communicated effectively to the field.
- There is a need for fresh and well-developed Regional and Country strategies.

While the Four Pillars and the Mind Map reflect the general FrC strategy, they do not provide clear guidance on regional or country goals or objectives. The MSF-OCB leadership stated that they did not want to be prescriptive, but it is clear from the interviews that people want some degree of guidance and an overview of the learning from the first regions. The following quote illustrates how the overarching approach to how operationalization was understood by one senior staff member.

“There is a kind of hardware shift and a software shift. The hardware shift involves localizing people outside of Brussels, determining where do I put personnel, how do I want to function and how to move? Is OCB evolving into an international organization that will no longer be European-based? This regionalization is part of the hardware shift. Simultaneously, we are trying to affect a software change by learning how to work differently, with more autonomy for projects, and so on. We are building a network in conjunction with this regionalization and decentralisation from Brussels.”

MSF-OCB Staff

## HARDWARE

Operations took the lead on FrC implementation. The focus was on strengthening the projects, restructuring of the Cells and Coordination, and establishing an RST. The understanding was that other departments in HQ would become increasingly involved and tailor their operations to support the new FrC model. A Catalyst Team was recruited to facilitate FrC, consisting of three people who were recruited for their proximity to the issues and their specific areas of expertise in MSF. In addition to the Catalyst Team, a HQ-based MIC was established to provide advice and expertise through a “strategic mentor circle”. There is scope for greater MIC involvement with FrC.

“The MIC still asks basic questions, even after so much time, and you know there are still some people who will never be convinced with FrC. A critical mass is needed to normalize.”

MSF-OCB Staff

“The MIC perceives itself and is created as an implementation and monitoring body to make the implementation work. (...) I mean, there is a strategic big vision and orientation, but that also will need to be implemented.”

MSF-OCB Staff

In the first phase, Cells and Country Coordination Teams were restructured in the Southern Africa region. The Strategic Role was moved to the Projects, with support available from the RST. New roles, titles, salary scales, and working relationships were established. The CST, RST and HQ were tasked to support learning through mentoring, coaching, and detachments. FrC was launched in South Africa and Zimbabwe in mid-2020, and then shortly afterwards in Mozambique. However, the monitoring exercises recommended further adaptations in a typical OCB operating setting, which is why Central Africa Region was selected for roll out.

“So, during the initial phase of the field decentralisation program, this (Southern Africa) region was chosen as one that was more feasible to implement certain changes, not necessarily the one that needed it the most, but it was like an opportunistic choice. We were very happy to contribute to Field Recentralisation programmes.”

MSF-OCB Senior Staff

A nexus of power at the regional level and the recruitment of a multinational RST are seen as an important shift. Having a team based in the region allows for greater proximity and more frequent field visits. However, there are mixed views on some RST members’ management capacity, technical skills, decisiveness, or longer-term capacity to manage the demands and pressures of FrC rollout and daily operation support for multiple sites. Various interpretations of FrC depended on the position,

country, or time in the region. The introduction of FrC in Central Africa has been more complicated than in Southern Africa due to the size and insecurity of many sites. FrC has been created and implemented in a piecemeal, opportunistic, and discontinuous manner that does not facilitate general ownership. The lack of preparation for implementation and development fuels delays and opposition.

FrC's enhanced recognition and responsibility of national or locally hired staff is seen as a major boost. As explained during one interview: "The way it was explained to me, as it was a bit of a complicated situation where you have, on the one hand recognition of local staff capacity, but you also have a lot of local staff who've never worked outside of [the country] who don't want to lose their jobs, and who have been fighting to keep their programmes alive."<sup>31</sup>

The split between expatriates and nationals has been partially bridged with the new term *International Mobile Staff* (IMS), which refers to anyone working outside their home country. Some Project Managers and Capital Support positions have been filled by Locally Hired Staff (LHS) with salaries for IMS and LHS at par in many cases. Concerns about local pressures to participate in fraudulent activities or nepotism by LHS in Management positions in their home country were countered with examples of IMS who have also been caught out. Some of the people interviewed flagged concerns about neutrality and impartiality, especially in areas with a history of ethnic tensions or where staff from inside the country, who have no interest in working outside their country of origin, feel threatened by positions being taken by foreigners.

Ideally, implementing the FrC, its concept, roadmap, and strategy, requires clear and sound structural arrangements that assign roles and responsibilities. During interviews, the evaluators identified a recurrent theme around a perceived lack of clarity regarding who is doing what. As illustrated by one staff member recalling a recent workshop *"They re-explained FrC and gave Projects the responsibility of decision making in collaboration and communicating with the CST, and from time-to-time with the RST, but there are no clear roles and responsibilities."*

## SOFTWARE

The evaluation indicates that the FrC changes have led to enhanced information sharing, but evidence of the cultural shift is still in the early stages. FrC was presented as a change program that would capitalise on existing alternatives and new "support pockets" that would expand over three to five years and bring about a substantial cultural and structural shift. The Catalyst Team focused on subsidiarity, iteration, and adaptation. As explained by one of the MSF-OCB implementers: *"We said: 'Let's start somewhere, which could be a safe place where there is capacity to think, reflect, try, take risks and reconstruct, and with willingness also'."*

Interviews have generally reflected that the project and RST staff are on-board, but this is less evident among Country or HQ staff.

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<sup>31</sup> Interview with MSF-OCB Staff.

“For me, it was more than just changing our management structure. It was about changing our mindset. Even with a new structure, if there is still a dictator at the top, nothing will really change. So, I was personally more interested in how we can implement principles of autonomy and empowerment and help people to make their own decisions.”

MSF-OCB Staff

Changes to job titles and reporting lines have had an impact on motivation and productivity which are important key organizational culture aspects. The evaluators were informed of ongoing discussions regarding power, money, remuneration, and localisation. While the narrative from FrC emphasizes the project driving the process, some maintain that the HQ in Europe continues to set the course of action. Interviewees have called for a “radical listening” approach.

Former Coordinators and staff from Southern Africa reported a high level of autonomy of Project management in their region well before FrC was introduced. They felt that their teams and approaches empowered field teams and that they had HQ’s trust to implement and innovate. Many felt that FrC simply formalised and promoted a model that was already working, and they were eager to share and inspire others to take it further.

“During the time we had been working, we were fortunate to collaborate with many people who had extensive experience and held senior positions. There was a strong willingness to create transversal learning exchanges and engage in collective decision-making, while maintaining clear responsibilities for everyone involved.”

MSF-OCB Staff

The feedback from many staff in the field indicated that FrC communication tools, ranging from technical documents on FrC to internal forums for information or promotion, used were not effective: *“Microsoft PowerPoint presentations were superficial, and no one could really understand or articulate what was in them. I am introspective, so transforming the information into layman’s terms and organised opportunities to discuss.”*<sup>32</sup>

A significant number of staff in the Projects said they did not really understand what FrC was, why it was introduced or how it affected their work. In sites where FrC was well understood, managers said this was linked to repetition. Even the communications professionals who were interviewed said they were frustrated by their inability to act or contribute. For key interlocutors outside of MSF, the introduction of FrC resulted in less participation in national meetings and a reduced visibility or understanding of what MSF-OCB is doing in their country. A reduced scope for MSF-OCB in Southern Africa also limits MSF’s role in managing big programmes if there is no emergency response. A useful recommendation emerged from one interviewee:

“To roll out FrC in other places, we need written procedures and policies on how, when, and who to select projects. We need SOPs. FrC is an ideology, but it has not been thought through. Hierarchy works better as people know who they report to, and there is accountability at the national and regional level.”

MSF-OCB Staff

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<sup>32</sup> Ibid.

## CHANGING TITLES

The evaluators understand the significance of the transformational changes that are happening in OCB at this stage. As such, and like with any organisational changes, some forms of resistance or lack of buy-in may still continue as implementation progresses. As explained by a senior staff member: *“There will be tensions. We need tensions so that we can unpack it for learning. Continuous communication help people to understand. And with time, some of the people will accept and move on. Some people they will not accept because of like any could be like political reasons or cultural like reasons, etc.”* The evaluators propose to accept these phenomena as part of the process, but at the same time devote attention to address them and reintegrate that into the design and process. People in the field need clear answers to questions, even if the answers are not easy to find and tell.

Changing a name or rebranding can often help indicate that major changes have happened. No one interviewed liked the title of Project Operations Referent (POR), and the recommendation is to stick with Field Coordinator. If CST titles are only “Support”, they may have challenges being taken seriously by national interlocutors. New titles can also make movements between missions or sections difficult to understand.

While this evaluation has indicated the FrC is clear to some groups of people, many interviewees found that the changes associated are not easy. The negative comments shared with the evaluators do not necessarily reflect perceptions towards FrC or the implementors, but express fears about change and how people are personally affected.

“MSF has not allowed people the time and space to fully express their grievances, while senior management has quickly moved people to focus on solutions. It is well-meaning, but there are no opportunities to express what, why, and how things have developed.”

MSF-OCB Staff

“The issues have been repeatedly raised. There is always someone else blocking, or the Catalyst Team says they have no decision-making power.”

MSF-OCB Staff

“There is a lack of psychological safety, a toxic environment with blame, defensiveness, and people who are not willing to deal with the issues, but who all remain committed and able to work together due to connection with the purpose of MSF.”

MSF-OCB Staff

From the evaluators' perspective, there is a lack of clarity about the motivation, process, or direct impacts of FrC, as well as an insufficient level of focus or mechanism to gather information on the unintended results of FrC. Multiple elements fall between the Project, CST, and RST including decisions on budgets, the introduction of new positions, new ways of evaluating performance, responsibilities for security plans, representation responsibilities, and even who to include in communications. All these factors have proven to be challenging.

“There are too many doubts and rumors, too many unfinished key processes, and too little visibility in the medium-term. This not only fuels doubts but also fear of the unknown, frustration, and in the worst cases resistance to change.”

MSF-OCB Staff

“People are going in all directions and getting very frustrated. The replacement is facing a hard time phasing out old things and being consistent in implementing new things.”

MSF-OCB Staff

The evaluators noted concerns about the loss of experienced staff who refuse to work in Projects or in the Capital with reduced levels of responsibility. Questions were raised about both the medical quality of some projects and the costs involved in both staffing and closing out, and whether these are being sufficiently managed. People are worried about MSF communication, both with local authorities and on larger, more sensitive humanitarian issues. A decision was made to reduce the portfolio in Southern Africa, and while that is being done, no new Projects are being opened. Thus, there are fears about the future of the Southern African portfolio. Some have also asked whether FrC is a change that is being institutionalised or linked to individual agendas that will shift if there is any change in leadership.

## MONITORING & EVALUATION (M&E)

Each prior review has called for FrC to introduce a meaningful and robust M&E framework to support implementation and monitor progress towards desired outcomes.

“At the outset of the FrC, some indicators were proposed for the Southern Africa implementation, but were not fully implemented and measured. Therefore, it is not possible for this exercise to measure the quality and quantity of inputs and activities that support effective management of the change process as proposed in the approach. However, in light of the upcoming evaluation, it is important to identify a few indicators now. The ToC describes many areas that can be useful to developing indicators. The different levels of the change pathways could be translated into specific sets of indicators.”

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FrC documents<sup>33</sup> also call for M&E to be a continuous and natural reflex for change and success, dependent on the ability to learn by doing. It even establishes three levels:

1. **Mindset** – A culture of seeing pitfalls and failures as opportunities to make progress towards FrC. This will be achieved through continuous mentoring, coaching, and support, as well as highlighting its importance through formal and informal communication.
2. **Self-reflection** – Creating space for systematic reflection within programme and Project teams for substantial learning. Using simple retrospective methodologies, teams will be empowered to become learning organisms and iterate their own paths to success. Self-reflection aims to air tensions and release the pressure valve that is likely to build up quickly with change processes. It allows space for everyone’s realities to be shared to create a feeling of closure and a healthy team dynamic.

<sup>33</sup> Initiatives for implementation based on field recentralisation principles (progress summary 2021).



3. **External evaluation** – Since there is a lot at stake, the program requires an external evaluation component that can provide all stakeholders with an objective assessment of progress towards positive transition and open up to external perspectives that can added value.

The Evaluation Team believes that a robust evaluation of any programme requires identifying and analysing it so that adaptations can be made. MSF-OCB already tracks a wide range of indicators that could be used for a preliminary analysis. For example, a review of HR turnover and gaps, spending budget versus actuals, experience in Project Management, HQ staff moves to the field, and metrics linked to the use of SHERLOG and other FrC platforms could be used.

## 3.2 PROGRAMME IMPLEMENTATION ASSESSMENT

This section of the findings addresses the following evaluation sub-question: **Do the outcomes contribute to addressing the root causes for launching the programme?**

Summary of findings on Root Causes and Outcomes:

- When fully rolled out, the evaluation indicates that FrC will likely improve reactivity and reduce frustrations related to decision-making at the Project level (a key factor in the root causes).
- The programme has provided an opportunity to showcase a more collaborative way of working for MSF.
- The root cause analysis needs to go deeper to fully understand the cultural issues driving the frustrations. Adapting the structure alone is not enough.
- There is a need for the OCB leadership to be more courageous and bolder in driving change.

## ASSESSMENT OF THE CHANGE MANAGEMENT PROCESS USING ADKAR

Change management is explored throughout this report. The evaluators use the ADKAR model<sup>34</sup> to show how organisational change requires individuals to change and deal with barriers. ADKAR considers: (1) **A**wareness of the need for change, (2) **D**esire to participate and support the change, (3) **K**nowledge on how to change, (4) **A**bility to implement desired skills & behaviours, and (5) **R**einforcement to sustain the change.

The Catalyst Team began with raising awareness in the consultation phase. They gathered stakeholders from different regions and assessed their desire to participate in the creation of a new operational model. The team utilized the FrC Roadmap<sup>35</sup> and disseminated information through various channels such as information sessions, documents, and videos. Feedback from the interviews revealed gaps in capturing perspectives from the field. For instance, a staff member reflected on effectiveness of communications as well as whether consultations were genuine or not, stating:

“During the consultation, the team was presented with several options for the FrC setup. However, our proposed mission was not considered, and no clear explanation was provided for why our proposed structure was not implemented and why another one was chosen. The reasons for this decision were never made clear.”

MSF-OCB Staff

<sup>34</sup> See Annex D for ADKAR Table with full detail.

<sup>35</sup> Recentralisation Project Roadmap by Cedric Marin 2019, MSF-OCB.



Despite the range of forums and media used to communicate about FrC, the evaluators found that a general level of confusion persists in most of the countries covered by this evaluation. Although most people understood the concept, they struggled to articulate how to implement it or work with the new support structures.

Accessing stakeholder understanding and reactions to change is crucial for evaluating programme impact. This provides an opportunity to address any fears and reservations, and to reinforce buy-in, knowledge or ability in certain areas. During the rollout of FrC in Southern and Central Africa, those interviewed stated that they required more time for challenging discussions on inclusion, job security, and power dynamics.

“One issue highlighted was the lack of briefings, which left people coming to field positions without a clear understanding of what FrC is. As a result, they either had a vague idea or did not understand the practice of it. Furthermore, people often requested a briefing with RST upon arriving in the field, but opportunity to explain FrC was missed.”

MSF-OCB Staff

“Management practices need to support the implementation of FrC. Without this support nothing will happen. If managers do not support the implementation of new knowledge, nothing will change. Therefore, we need more support on that.”

MSF-OCB Staff

A staff member was blunt about some gaps in the process to analyse problems and address them with FrC solutions, explaining:

“MSF cannot afford to overlook investing resources in the right approach. Instead of the current approach of Go-Act-Leave, it is essential to take time to understand the issues before taking action. While there is a need for action and programmes, but on implementation, it goes south. Why did they let all the SA Coordination go home before getting the RST in, and then with no handover. The old was destroyed before building the new. There was a one-year gap between the meeting with the Country Team and the Project to discuss challenges. The CST was crying because of the process. The Projects were left alone with no structure, job descriptions, etc. It was set up to fail and now we are recovering. It should not have started in SA.”

MSF-OCB Staff

Stakeholders need a clear understanding of expectations if they are to deliver results after introducing the changes associated with the FrC. Briefings, trainings, and coaching are essential to reinforce that such changes happen. The evaluators strongly suggest that teams need time away from daily operations to reflect, adapt, exchange experiences, review successes and failures honestly, and to create guidelines that link initiatives.

“The Regional team was established to transfer knowledge and provide training and coaching. However, they did not offer any specific courses or support on how to achieve this. As a result, the team had to rely on their education and experience to determine the best approach to take.”

MSF-OCB Staff

To support such transformation, a Change Process Facilitator was eventually brought into Southern Africa to work with staff at all levels across the region. Central Africa did more using online surveys and meetings. Staff interviewed from both regions requested more support on management and leadership.

Awareness was a challenge, as many of the people involved in the initial design had left, and new team members were not systematically briefed. More time was needed to communicate about the process and expectations. Teams with skilled Managers or with Change Management specialists were more willing to participate and support change, as these individuals helped highlight successes and work through challenges with teams. The ability to implement desired skills and behaviours was either present in the recruited individuals or was reinforced once resources for training were made available. Reinforcement to sustain the change is an ongoing process. While a tremendous amount of work was invested in projects, less was invested in RSTs and CSTs. The evaluators were not able to document how MSF-OCB invested in Change Management at HQ. Positive change motivates stakeholders, and it is essential to document and share learning. Champions need to be identified and supported.

As indicated before, the evaluation reveals that people in MSF-OCB have different views about the model and the appropriateness of the FrC design. The documented programme design, or Mind Map, is considered an oversimplification of the change pathways and what needs to be addressed.

### 3.3 EMERGING CONTEXT OF PROGRAM IMPLEMENTATION

This finding addresses the following evaluation sub-question: **What opportunities and constraints emerged throughout the course of implementation?**

#### Summary of findings on Opportunities and Constraints:

- The evaluation findings revealed three cross-cutting themes: HR interdependencies, Country Coordination roles and responsibilities, and risk management. These should be considered for future adaptations and implementation of the programme.
- Neither the programem design nor the implementation outlines how to address accountability.

### REVIEW FRC AND HR INTERDEPENDENCIES

The FrC Theory of Change was built around five outcomes, one being ***“Project Positions are filled by Capable & Competent People”***. Progress on this outcome is critical for achieving most of the other outcomes<sup>36</sup>. The Evaluation Team observed a general tendency among programme sponsors and implementers to separate FrC from its HR interdependencies and an oversimplification of how this can be achieved<sup>37</sup>.

<sup>36</sup> Learning 1: HR Continues as Main Dependency for Programme to Succeed! from Field Recentralisation Programme — After 1 year, what have we learned? Field Recentralisation Catalyst and Support Team, Version 3, October 2020.

<sup>37</sup> Important Note: Human resources here refers to a wide range of functions, i.e., staff recruitment, talent management, compensation and employee benefits, training and development, performance appraisal and compliance, and workplace safety. The evaluation team refers to this wholistic look into HR interdependencies.

“Human resources having the right people on the right spot. I think we still have our old problems in terms of finding the qualified individuals. People with the right level of experience. I don’t think this has improved or changed. I’m not sure it has anything to do with centralisation at all. It has to do with the market, certain locations, people over 40, those with a family, and so on.”

MSF-OCB Senior Staff

The evaluators disagree that HR challenges do not have anything to do with the FrC program. In fact, some of the FrC root causes, or reasons behind why MSF-OCB needs the FrC, are significantly related (and rooted) to OCB’s human resource challenges.

Experience from the two regions indicated that changing jobs grades and increasing visibility for project positions has not yet proven sufficient. MSF-OCB needs qualified staff to fill positions. On the other hand, the evaluators recognize that there is a highly competitive labour market for both medical emergencies and longer-term programmes. Making the right matches and planning for succession is critical. Addressing HR challenges is, and should be, a core element of the FrC solutions. It is an important area for interventions and change, but lack of progress on this area will lead to failure to achieve outcomes if it is not addressed.

“The HR department should work on paramount shifts also of change in our staffing, specifically because of the challenges of gaps we face.”

MSF-OCB Staff

“This is not because there has been no previous reflection on experiences and lessons learned for years, but because the chosen model of learning by doing, and the nature of the organisation itself, the duration of the projects, the changes in strategy, the high turnover, and the gaps in HR, etc., do not make it possible to implement FrC.”

MSF-OCB Staff

The inability of MSF to address turnover at the Project level, especially among experienced staff, is an issue. A lack of management or leadership capacity was most often cited as a reason to leave. The FrC Capitalisation Report of 2021 stated: *“Many of the challenges throughout the year have related to the ability to successfully match programme needs with an effective HR strategy. This remains the main challenge and dependency of the programme for the existing pilot and will only increase as we move towards a pilot with added HR complexities. While progress is being made, project positions remain quite far from being the most valued in the organisation, and the main concerns voiced from the field teams in the region continue to relate to human resources. The pilot HR needs are being passed through an already challenging system, and questions remain over whether the ambitions of Field Recentralisation are achievable without further innovation around this MSF key topic.”*

**Case Study No. 2: Mbare/Harare – Zimbabwe**

The Mbare SRH Project is in Harare and previously required little intervention from Coordination. A WASH Hub also worked independently from the capital to respond to emergencies and train people throughout the region. There were discussions about merging the WASH Hub into the Mbare Project. Instead, the decision was taken higher up to disband the WASH Hub and look into a new regional environmental health strategy.

Mbare has struggled with staff turnover and gaps. With the exception of staff in Logistics and Supply, most people question what FrC is bringing.

The once vibrant capital team was restructured after many positions were removed, and long-time staff had their positions downscaled.

“You cannot wake up one morning and make a division between who is important or not important. We continue now to be divided.”

MSF-OCB Staff

They say their role now is to fight fires and they can do nothing to prevent them unless asked. They cite one of their first significant failures in being asked by the government to help with CD4 Rapid Testing, only to have the kits expire in the MSF warehouse. Fortunately, a measles vaccination campaign was more successful after an RST visit allowed the CST to mount a response. Some of the staff said they had considered leaving, but with only 10% of Zimbabweans formally employed or having access to health insurance, they cannot go.

In some projects, Coordinators were changing every three or four months. Progress has been made on matching international staff to Projects with the formal introduction of Project input into the recruitment process. There is now room to give input into the policies, budgets and selection of candidates. Previously this was controlled by Coordination. Involving the Project Manager in the selection helps to identify strong candidates and prepare for their arrival. With FrC, staff in Projects have more opportunities for learning and development. Inductions are essential, as are periodic check-ins and re-briefings. Southern Africa has introduced “family meetings”. Not everyone is a fan, but it provides everyone an equal opportunity to exchange ideas and concerns. People who understand and have a good experience in a mission recommend the region, country, or project to their friends. Personal development managers are rotating between sites. However, this evaluation found limited progress on different workstreams and no breakthroughs on some critical areas like the revised remuneration or reward system.

MSF struggles in engaging and retaining qualified, committed staff who are willing to take heavy responsibilities in dangerous or challenging places. Despite the aspirations of HQ leadership, experienced MSF staff are not rushing to take up project positions as Project Coordinators or Medical Referents. Many have left, and capitals have lost coaching and emergency capacity. Some of MSF’s best and brightest members have joined Regional Support Teams (RSTs), but it is impossible for them to support multi-country operations while rolling out a completely new management structure. In

South Africa, challenges were also faced due to changes in MSF's registration and associated work permits and salary packages.

FrC is no longer uncharted territory. More resources are needed based on lessons learned from the rollouts in Southern and Central Africa, including the replication of videos, texts, and tools that have been successful. Additionally, materials available in English or French need to be translated into Portuguese or Swahili. An evaluation is needed to assess the effectiveness of the MSF SharePoint site and FrC surveys.

The issues related to the availability of quality, experienced, and time-bound HR, and the loss of experienced staff, were aggravated by the lack of preparation in management and decision-making capacity. Limited guidance created more confusion than space for innovation. RSTs need support to ensure that they do not grow and bring in new layers of bureaucracy. The evaluators call for more attention to this connection in the next period as the implementation in the previous phase did not adequately address the interconnections between these areas.

## REVIEW THE ROLE OF THE COUNTRY'S CAPITAL TEAM

The evaluators cannot be prescriptive, but they can highlight one of the most frequently mentioned concerns from people in the field about the role of national-level staff. Meetings and discussions between CSTs, RSTs, and the POR/PMRs need to take place to explore ways to streamline operations, emergency response, and administrative support. The individuals in the field have the capacity to review and revise. Furthermore, lessons from Southern and Central Africa should be shared during the rollout of FrC to new areas.

Interviews indicated that disruption was necessary to encourage people to think beyond the well-established MSF systems. Things need to be shaken up, but "the house did not have to be burned down to clean up the rooms". Project teams need to be empowered and trusted to take decisions within their operational scope, while it is also important to retain the experienced staff in the capitals. Capital teams are best suited to handle complex issues such as representation, administration, or compliance.

The Evaluation Team observed that the Heads of Mission and Medical Coordinators in Southern Africa were initially the biggest FrC advocates, but most of them have since left and very few have moved to Projects. MSF-OCB has had challenges in recruiting replacements. The line between medical and operational issues is very thin. Reducing the strategic role of the CST is short-sighted when considering the size of operations and the potential for humanitarian and medical needs in the regions. That is not only true for international staff, but also for national staff. Given MSF's ability to work in increasingly complex contexts where governments are taking on greater roles in emergency response and management of donor funding, it is essential for MSF to remain in the loop. The capital still needs to play a key role in legal, administrative, supply, security, communication, EPREP and representation roles. It does not make sense for Projects to handle tasks such as organising visas or paying taxes. The Country Team can still play a role in strengthening communications between Projects and other Countries, as well as supporting the RST. The Southern Africa RST operates with staff in all three countries, which allows for more opportunities to interact with country teams, local authorities, and

ensure that the core values of FrC come to life. The Country Team, if well-staffed, can play a role in assessments, new Projects, and emergencies.

To prevent Projects from simply replicating the old capital coordination structure with its hierarchical approach, everyone needs to improve on communicating. Everyone needs to review the rationale of their teams and structures to find efficiencies and better ways of operating. MSF-OCB has access to change management specialists and needs to find people who can help them through this massive transition. Although some training has been conducted for PORs, PMRs, CST, and RST members, further reflection on lessons learned are needed for further rollout.

## RISK APPETITE AND TOLERANCE

OCB's Strategic Orientation confirmed the culture of MSF as a risk-taking organization, as this is core to achieve the mission. While a degree of risk-taking is embedded in the organisational culture, it is imperative to enhance risk monitoring and mitigation after the introduction of the FrC. From the evaluators' perspective, there are two main types of risk associated with FrC, the quality and safety of operations, and both contribute to organisational risk<sup>38</sup>. The CoDir safeguards and works to avoid accountability challenges. MSF-OCB has risk registers and tools to categorise, assess, and manage risk. The evaluators think that OCB should focus more on a risk assessment culture to be integrated as a part of project design, planning, and execution.

### Quality of Operations

Removing validation layers and allowing Projects to act quickly does not mean that the quality-of-care drop. Focusing on project quality should not come at the expense of ignoring emergencies. People need to know when to call for assistance and if partners are continuing to work with MSF, giving space to respond. Monitoring quality under FrC and determining accountability need to be clearly defined.

With FrC, many people interviewed indicated that Projects are less collaborative and open to standardisation. Many policies and procedures are based on 50 years of experience and can be improved upon.

“Everyone is now given this space to do what they think, and it's something we're not tracking, despite it being hinted at a couple of times. There are risks associated with items being ordered but not used, changes in vehicle standards, and security profiles that aren't shared”.

MSF-OCB Staff

### Organizational Risk

Multiple interviewees across countries and projects provided feedback on context-associated risks that may emerge from the FrC and nationalisation of posts. OCB needs to find balance in its teams and the deployment of national and international staff. Nationalisation is a confounding factor that can lead to inconsistency in terms of approach and a lack of expertise in countries where FrC is introduced. The MSF identity, values, and principles need to be upheld.

<sup>38</sup> Organizational refers to risks associated with how the operations organized around different organizational functions (i.e., medical, finance, procurement and supplies, etc.).

Recognising the sensitivities around debates about racism and localisation of aid, putting responsibilities for finance, logistics, and supply in the hands of a team of close collaborators introduces a greater opportunity for fraud. This is not a question of nationality but rather local pressures and threats if they do not comply.

Interviews indicated that MSF may have lost some ground in Southern Africa. Country strategies, national representation, projects, and advocacy opportunities are missing. The portfolio is much smaller and new Projects have been put on-hold. There are concerns about how much people in Projects know about communications and advocacy. Fraud and financial loss are being found as resources for closures are not fully in place. Projects are not closing on time or well, and there are issues with liquidations and reconciliations.

The following quotes were extracted from an Interview with OCB senior staff members describing the organizational attitude towards risk:

“We have different risk management units, but we don’t have an overall risk management approach for all of these different things. As a result, we’re not actually prioritising them. From a macro point of view, the organisation needs to update that mapping and then determine whether we need to take certain decisions where we feel there is a too big a risk that’s not looked at sufficiently.”

MSF-OCB Staff

“As an organisation, if you look at the senior management, there is quite a lot of appetite for risk-taking among most of them. However, there are many risks that are in between, such as organisational, financial, or reputational risks, that do not necessarily impact the individual. On one other hand, people are not always aware of these risks. And on the other hand, if they are aware of them, they have become somewhat risk averse.”

MSF-OCB Staff

The Evaluation Team agrees with the characteristics of the current situation and proposes an approach moving forward on the key points highlighted by the MSF-OCB staff. The FrC is changing the context of MSF operations in various ways. Therefore, the risk management approach needs to change to align with the changes introduced because of the FrC.



## 4. PROGRAMME OUTCOMES

**EVALUATION QUESTION 3: WHICH ASPECTS OF THE PROGRAMME GENERATE THE MOST VALUABLE OUTCOMES FOR THE TIME, MONEY, AND EFFORT INVESTED?**

### 4.1 WHAT CHANGED WITH FRC?

Summary of findings on the most valuable outcomes:

- FrC implementation started by simplifying vertical decision-making (operations) before horizontal structures (technical referents). Projects may have more operational autonomy, but subject-specific or thematic areas report having less autonomy, especially in technically demanding projects.
- FrC has enhanced agility in decision-making with immediacy, but more efforts are needed. Agility and the quality of response still depend on changes in systems, tools, and knowledgeable staff. Projects can move more quickly, but it is not clear whether they are moving in the best direction.
- FrC enabled the introduction and adaptation of operational flexibility. MSF-OCB needs to invest resources to enhance operational capacities and have more competent staff at the country and project levels.
- FrC has reduced the burden felt by projects associated with HQ validation.
- The responsiveness of OCB is highly dependent on how OCB streamlines roles at HQ to align with changes happening at regional, country, and project levels.
- FrC's influence on innovation is unclear. Cross-learning needs to be strengthened.

### A) PROJECT AUTONOMY IN DECISION-MAKING

Autonomy is a complex term. In the context of FrC, it tends to be understood as “independence” to “greater agency”. Projects were given “increased strategic autonomy within a pre-defined frame”<sup>39</sup> with objectives and budgets needing to align with MSF-OCB’s operational portfolio, prospects, and ARO decisions. Information was to be provided to teams on how to adapt operations, security, communications, resource management, and support. The Country, Capital and CST were tasked with providing support, the Cell, Hub, and RST were given a mirror or mentor role, and HQ was asked to focus on norms and policies.<sup>40</sup> Autonomy was linked to needs, operational ambitions, institutional objectives, and local capacity. DO’s, in consultation with field during ARO, round tables, etc., and with technical departments set the “WHAT” and Projects were to develop the “HOW”. Even before FrC was rolled out, missions in Southern Africa said that they already had a lot of autonomy in developing interventions, protocols, and budgets. They saw FrC as an opportunity to promote the approaches and tools that they were already using.

“We were already doing a lot on our own, but support came from elsewhere. We were happy to have FrC formalised.”

MSF-OCB Staff

<sup>39</sup> FrC Concept Paper, April 2019.

<sup>40</sup> Pillar 2: Legal, administrative, supply communication, and representation.



Feedback from most of the people in Projects was positive about FrC and autonomy.

“FrC is working. There is a lot of empowerment of national staff, including moves to management positions. There is good training on leadership, people management, and emergency response.”

MSF-OCB Staff

“Other interviewees said that they now have a much greater say in decision-making and feel more empowered. Projects have gained direct access to technical experts and now have a seat at the table for ARO and MYRO discussions. For example, a staff member: “Since FrC, the validation tables have been amended to give more responsibilities to people on the ground. Levels have been increased and resources were made available. As a result, people have more resources to do the job.”

MSF-OCB Staff

### Case Study No. 3: Beira – Mozambique

At the beginning, there were clear bottlenecks, but today teams in Beira, not just the Coordinators or Managers, speak confidently about their autonomy. The Beira team is involved in discussions and debates from the beginning of the activity’s design to its presentation at the ARO. Teams are encouraged to use the same approach with their staff, clients, and patients. Strong leaders are committed to FrC and empowering everyone in the team to work other parts of the country, region or globe. Visitors are welcome if they are coming to learn. There has been a transformation in the Project mindset. While not everyone feels that FrC has improved their jobs and/or their lives, discussion and challenges are welcomed, as nothing is perfect.

When FrC was introduced, many Mozambicans had already lived through the transition from OCG to OCB and were convinced that FrC would mean closure, particularly given that the new Coordinator had been successful in closing nearby Tete. Additionally, projects were closing in South Africa and Zimbabwe, and many expatriates left due to the COVID-19 pandemic.

The rollout of FrC included extensive presentations, meetings, and briefings. Staff levels and salaries were revised as managers were given space to identify, design, and monitor their activities. More responsibility came with increased accountability, and national staff became managers. If people leave or activities end, the next one is ready to launch. In Beira, national managers are being trained to work with expatriates. Staff are also learning English and French so that they can go on detachments or work abroad. Additionally, everyone prepares and participates in the ARO.

Beira is prepared to provide emergency first response and assessment. The Ministry of Health (MoH) has the capacity to respond and know what is needed but may be overwhelmed by the size of an intervention and require assistance. The managers are experiencing challenges in Cabo Delgado and in working in the capital, but FrC has created a safe space for people to present ideas and be prepared to take responsibility.

On the other hand, some staff who were in Projects scheduled for closure were not satisfied. They had initially hoped that FrC, and the new levels of autonomy, would allow for a reversal of decisions

and that their Projects could continue. However, it was later made clear that opening and closing Projects was “outside of the frame” and that the Southern Africa portfolio would shrink.

The evaluators had a concern regarding the lack of clear Regional Strategy and associated budget, and concerns were raised at the end of 2022 when Brussels made further reductions in Southern Africa by cancelling or delaying the New Projects that had been proposed at the ARO. This is linked to bigger fears of MSF-OCB looking to leave Southern Africa. There was a strategic review of the Southern African Region in 2021, resulting in a reduction in scope to focus on integrated approaches, emergency preparedness, and advocacy, but no strategy document was shared or referred to during the interviews.

MSF-OCB staff in HQ and in the capitals are apprehensive about people in Projects who have limited experience making very important decisions. However, a large number of respondents on this topic refer to the issues around lack of transparency and questioning about who decides about the resource allocation to projects:

“An honest analysis of the projects was missed. Most were not ready and did not have the capacity to take on the new responsibilities.”

MSF-OCB Staff

“The machine [HQ] has not challenged the projects on who we are. With great power comes great responsibility. Projects want power but not necessarily the responsibility. We need a course correction to ensure Projects keep decision making within at least the minimal requirements.”

MSF-OCB Staff

“Part of the challenges is that it goes back to the root causes. Brussels has grown too large, and too many specialists have moved into the HQ. There are too many people who focus solely on their area of expertise, and are maintaining their domain and jobs, and stuff.”

MSF-OCB Staff

Initially, some Project staff in South Africa reportedly said that they were not ready to take on more responsibility and subsequently resigned. Others interviewed mentioned that taking on more duties with FrC was much harder than imagined. Others saw the newly found autonomy of FrC as an opportunity to demonstrate that input was not required by the capital.

Job profiles, roles, and responsibilities, as well as organograms, have been drafted and re-drafted, many of which do not appear to have been finalised. Staff in Projects have been promoted to Managers with increased levels and salaries while few capital positions were scaled down. Interviews revealed that some expatriates went to other non-FrC missions, other OCs, or left MSF altogether. Some senior national staff accepted lower positions and salary cuts to hold on to their jobs. Unemployment is a big fear and people do not feel safe discussing these concerns openly. OCB has invested years training senior staff, who are now ranked lower than the Project staff they are asked to coach and mentor. The evaluators sense that the lack of recognition for the wealth of knowledge or the needs for sparring and emergency response capacity in capital teams may be underestimated.

“The CST is excluded and no longer important. Who is responsible for making decisions? Projects have to request support. There are gaps and grey areas that need to be addressed. The work pressure remains high. There are questions about the medical quality of activities.”

MSF-OCB Staff

FrC removed the cell and country capital teams at the same time. The transition in Southern Africa was challenging due to by COVID-19 pandemic, as many Coordinators left early, quickly, and without handovers. The shift for the CST to a support role, and the introduction of a brand-new RST, delayed due to recruitment and visa issues, meant transfers of responsibilities to Projects happened before systems could be adapted or trainings organised. Projects were put in charge, but initially without the tools or credentials to even make money requests.

In Central Africa, autonomy and decision-making were key to the FrC process. This is not only necessary but also fair for the proper development of operations and projects. Likewise, participation and representation of field teams allows for relevance in actions, even if not everything follows the original FrC script.

“At the beginning, we were told that the idea was to bring the decision-making capacity closer to the project through a process of decentralisation, but then what we saw was that what was decentralised were the people and the structure, but not the really important decisions, which remained in Brussels”.

MSF-OCB Staff

In Burundi, the degree of autonomy is not the same as in DRC, with the former being more advanced and facilitated by the size and context. From the interviews, it is clear that the notion of autonomy is well understood, especially by people with prior MSF experience, particularly expatriates who have worked quite independently even before FrC, while it is more academic for national staff who embrace and appreciate the concept and practice autonomy within established limits. As explained by one staff member: “It is easy to give autonomy to a few. The problem is that these people do not know how to use it because they have never been trained to do so. Sometimes in meetings no one is able to make the decisions”.<sup>41</sup>

Besides the absence of defined limits within the roles and responsibilities, which is an unfinished exercise, it was seen as a source of tension that hinders the exercise of autonomy. This issue is aggravated by poor communications between people at different levels. Good will is not enough when it comes to competency, many people are considered to lack the necessary skills to make decisions.

#### **Case Study No. 4: Burundi**

The implementation of FrC in Burundi has been mostly successful. This can be attributed to a reduced volume of operations, a stable and calm context, and a collaborative approach in the Project team.

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<sup>41</sup> Interview with staff members.

The great involvement and efforts made by the Country Team, with an experienced General Coordinator and Medical Director, have also been key in facilitating the implementation. FrC has allowed for greater clarity in the division and responsibilities for emergency identification and response at the national level. Eighteen months after the start of FrC, there are still important outstanding issues such as modification of roles and responsibilities and the finalisation of the RST/CST/Project framework.

The risks of resurging ethnic tensions or polarization in the region will require mitigation mechanisms to ensure MSF independence, impartiality, and neutrality. Many of the interviewees, national and expatriate, insisted on the need for MSF to counter the risks of fraud, manipulation or corruption linked to the nationalization of posts. The increased nationalization of posts needs to be accompanied by mechanisms to ensure that staff do not see this change as a threat to their professional futures.

There are elements to be reinforced, such as adaptation, coaching, and training for the new roles and responsibilities, as well as accompanying measures and salary improvements in line with increased responsibilities.

The RST in the Central African Region organised a series of trainings on participatory management, which generated significant interest and acceptance, albeit belated.

The 2019 Roadmap states that the “more complex a decision, the wider the range of advice needed, and decision-makers are responsible for ensuring that everyone affected is informed”. In Southern Africa, the RST is in contact with and consulted by Projects; while in Central Africa, Burundi has fluid contact between the Projects and RST, depending on topics and workload. The CST in Burundi has a high absorption capacity due to the context and volume of operations. However, in DRC and Southern Africa, Projects often bypass CSTs and go directly to the RST. The CSTs feel isolated due to misunderstandings: CST members claim they are only contacted when things go wrong. Some people interviewed at projects level also say that they are not confident in the CST capacity to support or represent them. There are repeated requests to address the scope and limits of autonomy in line with roles, responsibilities, and identified gaps. Some voices raised the following points:

“Projects do what they want, there is no CC on communications from the project to RST...I was told not to touch or disrupt the Project.”

MSF-OCB Staff

“They are not complaining at the Project level. The only thing they want is to have an answer when they ask a question to the capital level. Sometimes, the coordination at the capital level becomes a bottleneck, which can create discomfort or frustration. So, if you solve this problem of a bottleneck, maybe things will go better. But as I say, the projects will be very happy if they can connect directly with the rest or with Brussels. They don't care, but they need answers to their questions and not delays in receiving different answers.”

MSF-OCB Staff

Projects are told that they have space to learn and grow from mistakes but are also expected to be more accountable.

“Projects should be fueled by curiosity and innovation. Every time the Project throws the ball to the Coordination or RST, it should be thrown back.”

MSF-OCB Staff

The Autonomy of FrC changes the way decisions are taken in the formal organisational culture, and this is an encouraging sign of subsidiarity for Projects. However, it is not clear if the same occurs in the informal culture or within Projects.

“There is a phenomenon of ‘shopping’ for project when the CST feedback does not meet the projects expectations. This leads to bypassing the CST and turning to the RST in the name of autonomy, in the event that the RST has a more favourable position for the Project.”

MSF-OCB Staff

The assumption was that Project staff wanted more autonomy, control, and responsibility. During the interviews, some staff explained that many of the frustrations with Coordination (CST) were linked to filtering of information, feedback delays, or having requests denied. To address these frustrations, some control has been reduced at the Coordination, Cell, or HQ levels. However, the Evaluation Team has not seen a formal assessment of the bottlenecks or recommendations for reform at these levels. Field staff are questioning whether staff in HQ departments recognise the new way of operating in the field.

“The Finance Validation Table took one year to complete; the resistance came from HQ. Technical departments were not ready. A lot of time is still spent explaining FrC, even today. They still judge before knowing the details.”

MSF-OCB Staff

A major structural overhaul has been introduced. There are no guarantees that OCB will find field or project staff who are more competent than before, or that these staff will be able to make better decisions when there is less control or judgment. For evaluators, this raises the question of whether FrC, as a solution, is addressing the root causes and whether it generates the most valuable outcomes for the time, money, and effort invested.

## B) AGILE DECISION-MAKING WITH IMMEDIACY

The evaluators found that feedback around “whether bureaucracy has changed or not” is mixed and depends on different factors. The evaluators observed that many responses indicate that it only happens within a very limited scope of questions asked or support needed. With FrC, people in the Projects have more information, and thus can take more day-to-day decisions. There are more meetings, and everyone is invited to participate.

“Things move faster. Ideas go through Managers who give quick answers or decisions. They never say ‘No’, but they say ‘Go, think and work on your idea’.”

MSF-OCB Staff

Teams said they feel their impact is greater now because they own the ideas, strategies, stocks, and budgets. Staff can present and defend their ideas at key strategic meetings without having to go through Coordination. There are more opportunities to learn, go on detachments or become expatriates, and to bring new ideas back to the Project. The increased number of national staff in key positions as Managers reduces gaps with expatriate delays and is leading to national staff managing new expatriates.

Currently, RSTs can mobilise people and resources for assessments, new projects, or emergencies. The Southern Africa RST is located in the region and can visit programmes more regularly than the Cells members. In Southern Africa, the multicultural group of experienced RST members is based across three countries and can respond to inquiries or deploy rapidly. This is not always the case in Central Africa where travel between countries is more challenging, and travel in the DRC can be costly. Southern Africa brought in a Change Process Facilitator, and Central Africa hired a specialist in Participative Management for its team. The “Rescue Role” provides non-judgemental support when Projects feel the need for additional assistance. Project staff also claim that with FrC, they have greater access to OCB specialists at HQ and in the SAMU, BRAMU, or specialised units at Partner Sections.

#### **Case Study No. 5: Eshowe – South Africa**

Project staff is committed to the people of Eshowe. However, they do not have room for emergencies, especially since they were told that the project was closing. There are concerns that MSF often fails to understand patient issues before making programme decisions. They feel that health infrastructure, systems and actors are becoming stronger, and MSF in Southern Africa concentrate on activities and investments where they are already based.

When riots broke out in Durban, the Eshowe staff did not want to disrupt their activities to assess the situation. The CST went in, but they had no medical or supply staff. They reported that they could not find people in the Association with emergency coordination experience who were available to go.

Later, floods occurred in KwaZulu-Natal. A first-mission doctor from Eshowe was sent to assess the situation. He was joined by the CST/RST Logisticians and the Advocacy Manager. A team was assembled, and Brussels made funding available for three months. However, many of the people who came in to help had no emergency response experience. People were brought in from other Projects but left quickly, stating that they still had their previous responsibilities to attend to.

The staff in Eshowe stated that it would have worked better with new dedicated people. There were no policies or guidelines on emergency response, and the team had difficulty managing local procurement. Everyone wanted an experienced emergency Coordinator. A team came from the WASH Hub in Zimbabwe arrived but faced challenges with the urban settings. In KwaZulu-Natal, everyone is accustomed to having running water, and those who intervened were uncertain how to proceed without water. MSF staff were encouraged to assist, even with limited available capacity.

The iterative side of agility is connected to individual willingness, knowledge and expertise, including those who do not agree with FrC. While significant changes have occurred in the field, the core of the MSF-OCB matrix has not changed significantly. FrC began with simplifying operations vertically but is still adjusting horizontally in terms of departments and technical referents.

“Brussels did not let go, especially in the beginning there was a lot of micro-management. Addressing the micro-management culture remains an important change to take place.”

MSF-OCB Staff

Solutions related to medical protocols, procurement standards, or financial systems are still under the control of HQ, where people interviewed in the Departments indicate that they do not see significant changes with FrC. Views on whether bureaucracy has decreased are varied. The evaluators requested metrics on how operations have been affected by the rollout, however, HQ was unable to provide any data.

The Catalyst Team did not include a Change Manager, and both the Change Process Facilitator and Participative Manager have only supportive roles and multiple teams to assist, despite being key to the cultural shift required to transform operations and agility.

During the evaluation process, concerns were raised about work continuity as part of the FrC transition process. There were concerns about the Southern African RST having limited experience and history in the region and taking nearly a year to be fully established. The Central African RST includes people from HQ and members of the DRC Country Coordination, who possess extensive knowledge of the context and operations. The CoDir determines on limits for how large RSTs can become. There is a risk that they become their own bottleneck and take over activities previously managed by Country Coordination Teams, such as looking for new opportunities and Projects to open. It is difficult to assess the success of the Rescue Role, how often it is used, or what topics are addressed as there is no system for tracking.

Some people working on the Projects have expressed they do not see a significant change in the speed of completing tasks under FrC and have complained that ideas still require approval from the ARO or quarterly reviews. Furthermore, managers still need to obtain approval from the Project Coordination before acting. Evaluators have noticed the potential risk with Projects duplicating positions that were once under Coordination (i.e., Communications, advocacy, PDMs, technical specialists).

“Bureaucracy has now been moved to the Projects as they keep adding specialists and start mirroring coordination or HQ.”

MSF-OCB Staff

FrC aims to promote iterative, collaborative, and transparent working styles. However, the reduction in formal reporting with FrC shifting towards more abbreviated Microsoft PowerPoint presentations may risk losing much of the acquired knowledge and lead to duplication of efforts as stakeholders are excluded during the early planning stages. The new culture promotes empowerment and prompt action but needs clear mechanisms outside of the ARO to review or facilitate Project decisions. The evaluators believe more can be done to enhance agility beyond the transparent budgeting process or



addressing some bottlenecks in the process. All of these will enhance the sustainability of project autonomy as a key principle.

### C) RESPONSIVENESS

FrC was initially applied in established Projects, some have raised questions about the ability of teams under this new model to respond to new activities or emerging contexts<sup>42</sup>. Views on whether MSF is effectively scanning, whether the CST, RST, and Project are the primary source of information and response, whether OCB can handle multiple demands simultaneously, and how to incorporate work emergency responses into FrC vary.

“As people are focused on the recentralisation process, they are not focused on new needs or projects.”

MSF-OCB Staff

For some interviewees, there is a tendency to focus on established projects rather than continuously assess emerging the needs.

“So, what’s the point of creating autonomy/agency for the field if we are not ready to move quickly, learn, and continue to develop? /.../ Too many brakes in the system, not enough appetite for risk, and inadequate mechanisms to capture success stories and strategically use them to build a narrative that strengthen and consolidate the process...”

MSF-OCB Staff

OCB continuously engages staff at different levels to maintain a portfolio balanced between emergency and non-emergency projects. People who were interviewed repeatedly brought up concerns about not having enough human resources available to respond to all the needs, and new concerns about neutrality and impartiality due to the increase of national staff in key positions. Additionally, growing hostilities directed at certain nationalities or ethnicities within operational countries were noted.

Staff in in Beira, Mozambique, have reported a significant shift in mindset, where the team looks, listens, asks, and adapts quickly to the needs of patients and communities. The MSF team in Burundi also speaks positively about FrC, noting that it has dispelled the myth that a Project cannot address local needs without help from abroad. The RST is approachable and can conduct field visits more easily.

“Things go faster. Ideas go through Managers who give quick answers or decisions. They never say ‘no’ but they say ‘Go, think and work on your idea’.”

MSF-OCB Staff

“FrC has not really changed the speed of things. There are loads of ideas, but we have to wait for the ARO or quarterly meetings.”

MSF-OCB Staff

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<sup>42</sup> Monitoring Exercise Report 2021.



There is a lot of pressure on Projects to deliver results, however this is not clearly defined with emergencies. A senior staff member was trying to explain if funding allocation to emergencies, as allocated envelope, would enhance responsiveness of OCB towards emergency situations.

“So, by definition, we have a 10% threshold or target that we need to maintain for allocated funding every year. This means we have the capacity to respond to any emergency in the world. The rest of the funding is then allocated to routine projects. However, we see that this 10% target is also being challenged due to changes in the world, as emergencies are becoming more expensive because of their larger scale”.

MSF-OCB Staff

The evaluators believe that devoting attention to this area, following the introduction of FrC, is important. Reports indicated that from 2007-2011, MSF faced a loss of emergency expertise following the Ebola outbreaks. That experience made some people interviewed believe that emergency response and projects should be completely outside the scope or control of any country level actors.

“The emergency response should be out of scope for FrC. It should always be the mandate of the central level because that will enable us to be more responsive. If we leave emergency response to the project or country level, who are often already overwhelmed, we cannot guarantee what could happen.”

MSF-OCB Staff

On the other hand, the COVID-19 pandemic just hit as FrC was rolling out in Southern Africa. The MSF-OCB response was seen to be successfully led by national staff. Senior leadership in Brussels learned to optimise online platforms to share protocols and innovations. Lessons learned from these two emergency situations on how responsiveness of OCB has changed and what caused that need to be assessed further.

When it came to the riots and later the floods in KwaZulu-Natal, the MSF team in Eshowe was part of FrC so had scope to respond. They were also focused on closure and questioned whether they had the capacity to launch any meaningful interventions.

“The riots in Durban gave the projects a vague notion that they need to be able to respond and to define their ‘catchment’ and how to communicate or interrelate. Eshowe refused to send people to Durban, so the CST went but found nothing to do, they were then overruled by the RST. There were no people with emergency coordination experience in the Association, and the CST had no medics.”

MSF-OCB Staff

In Mozambique, Beira is prepared for another MSF multi-sectional response the next time a cyclone hits. The team is ready to conduct the initial assessments and confident that the MoH has significantly more capacity to respond compared to previous years. Regarding the emergency up in Northern Cabo Delgado, the OCB Emergency Pool sought to handover to the regular mission so that they could move on to other emergencies. A hybrid CST/Coordination was assembled to provide support, but reportedly, this has caused confusion regarding roles, responsibilities, and priorities among the capital team.

Zimbabwe's WASH Hub and DRC's Pool d'Urgence Congo (PUC) are regarded as potential role models for supporting the FrC implementation. These dynamic teams are based in Africa and managed from the field. Resourced from HQ, they monitor for regional emergencies, respond quickly, and build a framework of technical specialists.

“So what is the point of creating autonomy or agency for the field if we are not ready to move quickly, learn and continue to develop?....Too many brakes in the system, not enough appetite for risk, not good enough mechanisms to capture success stories and use them strategically to build a narrative to help to strengthen and consolidate the process....The process has been designed wrongly from the start and we do not appreciate the capacity and willingness from the field to transform if the ground conditions are set and framed clearly.”

MSF-OCB Staff

In DRC, the PUC has been operating for years, identifying, and responding to emergencies across the Congolese territory. They fall under the DRC Coordination with the status of a Project. The PUC has developed mechanisms for rapid decision-making, autonomy, flexibility, reactivity, and responsiveness. FrC shares some common points and aims to emulate the functioning of the PUC. With or without FrC, the PUC will continue to function as before.

The arrival of FrC has brought greater clarity and notions of responsibility to some projects, such as Masisi in DRC or Burundi. There is now a clear distribution of responsibilities between the capital and Projects, with a prioritisation on responding to emergencies in their respective territory. This is good news in terms of responsiveness.

Responding to an outbreak or a natural disaster is often very different to responding to a conflict situation. Many of the people interviewed on MSF-OCB capacity to deal with emergencies highlighted the importance of the traditional line-management structure in making quick decisions.

“FrC is a good idea, but not fitting or fully developed to deal with a conflict.”

MSF-OCB Staff

#### **Case Study No. 6: Democratic Republic of Congo (DRC)**

At the time of this evaluation, it had been 14 months since the introduction of FrC. However, operational volume, emergencies, and insecurity put FrC in a different light in DRC as compared to Burundi. Kinshasa has an HIV Project and an Emergency Team (PUC) which have different characteristics and dynamics that test the flexibility of the FrC model. In the case of the HIV Project, despite chronic staffing gaps (no PC for several months), the type of project, stability and two decades of experience have led to an easy adoption of FrC as there was already a high level of autonomy. However, there are shortcomings in terms of nationalization of key positions, training and mentorship, job descriptions, R&R, and the relational framework and lines of communication between the Project/CST/RST.

The PUC credits its easy acceptance of FrC and its sense of autonomy to the direct involvement of a Coordinator who has been present since the rollout of FrC and to the experience of the medical team. The team finds autonomy easy due to the types of interventions, the immediacy of action, constantly dealing with uncertainty or insecurity, difficult communications, and challenges with travel. As a result, they were already working in an autonomous way, because of these external environmental issues. There are no major differences for the team to shift between models. However, there are some tensions with the RST and the Emergency Pool in Brussels, despite this, the PUC can function very well with FrC.

There are tensions between the Project, CST and RST. The relationship between the CST and RST is not functioning well, mainly because the latter needs time and resources to make FrC a reality. There are issues linked to roles, responsibilities, and decision making that strain the relationship between the two parties. The request is for better support from HQ to the RST and real ownership of FrC by some departments.

While it is too early to affirm all scope of results that could be associated with the FrC, the evaluators believe that the programme can plan a positive role in repositioning OCB to enhance its value and relevance in different regions and countries. While the repositioning strategy is adopted irrespective of the FrC, the outcomes of the programme could contribute significantly to this strategy. However, within the context of FrC programme, it is very important for OCB to define the scope of its repositioning regarding the interventions that could be categorised as developmental in nature.

## D) OPERATIONAL FLEXIBILITY

Operational flexibility, as an evaluation criterion, includes structural and cultural elements (which is good to assess the scope of observed change). The evaluators noted that in trying to avoid one-size-fits-all, structures in some countries were adapted for scope and scale, but not for context or culture. Senior OCB staff who have worked in various missions around the globe and under different Directors of Operations or Cells highlighted the differences between the top-down culture of control vs. experiences in Southern Africa where the Cell provided space and trust to develop and innovate. A senior staff member interviewed during this evaluation highlighted the attempts to de-standardize OCB operating models:

“There is one FrC programme, but it should not be standardised. It should be something that is continuously adapted to every context because the prime perspective for me is to take away as many non-necessary validation levels as necessary to put the people into a logic of much more horizontal discussions and responsibility to bring them towards accountability that where they feel part of it and bringing the accountability therefore as well closer to where action needs to be taken.”

MSF-OCB Staff

Coordinators from Southern Africa saw FrC as an opportunity to demonstrate that a more collaborative approach was possible outside of stable HIV programmes. Strong Coordinators moved around in Southern Africa and HQ wanted to see them go to other Regions. Senior leadership at OCB

was influenced by voices from the field and by the book titled *Reinventing Organisations*.<sup>43</sup> They were serious about relinquishing control and giving vision and direction, rather than indicators and targets.

“We need to better navigate, on the one hand, the need for maintaining our independence, while on the other hand identifying allies among communities, civil society groups and social movements to reach the most vulnerable, speak out with outrage and advocate for change. This requires flexible operational models that are connected to communities and delivered in proximity to those who need it most. It is in this way that we will ensure our medical humanitarian impact is effective in a hostile environment.”

MSF-OCB Strategic Orientations 2020-2023

In Central Africa, being close to the realities on the ground and involving the Projects in decisions should provide greater flexibility, freedom, and adaptability to MSF response to the needs.

FrC accelerates change for the projects and enables them to develop, manage, and monitor their budgets. They can adjust based on the size of operations as well as stability, security, and the availability of HR. Regarding medical protocols or logistics standards, the Projects expressed a desire not to feel obligated to follow a one-size-fit approach.

Country coordination or support does not require a full team if there are only a couple of stable Projects. Interviewees highlighted the pre-FrC to merge the Coordination of Malawi and Mozambique. While there were mixed reviews, staff who were involved said the operational flexibility to pilot a new approach resulted in a clear growth in leadership and skills of the staff involved. The Field Coordinator and Project Medical Referent in Beira came out of this experience.

RSTs primarily aim to support operations and facilitate FrC. The size of the teams is continuing to grow without clear plans or limits. Interviewees highlighted the risks of encountering the same bottlenecks, bureaucracy, and delays as they had experienced with previous Coordination or Cells.

Interviews with key informants indicate that country-specific strategies were clearer before the introduction of the FrC. The Country Coordination was informed by a clear strategy and good oversight, ensuring that Projects knew what each other was doing. However, with a brand-new RST, some Project staff feel isolated working on their own. Several interviewees raised concerns about the ability of Projects to take on activities outside of their catchment area, to allow staff to assist in other areas, or to seriously consider the viability of their interventions. MSF is investing in training in change management (UCT course) and coaching for key medical and operational positions.

The leadership of OCB expressed a desire to see projects open and close more quickly. Some of the people interviewed, believed that certain projects should have closed already, as the model had been proven and prolonged presence held back the government or others from taking over. There were clear red flags on the motivation for staff to work with MSF, as explained by a staff member:

“Many people in Khayelitsha have a sense of entitlement, which is also present in pockets within the Eshowe team. Lower-level workers, such as Community Health Workers, who are

<sup>43</sup> <https://www.reinventingorganizations.com/>

often migrants and may lose their status for up to three weeks, are left unsupported during this period, with no access to bank accounts and struggling to survive. Despite this, there is a lack of consideration for their well-being. This disconnect between project staff and the work we do is a concern.”

MSF-OCB Staff

Although not necessarily part of the FrC design or strategy, portfolios and projects were closed in Burundi and Southern Africa. In theory, this should have allowed for greater flexibility in introducing the new FrC model and streamlining of activities. However, since there are no Regional Portfolios, these decisions continue to be made in Brussels. Many Projects feel that the FrC template is overly complicated, irrelevant, and does not allow the possibility for a simple analysis per budget line. The Forecast also requires a separate document to request funds.

“People are left feeling like as if they approved certain things in the arrow and then have come back and said, oh yeah, sorry, you can't open those new projects. Even though there was a strategy of two projects per country, it's not even being respected. And at the end of the day, MSF money from donors goes into a large pool but it is unclear who makes the final decision on how to allocate it. This lack of clarity about the allocation process creates uncertainty regarding the space available at the country and regional levels.”

MSF-OCB Staff

In 2018, at a Southern African Association event, a motion was made to bring decisions to the field. This was followed by multiple workshops on design and implementation. However, many of the participants in these workshops felt that their voices were not heard, and that country capacity and needs were not considered.

“...We have a big question on what 'one-size-fits-all' means, and we discussed that a lot in the last call. I don't think anyone understands it. So, I don't think that question can be answered, at least from Southern Africa”.

MSF-OCB Staff

Zimbabwe had a Coordination Team that had been in place for almost two decades. There was also a WASH Hub that was moved around the region to assist and train. However, instead of incorporating the unit into the new SRH programme, a decision was taken to stop funding the unit. In South Africa, there was not a stable capital team – the coordinators left due to the COVID-19 pandemic, and a major restructuring was underway. South Africa is struggling to hire a CST and has opted to staff the CST with only South African nationals. Although it was not a choice, the administrative issues make it difficult to recruit IMS. Mozambique saw a delayed rollout of FrC due to conflict in the north and struggles to find Portuguese speakers. There are also challenges with sharing information due to language differences, but Mozambican staff are making efforts to learn English and French. All three countries have challenges with work visas, resulting in long periods of staff working remotely. Essentially, the same “Option 1” model has been introduced for all three countries in Southern Africa, with some adaptations for Mozambique and Zimbabwe.

Just as MSF considers itself to be “without borders”, people have cited a growing awareness of people and diseases moving freely between countries, yet interventions stopping along borders. FrC saw the promotion of migration projects.

“The Tshwane Migrant Project had issues. The rationale to support migrant health care is good, but in the implementation, there has been limited formal advocacy and lots of networking, but there is no data or testimonies available.”

MSF-OCB Staff

FrC has an ambitious vision and goals that requires better resourcing. Staff who were interviewed said that they are accustomed to asking for more than they need before spending to ensure funding are available for the next cycle. One of the interviewees highlighted this culture, which is counterintuitive to FrC principles:

“Now, there is little difference as money is still moved by Brussels, who makes decisions and cuts. What was planned was interfered with, goals and objectives were rearranged, making it unable to deliver, especially with less money.”

MSF-OCB Staff

The evaluators believe that OCB needs to invest more resources to enhance its operational capacities (i.e., more competent staff) at the country and project levels. As highlighted before, this necessitates more investment in attracting people to work at the project levels.

Trust is key to managing funds, hence trustworthy and experienced people are needed. Currently, there are no guidelines on the segregation of duties or a balance of nationalities in a team. This needs to be linked to the capacity of teams to identify and respond to needs. MSF is in an incredibly unique and fortunate position to have enough private funding to respond quickly in the areas of greatest need. However, MSF also needs to take care not to jeopardise this funding or its reputation.

## E) INNOVATION

The MSF Strategic Orientation calls for a response to the external environment that is disruptive, innovative, and quick to adapt in a hostile political landscape. However, examples of innovation have been difficult to find during this evaluation. Views differ on how much FrC supports or even documents innovation.

“We might think that greater flexibility and freedom in decision-making leads to a wider range of possibilities and greater creativity, which, in general terms, could be a source of innovation. But, if we talk about Innovation concretely as operations with intelligent systems and solutions, as a predefined process that is an effect of FrC, information from field interviews shows that the concept of ‘Innovation’ is not well understood, and it is too early to talk about it as a direct result of FrC.”

MSF-OCB Staff

“We can fail, but then we know it was based on the decisions we took.”

MSF-OCB Staff

"It was like building a ship in the middle of the ocean. It felt like things were being made up as we went along, and people did not know what they were doing."

MSF-OCB Staff

FrC has created silos where projects focus on their sphere of influence and do not seek to collaborate. While FrC attempts to address fragmentation or working in silos, it introduces different ways to bring people together but does not bring overlapping ideas together. As explained by some people interviewed during the evaluation, project teams started to develop a narrow focus on the scope of their projects, with challenges in taking the wider context and conversations into the project's perspectives.

"Projects are now very much focused on their own interventions. They're looking at what's available outside or within the region, as well as new innovations and protocols."

MSF-OCB Staff

"In some sense, at least in the Southern Africa, where there was already a high level of autonomy, the people who were in coordination were there to help with the project, spar on ideas and do new things. Now, they don't have them anymore. They do have access to people in HQ, maybe other projects...they're not quite sure who they can spar with."

MSF-OCB Staff

"There are still referents, and we showcase what we do. Meetings between staff happen, but suggestions often die. Another person comes in and proposes, but things are not implemented, and we do not know why."

MSF-OCB Staff

"It would help if there had been more exchanges of staff between projects, between countries, even from region to region".

MSF-OCB Staff

National staff will continue to bring important contributions to innovation. There is still a need for a knowledge-sharing culture through the exchange of experience, as well as employment of international staff who have multi-country experiences and can bring more diverse views and solutions for local challenges. National staff have more say in support and innovation, but in the absence of a supporting culture and environment, this may not yield tangible results.

## 4.2 UNINTENDED CHANGES

Besides mapping out intended and unintended changes, the Evaluation Team was interested in understanding the aspects that were meant to change but did not during the previous implementation period. This section discusses some of these areas. Every Theory of Change warns that there will be unexpected outcomes that are not part of the causal change pathways. The major concern with FrC has been the loss of trust at many levels. The space to innovate has left confusion due to the lack of basic guidance on objectives, budgets, or indicators for success.



FrC aims to put Projects at the centre, but decisions are accumulating at RST level. The RSTs are trying to balance operational support with change management. The workloads were underestimated. Operations are discussed between the Projects and the RST, but the last word is still left to the DO.

In almost all countries, there is tension between the CST and both the RST and Projects. This is due to removal of the strategic and medical operational role from the CST. With a reduction of posts, levels, and salaries for those in the capital, technical people, many of whom have been with MSF for a long time, feel they are no longer valued. People have resigned, and MSF has lost their experience and institutional memory. MSF-OCB needs to look at how this will affect representation with authorities and legal bodies, as well as emergency response capacity.

“FrC has highlighted the fictions, fault lines, and people not fitting into the function grid.”

MSF-OCB Staff

The balance between retention and healthy turnover are unclear. Contracts have longer durations, national staff have become Managers, and there are fewer posts available for First Missionaries. Opportunity Positions have had to be created and funded by HQ. Management positions at the Project and Country Support levels are largely filled by national staff. This has a positive effect on both retention and utilisation of local knowledge and capacity, but it also challenges MSF’s notion of “without borderism” and principles of impartiality and neutrality. The shrinking staff diversity in teams needs to be reviewed.

FrC disrupts career pathways by reducing levels in the capital or increasing levels in Projects where responsibilities have remained the same. As a result, MSF is at risk of legal challenges from staff who have had their salaries reduced, regardless of seniority or doing similar tasks.

Interviews with various MSF-OCB staff indicated that the shift in mindset is inconsistent due to communication shortfalls or a lack of clear and targeted communication. Similarly, it may negatively affect advocacy efforts at the country level, including external communications. There is less reporting and a loss of institutional memory. Projects provide Microsoft PowerPoint presentations instead of situation reports (Sitreps), and meeting minutes are often drafted but not finalised. The data collected is not analysed or broadly shared, and it is difficult to find documentation on the history and evolution of Projects.

### 4.3 LIMITED PROGRESS OR CHANGE AREAS

As highlighted in various sections of this report, the lack of progress on changes at the HQ level is one of the main implementation gaps identified by evaluators. While two cells were transformed into RSTs, no changes were made at other departmental levels in terms of the number of staff, volume, and bureaucracy. Feedback from the field on technical and Departmental support indicates that there have been no significant changes associated with FrC. While several factors contribute to this gap, it is essential for MSF-OCB to adopt a holistic approach to address some of the untapped issues moving forward. Large number of comments were received around this evaluation. Some examples include the following quotes:



“It remains a valid question whether the changes made in HQ so far show that OCB is on track to place the Project at the centre of the organisation in a meaningful way.”

MSF-OCB Staff

“Why has not there been any reductions in HQ? Have some people in Brussels become too comfortable and stayed there for too long?”

MSF-OCB Staff

“FrC was launched without a real willingness to implement something new. Change still need to fit within the rigid MSF structures.”

MSF-OCB Staff

“We see a centralisation of people in HQ, but we need to strike the right balance with the field and ensure we have the right experience. Not many people are returning to the field in FrC Projects or missions, and there has also been quite an exodus from many projects.”

MSF-OCB Staff

One of the programme briefs provided clarification, shared through a FrC Intranet Communication to Staff:

*The Impact at HQ in Brussels: FrC is not about restructuring at HQ nor the (de)construction of an OC, but rather focuses on improving management and support of operations by placing the decision-making as close as possible to the beneficiaries and communities where we work. Much of the expertise in HQ will be needed for the more autonomous projects, and projects will continue to consult that expertise in the current HQ or wherever it is located. A related but separate strategic orientation of OCB is to work more as a Networked OC. This development continues parallel with the Field Recentralisation.*

This statement clearly defines the expected scope of change in HQ, but does not align with FrC Roadmap approach:

*This avenue is certainly the most challenging of the recentralisation programme, which will transform a very centralised HQ support model into a new paradigm: a global support network of communities of practices and support units. This pillar invites for a review of the current vertical support with the intention to foster transversal support. Project teams support won't be exclusively from the HQ towards the Field. It will allow connecting anyone from the field in need of support regarding specific technical questions to the best expert capable of providing an answer. This will simplify the process and ensure quicker responses. The role of the HQ will then refocus in norm-setting, and policy making, maintaining overall coherence of the operational portfolio with the capacity of the organisation, arbitration on resources allocation, emergency response, accountability, and representation. This includes the management of the OCB group. HQ will have also a strong role in lessons learned exercises as part of its support and accountability roles. (Also, from a FrC Intranet Communication to Staff).*

The first statement indicates, or emphasizes, the focus on the operations. On the other hand, the roadmap vision was more comprehensive in terms of the changes that needs to take place. It is not clear why the changes to HQ were limited only to operational changes. Interviews during the evaluation highlighted that the general sense among staff is that very little has changed at HQ.

“The field will most likely say, we don’t see any change at HQ. They will say, we’ve changed, we’ve done this and that. And what about you? To carry change, it takes resource that are so limitlessly invested into this. It needs energy, attention, and dedication to make it all grind slowly, slowly forward. And that needs to happen also at HQ because there’s no point in just putting a little bomb in an HQ without having any replacement.”

MSF-OCB Staff

“Indeed, we may encounter obstacles, resentment, lack of cooperation or passive cooperation from other departments, and potentially even from the Operational Department people as well. That’s why we created a second step, the Mirroring and Implementation Committee (MIC), which consists of people from every department to follow up and potentially explain the difficulties that exist in other departments. This allows us to have a focused approach on these issues and discuss them to find solutions.”

MSF-OCB Staff

“Well, mainly horizontal interaction where the different vertical layers interact at their own level and take more time to digest and channel some of the feedback down.... this vertical line came a bit more into the spotlight, and the horizontal layers have been a bit ignored or not critically looked at in the initial phase. And if we look at today, that is now rectifying things by what was created last year, something called the MIC or the Mirroring Implementation Committee.... a reflecting community with representation from each Department.... they are not suffering from the same system. Because after creating some field decentralised projects and areas, it was clearly noticed that the systems are not adapted, and again the same level of heaviness remained. So, this was created to rectify that and to make sure that changes and adaptations are happening, and that the mentality is changing at the different departments.”

MSF-OCB Staff

There was a momentum for change, with a focus on field level changes first and HQ changes to come later in the process.

“And then I think everything became slow. And it still is slow. I don’t know if this has solved anything. Sometimes you take an awful long time to take decisions.”

MSF-OCB Staff

“One thing is the structure, and the other is really the philosophy and the way of being and managing. I think what is happening slow are structural changes like certain titles and salary levels, which are part of recognition and responsibility. But then there are tools that aren’t so easy to change. There are decisions to be made where there are disagreements, so it is still a moving target.”

MSF-OCB Staff

MSF-OCB needs to accelerate its current tendency towards strategic shifts by embracing changes in how HQ collaborates with regions and countries. These observations call for a central question to the sponsors of FrC: What needs to be done and by whom to motivate change?

“The discussions need to happen in a much more systematic way, and that is where the MIC comes in... Starting with only three people in the beginning, then two people on the Catalyst team, and then the MIC as a sounding board, we had regular discussions in the beginning. I also remember having discussions with directors, but then we felt there was regular feedback between the Catalyst team and each Director on a quarterly basis. But then we felt that this is not sustainable as well. Let’s have the technical people from each department follow up, bring up the difficulties that they see in their department, follow up on these problems as well at their department level afterwards. The decisions can then be made, and in that sense, the Director is a bit spared from these day-to-day problems so that they can make decisions if structural changes need to happen or if there are conflicts of interest or disagreements. This way, the Director can take a more strategic role and we are somewhere in that sense taken as a second line.”

MSF-OCB Staff

“And so, the MIC is currently reflecting on the changes that are needed. We are awaiting the evaluation to identify the commonalities that can already be implemented as mainstream software changes. In terms of management style, we should promote a more centralized approach beyond the regionalized and decentralized approaches of the OD. Additionally, the team is exploring ways to promote these software changes in management through training programmes. This will create a coaching and mentoring support system, allowing for peer-to-peer collaboration and a bottom-up approach to decision-making. The goal is to create more capacity for individuals to be more autonomous in the decision-making process.”

MSF-OCB Staff

# CONCLUSIONS

## 1. FRC PROGRAMME DESIGN

Interviews with people for this evaluation clearly indicate that it will take a few years to see the true impact of FrC and for it to become part of MSF's *modus operandi*. The initial disruption has been done, the status quo has been challenged, and there has been a lot of “failing forward” to learn from.

### 1. REVISE THEORY OF CHANGE AND CHANGE MANAGEMENT

- The “consultative process” was insufficient, top-down and driven by HQ staff who did not consider ideas from the field in the design or implementation.
- The Catalyst Team overestimated the buy-in to go beyond the idea and operationalize FrC. Views on the appropriateness of proposed solutions varied.
- The Root Cause analysis is incomplete (See Section 1.4).
- A “mindset change” has started. FrC results need to be more concretely presented for people to see what the real benefits may be in the short, medium, and long term.
- Program design and implementation focused on the vertical operations line of operations but has hardly touched the horizontal departmental lines. The focus has been on support to Projects and has left out consideration and resourcing for the RST and the regional strategy.
- Restructuring the Country Coordination to give Projects more autonomy was drastic. There needed to be a reform, especially with regards to the scope for decisions and participation in planning, but this could have been done in a far less damaging way. MSF-OCB has put operations' representation and compliance at risk.
- Qualified staff from capitals are doubtful by the draw to work in Projects. There is an overemphasis on job descriptions and recruiting more competent staff faster with field input, rather than looking at how individuals are treated.
- The FrC is about power, whether people want to acknowledge it or not. Autonomy, accountability, flexibility, and other key areas still rely on decisions made in Europe on budgets and the opening and closing of projects.
- A comprehensive up-to-date Theory of Change is lacking. There is an oversimplification of what is needed to achieve the desired outcomes.

### 2. REVIEW THE PROGRAMME FRAMEWORK AND INDICATORS

The FrC presents a major strategic shift in how MSF-OCB operates. Since the first evaluation, there have been calls for accountability to be a focus on formal evaluation. Communication needs to shift from the category of ‘idea’ to ‘project’ by introducing a logical framework and M&E. It is time to establish basic guidance and indicators, and for them to be shared, monitored, reviewed, and adapted at regular intervals. The costs (financial, human, time) of this monumental change initiative need to be reviewed to determine if the investment brings the expected returns.

### 3. ADDRESS GAPS IN PROGRAMME LOGIC

The Evaluation Team noted that some of key aspects from the design of the programme did not hold during the implementation stage, and that there are several gaps in the design.

- Programme design does not cover ‘all the relevant’ aspects of HR interdependencies and assumes its marginal effects on the change process. The fundamental principles of FrC require action on HR interdependencies. These actions are not separate from the FrC concept and need to be reinstated as part of the Theory of Change with greater emphasis and resources invested.
- There is an overemphasis on structural issues, and not enough on people and cultural changes.
- There are very few tools for FrC rollout. Some people in Central and Southern Africa are confused, overwhelmed, or demoralised while other people feel positive and empowered by the programme.
- There are HR challenges related to gaps in finding experienced people for many of the new FrC locations at the project level.
- Neither program design nor implementation outline how accountability is addressed. MSF works in an environment of risk and FrC significantly shifts the line management culture to bring in autonomy, flexibility, trust, and a reduction of operational oversight. Risk mitigation needs to be more clearly worked into the design while not pulling the operational centre of gravity away from the Project. Risk management must not develop into a new kind of bureaucracy.
- FrC was implemented as Test-Try-Learn, but the Learning has not been shared or fed into the Theory of Change.
- Every programme cycle needs feedback loops for learning, development, improvement, or redesign. The evaluation highlighted the lack of forums or mechanisms used to effectively share results across the FrC community – only a few people were happy with the information available on forums like SHERLOG or Family Meetings.
- There is more emphasis on the aspirations of FrC than the impact or outcomes. FrC has a different framework from other initiatives, and they need to be connected in design or implementation with other relevant initiatives. FrC attempts to address fragmentation or working in silos; it introduces different ways to bring people together but it does not bring overlapping ideas together.
- Patients are considered as the focus of MSF interventions, but they are rarely asked for feedback on the type and quality of care provided.
- MSF-OCB wants to evaluate FrC but cannot draw from the existing data or set measurable indicators.

#### **4. THERE WAS NOT ENOUGH EVIDENCE INDICATING PROGRESS TOWARDS PARTICIPATORY OR HORIZONTAL DECISION-MAKING AT HQ LEVEL**

- Despite the efforts to enhance team agency in the two regions and projects, the programme scope and Theory of Change do not articulate how OCB will approach changing the organisational culture to address the tendency to micro-manage.
- There is no indication of when or how HQ Departments will join in with FrC.

#### **5. THERE IS AN OVEREMPHASIS ON THE PROJECTS AND PROJECT TEAMS AS THE MAIN TARGET FOR FRC**

- Focusing on projects is a good approach to delivering on programme principles. However, there was not enough consideration for other levels of what could be called "the field". The extension of the field concept to cover the country/national level is an important piece that can bring coherence FrC, how it is perceived and its impact.

- There is overemphasis on Project needs, without consideration of other needs for the wider organisation. This may lead to unbalanced outcomes in the long term.

## 2. IMPLEMENTATION

### 1. CONSOLIDATE CHANGE INITIATIVES

- The programme implementation was challenged by factors related to timing and overlap of other change initiatives taking place at the same time beside the impact of COVID-19 pandemic. MSF-OCB is witnessing different changes and competing priorities in the current period. FrC is getting lost in the overlapping areas between related initiatives. With many challenging agendas people don't always focus on FrC.
- While each initiative has its own objectives and process, continuing to implement each separately is creating confusion, contributing to a lack of coherence and missing opportunities for synergies. It is important for OCB to harmonise and consolidate related initiatives into one general stream that reflects the vision of OCB's direction. There is a need to harmonise, reconcile and consolidate all initiatives undertaken under one umbrella as "a change programme".
- The CoDir, either directly or through supporting advisory group/ subcommittee, may take the lead on consolidating and directing the change across the organization. That will necessitate revising the connection and realigning the roles and scope of work given to the MIC. The composition of the body that will direct the consolidated change should be well structured in terms of the membership and dedication of efforts. More attention needs to be given to the role of the catalyst team, the role of the change facilitators and the need to hire additional people. This was flagged in the first evaluation yet persists as an issue.

### 2. BALANCE INSTRUCTIONS AND GUIDANCE

- FrC was described as a strategic shift, not a pilot; it's something that is moving forward. Clarity around that is essential, making this message very clear. One of the observations about the implementation process is the need for the OCB leadership to be more courageous and bolder in driving change. The cultural and structural changes associated with FrC are not easy, however, the need and support for them throughout the organisation exists. Staff looks to their leaders to direct them through the changes. It should not be perceived as "top-down" imposed changes, but rather as providing a role of leadership and guidance, which people also need during such times. The first evaluation suggested using an indicator to show where decisions are taken and the types of decision, yet there is no system for tracking the use of the Rescue Role or other core decisions. This makes it difficult to assess whether subsidiarity has effectively been entrenched.
- The program itself has provided an opportunity to show-case a different way of working for MSF. The shifting of roles from a Steering Committee of Directors to a group of strategic mentors to guide and enable the program team was felt as an asset to the program. Whilst experimental in the first phase and with some growing pains, the next phase will partially depend on the role of the strategic mentors to remain convicted around FrC and being bold in pushing for meaningful change around them.

### 3. REVISIT AND REALIGN IMPLEMENTATION ARRANGEMENTS

- The evaluators understand the significance of the transformational changes that are happening in OCB at this stage. Like any organisational changes, some forms of resistance or lack of buy-in may still continue as the implementation progress. While the approach of how OCB created the 'implementation arrangements', is clear and might be relevant and suitable for other change initiatives; the level of criticism and challenges during the previous implementation period requires another reflection from the CoDir on what the best approach to is support the implementation by assigning more proactive roles and responsibilities to programme implementors. The structure of the implementation arrangements should be revisited, taking into account some of the aspects related to how the programme is designed and adapting a more guided approach to support the implementation.
- FrC's project planning and change management is simply put "not enough". Providing people with more time to process the information and talk to the programme's leaders may have resulted in greater buy-in and support. Fears and concerns, especially when a person feels they may lose their job, are real and scary for many. More time spent addressing these concerns, filling in the gaps of unknowns and guiding them through the process as decisions are made was a missing piece of the programme implementation. The FrC is an energy-intensive process in its inception and implementation. The lack of planning, foresight, and resources necessary for its development limited the time and energy necessary for the regular development of operations, missions, and projects.
- While there is a call to continue driving change from the direction level; the change needs to take its time to mature and for results to materialise. Meanwhile, the transition phases need to be well and carefully managed. The handover was described by many staff as chaotic and rushed, and its processes were not worked out.

### 4. DEVELOP A MEANINGFUL AND EFFECTIVE COMMUNICATIONS STRATEGY

- Continuous communication helps people understand. While some people will accept and move on, others will not for a variety of reasons. The evaluators propose to accept these phenomena as part of the process, but at the same time devote attention to address them and reintegrate that into design and process. People in the field need clear answers to questions, even if the answers are difficult.
- There is a need for a fresh and well-developed communication strategy. A communications strategy can not only inform, but also create space for dialogue and generate understanding and buy-in while minimising resistance or confusion. For such kind of programmes, where change is faced with confusions, it might be important to consider re-branding of the programme.
- In addition, continued support from the CoDir should be encouraged and understanding that middle managers and employees have the more direct challenge of working out the details of the specific changes that are required. Continued positive messaging about FrC and the expected outcomes will help sustain momentum and create excitement for the future.
- With MSF-OCB's commitment to speaking out, a full inventory of initiative pre- and post-FrC is needed to confirm reports that MSF has greatly reduced its external contacts and communications and whether there is a hesitancy of Projects to speak out on topics that may be sensitive.



## 5. DOCUMENT AND DISSEMINATE INFORMATION ON GAPS AND UNINTENDED CONSEQUENCES

- The learning cycle on programme implementation existed somehow, but was never documented and shared with stakeholders. The learning process needs to be significantly improved. The learning should not be about how to do the field recentralisation, but rather to document and disseminate the unintended consequences of how each region chose to do their modality or their work. If the implementors manage to document that and disseminate that, then people will see and understand the unintended consequences or risks.
- What will happen in the next region in terms of reactions or incidents would be anticipated and addressed as part of the communication; however, there is an absence of a real communication plan about the rollout of FrC. This needs to be addressed for the next phase of rollout.

## 6. INTRODUCE M&E

- In terms of M&E, whether due to the methodology used, the morphology of the different initiatives, the lack of specificity and the difference between contexts, the lack of indicators and the timeframe chosen, the initial stage of the process in which we find ourselves, etc., mean that any follow-up measurement of the progress or otherwise of the FrC, or any feedback, lessons learned and possible readjustment, lacks sufficient value.
- The 2021 Monitoring Report strongly recommended that indicators be developed immediately for the FrC programme to monitor progress/success. This recommendation has not been implemented yet. Apart from monitoring the degree of compliance of some initiatives, grouped into packages and reviewed annually in terms of the degree of follow-up or scope of these initiatives, initiatives that are not very specific and difficult to measure in most cases, in CA the notion of monitoring does not appear and there does not seem to be an M&E mechanism as such, for the moment.

## 3. PROGRAMME PERFORMANCE

The general findings from this evaluation suggest that changes are happening, but more is needed. However, there is a fear among some stakeholders that in wanting to change everything, nothing will change. Mindsets will shift over time if FRC is well implemented. The success of pilots depends on a strong commitment to learning and exploring the tensions with a positive solution-orientated mindset. The organisation must accept failures and imperfections in pursuit of systems and ways of working that will finally hold up. When fully rolled out, FrC will probably improve reactivity and reduce frustration related to the decision-making process. The 'test-try-learn' cycle of iterating change has a major challenge. There has not been enough preparation for field teams. Participatory management, decisional autonomy, etc. are new concepts; there is a need for more training and capacity building in Participative Management to support the adaptation of changes.

## 1. FRC HAS ENHANCED PROJECT AUTONOMY IN DECISION-MAKING IN SOUTHERN AFRICA

- Experience from Southern Africa indicates a positive tendency towards achieving autonomy in decision-making. This area was not assessed in CA region as it is early to measure perceptions of changes.



- In response to the growing complexity of MSF operations and calls to improve quality and management, MSF developed its HQ and Coordination support teams. This increased internal complexity, specialisation and highly technical tools as MSF looked for more innovative solutions.
- The core of the MSF-OCB matrix does not appear to have changed significantly. Power, HR, and money remain at the heart of the discussion, and these are still managed in Brussels. The ‘frame’ is key and sharing budgets, including regional allocations, can help to build trust. FrC has introduced a major shift in how OCB is to think and operates, so all positions will be affected, including transversal positions not directly engaged in decision-making for the field. Discussions around autonomy vs. agency vs. adaptability need to be clarified.
- A distinction needs to be made between operational and strategic decisions. FrC implementation started with simplifying vertical decision-making (operations) before horizontal structures (technical referents). Projects may have more operational autonomy, but subject-specific or thematic areas are said to have less, especially in technically demanding projects. The same issues are raised with establishing new projects. Autonomy is still tied to the OCB organisational structure. FrC primarily addresses operational decisions that affect local scope & priority, and not more specific areas like, finance, supply, or logistics. Decisions about medical protocols or purchases are still managed top-down by HQ.

## 2. FRC HAS ENHANCED AGILITY IN DECISION-MAKING WITH IMMEDIACY, BUT MORE EFFORTS ARE NEEDED

- Agility and the quality of a response still depend on changes in systems, tools, and knowledgeable staff. Projects can move more quickly, but it is not clear on whether they are moving in the best direction. Even before FrC was introduced, there were questions about the agility of some of the Projects in Southern Africa. FrC rollout and some Project closures have exposed many of the shortfalls. Downscaling CSTs and shifting HQ-based cells to Regional CSTs have had a mixed effect on responsiveness.
- Some key questions emerged from this evaluation which will have some implications: (1) are the right roles assigned between the RST and CST? (2) what cannot be transferred from the CST to the RST, (3) have supporting departments gone far enough in adapting their support functions? Logistics and the Medical Departments have done some adapting, but frustrations continue<sup>44</sup> to be voiced about HR and Finance. The changes agreed to by Departments in support of FrC need to be documented, shared and used as basis for the next phase of FrC.

## 3. OPERATIONAL FLEXIBILITY WAS INTRODUCED AND ADOPTED, BUT MORE RESOURCES ARE NEEDED

- Operational flexibility requires trust and support from HQ for Projects to adapt and add to altering the culture and mindset on how MSF-OCB does business. In addition, operational flexibility is linked to a projects’ capacity and the levels of support required. Standardisation should not be an end. Standards slowed down responses, even though in many cases they were linked to best practices and economies of scale. Standard operating procedures do help people to move between Projects and respond quickly once on the ground. The speed of the response varies in more established disease-focused Projects, and this begs the question about whether FrC has

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<sup>44</sup> Field Recentralisation Programme — After 1 year, what have we learned? Field Recentralisation Catalyst and Support Team, Version 3, October 2020.

become the “one-size-fits-all” for all countries and Projects. Operational flexibility should make MSF-OCB more agile, responsive and relevant. As FrC rolls out and Cells continue to be replaced with RSTs, key questions emerge through this evaluation is how and when will HQ Support Departments adapt?

- Flexibility needs to be applied at different stages of the project cycle (initiation, implementation, and closure) and for different categories of projects (emergency, humanitarian, development, advocacy, operational research). At a minimum, guiding principles and a risk matrix need to be defined.
- MSF-OCB needs to invest resources to enhance operational capacities (i.e., more competence) at the country and project levels. This necessitates investments in attracting and retaining motivated people. With growth, standardisation and validation layers had gone too far and stifled innovation and commitment. Failure to prepare HR for their responsibilities has a paradoxical effect and becomes a bottleneck with undesirable effects.

#### **4. THE EVALUATION OF RESPONSIVENESS WAS LIMITED**

- FrC has reduced the project’s burden associated with HQ validation, however, it is the validation step that changed more than the people or what is going on.
- The responsiveness of OCB at organisational level, and how structure and culture affect this will be highly dependent on how OCB streamlines roles at HQ to align with changes happening at regional, country and project levels.
- Further evaluative work is needed to dive deeper into the impact of FrC on enhancing responsiveness of projects to the needs of communities.

#### **5. THE INFLUENCE OF FRC ON INNOVATION IS UNCLEAR, BUT CROSS-LEARNING NEEDS TO BE STRENGTHENED**

- Prior to FrC, more structured approaches and validation tools diminished the space for innovation in the field. FrC has made limited gains in re-establishing autonomy. On the other hand, limited guidance has created more confusion than space for innovation.
- FrC can foster innovation at a strategic level if well implemented and supported by relevant transformation of the HR strategic landscape in OCB. Translating concepts from the Strategic Direction demands that OCB staff engage in non-typical areas and learn how to do things differently.
- There is a need to link initiatives made by different projects by exchanging experiences, making visible the successes and failures along the way, drawing lessons learned, inspiring further innovation, creating specifications and guidelines, and working upstream to permit modifications in different departments.
- An important component of catalysing new change pilots will be generating motivation through communication that empowers and motivates innovation.

#### **6. UNINTENDED CHANGES AND LIMITED CHANGES AREAS MUST BE ADDRESSED**

- The shift in mindset is inconsistent due to communication shortfalls or a lack of clear and targeted communication.

- Any new programmes, policies or interventions result in unintended outcomes or changes that were not part of the causal change pathways described in the Theory of Change. FrC has resulted in a loss of trust at many levels. Power continues to shift as FrC is implemented.
- Multiple unintended effects of the FrC need to be assessed and considered as part of the lessons learned in the next implementation phase.
- The general sense is that very little has changed at HQ. There was no documented progress on what changes are taking place; if any; these are not communicated to the rest of the organization. The lack of clarity about the changes that are taking place in HQ is leading to a lack of trust in FrC, its principles and motivations about why it was initiated.

## RECOMMENDATIONS

The evaluators worked with MSF-OCB on high-level recommendations based on the findings and conclusions.

### ⇒ Recommendation 1: Leadership, Governance, and Oversight

- CoDir need to play more “actively visible” roles in the next period and should consider more bold and assertive language on how the FrC should be implemented.
- Organize more discussions and involve relevant stakeholders on how OCB will change its approach to Risk Management, Accountability, and Oversight in response to changes taking place because of FrC.

### ⇒ Recommendation 2: Programme Design, Planning, and Frameworks

- Revise the mind-map, consolidate additional elements, and reformulate the FrC roadmap and update the Theory of Change (ToC) into actions- and results-oriented frameworks of the programme.
- Harmonize and consolidate different relevant change initiatives currently adopted at MFS-OCB (that share boundaries and directions with FrC). Consider merging these into one umbrella change program and to re-brand it in a strategic manner.

### ⇒ Recommendation 3: Programme implementation structures and synergies

- Re-align the role of different program implementors including assessing options for how the role of the Mirroring Implementation Committee (MIC) and Catalyst team may evolve.

### ⇒ Recommendation 4: Programme implementation guidance and communication

- Engage the CoDir and other leadership levels to revise the FrC’s value statement (why the FrC has short and long-term benefits). Use this value statement to guide communication and develop a new and comprehensive communication plan, that includes re-calibrating messaging the FrC’s target audience and how they can benefit from the programme.

### ⇒ Recommendation 5: Implementation Monitoring and Evaluation

- Develop a fit-for purpose M&E framework capturing process, inputs, outputs, outcomes, that contains suitable indicators (qualitative and quantitative), including impact indicators, with a clear timeframe linked to the results framework.

### ⇒ Recommendation 6: Programme Try, Learning, and Feedback

- Develop regular briefs on quick wins, areas of “failure”, and areas of potential learning (including those captured) in this evaluation report. Encourage cross-learning and experience sharing-focused activities.

### ⇒ Recommendation 7: FrC Contextualization in next regions and countries

- Develop the rollout plan and roadmap structured according to the FrC programme pillars. Assign clear roles and responsibilities for programme implementors.
- Re-define what “buy Autonomy Frame” means at regional, country and project context (not only at project level). Clearly communicate the frame and strategy to all OCB staff in the regions.
- Ensure a greater community involvement in the FrC process and its evolution in the future. Schedule an appropriate impact assessment in due time.

## ANNEXES

Annex A: Evaluation Terms of Reference

Annex B: Elaboration on the Evaluation Approach and Design

Annex C: List of documents reviewed

Annex D: Change Management Model Used to Benchmark The Field Recentralisation Programme

Annex E: Interview questions

Annex F: Evaluation Matrix

Annex G: Analytical Framework

## Annex A: Evaluation Terms of Reference

**Doctors without Borders/Médecins Sans Frontières (MSF)** is an international medical humanitarian organization determined to bring quality medical care to people in crises around the world, when and where they need regardless of religion, ethnical background, or political view. Our fundamental principles are neutrality, impartiality, independence, medical ethics, bearing witness and accountability.

The Stockholm Evaluation Unit (SEU), based in Sweden, is one of three MSF units tasked to manage and guide evaluations of MSF's operational projects, and works primarily with Operational Centre Brussels. For more information see [evaluation.msf.org](https://evaluation.msf.org).

Subject/Mission: Evaluation of MSF's Field ReCentralisation	
<b>Starting date:</b>	August 2022
<b>Duration:</b>	Final report to be submitted by December 2022
<b>Requirements:</b>	Interested applicants should submit: 1) A proposal describing how to carry out this evaluation (including budget in a separate file), 2) CV(s), and 3) a written sample from previous work
<b>Deadline to apply:</b>	August 7th, 2022
<b>Send application to:</b>	<a href="mailto:evaluations.sweden@stockholm.msf.org">evaluations.sweden@stockholm.msf.org</a>
<b>Special considerations:</b>	The evaluation will require visits to some of the projects for on-site interviews.

### BACKGROUND

Médecins Sans Frontières (MSF) is one of the world's largest medical humanitarian organizations. Operational Centre Brussels (OCB) is one of six Operational Directorates through which MSF manages operations and runs over 100 projects on an annual basis across the world. Traditionally, OCB's social mission, its medical operational projects, has been managed by a national coordination team, including a head of mission (HoM), medical coordinator (MedCo), but also specific functions coordinating the contribution of the support departments (supply, logistics, finance, human resources, etc.). On the project level, a set of coordinators – including the project coordinator (PC) and project medical referent (PMR) – manage the project. These positions are mainly filled by internationally mobile staff, though in some larger missions, deputy positions can be recruited nationally. In Brussels, cells (units) within the Operations Department are structured based on a division of geographic areas (countries) to follow the missions. Other OCB-based departments provide

direct support to the cells and missions, through staff placed directly in the cells or by working closely with the cells, missions, and projects.

By calling for a reduction in bureaucracy and wanting to strengthen decision-making autonomy as close as possible to the patient, MSF-OCB Strategic Orientations and the Operational Prospects 2020-2023 seek to place the patient and population at the center of its medical activities. As an integral part of accomplishing this strategic ambition, MSF-OCB launched a change management program called Field Recentralisation (FrC Program or the Program) in 2019. The program assumes that it can increase the impact of OCB's medical-humanitarian operations by moving decision-making as close as possible to the medical-humanitarian act and its beneficiaries.

The FrC *Roadmap* (2018) describes how years of growth, particularly at headquarter level rather than in the countries where projects are being implemented, and the continuous development of rules and guidelines, has affected the projects' ability to act, making it increasingly dependent on HQ for decision-making and implementation. The program aims to increase the autonomy of the project staff and ensure that knowledge is accessible, and support is adapted to their needs. By addressing elements including: the projects' autonomy, responsibility, accountability, agility, and decision-making capacity, FrC wants to "re-balance the organization's centre of gravity by giving the field back the ability to regain autonomy and by redefining the scope of responsibilities of the projects" (FrC program document).

The program document includes a Theory of Change (ToC) with an overarching goal: "Decision making as close to medical-humanitarian act & beneficiary as possible" and the following sub-objectives:

- Stimulated and empowered quality in medical humanitarian operations,
- Speed & Reactivity enabled,
- Get out of "one-size-fits all" mentality,
- Knowledge & Support is adapted to the project's needs,
- De-standardised models and systems,
- Project Teams are given more Autonomy to fulfil objectives, and
- Project Positions are filled by capable & competent + motivated people.

FrC started in Southern Africa in 2019, and in Central Africa in 2020. In both regions, changes were implemented in the projects in terms of staffing (roles and responsibilities, authority), in the coordination teams of the region and ultimately at the cell level. In the initial phase, the FrC team worked closely with projects in Southern Africa (SnA), establishing country and regional support teams and implementing several new processes, which sought to allow MSF-OCB to end the support of the cell and gradually transform the national coordination in the countries (where projects are being implemented).

Cells 1 and 5 gradually stopped its support to the region and Regional Support Teams (RST) were set up in the region with core components based in MSF's SnA section in Johannesburg (South Africa) and in the MSF Kinshasa (DRC) office. It aims to be enlarged to other regions in the coming years, though the practical steps are not dictated. This evaluation will cover two phases of the program's work to date (SnA and CA) recognizing that it should be adapted to the progresses of the different phases. SnA

includes projects in South Africa, Mozambique, and Zimbabwe. CA includes Democratic Republic of Congo, Burundi, Cameroon, and Central African Republic.

## PURPOSE & INTENDED USE

This evaluation aims to provide an account of the FrC program from the root cause analysis<sup>45</sup> and the strategic design to the implementation and results. It should generate a deeper understanding of the effects (positive and negative) at different levels of the organization including its ability to deliver on its medical humanitarian objectives.

It is intended to provide the organization with an improved understanding of the programme's objectives, progress, challenges, and results and to help management identify areas for future adaptations, both for the sake of looking back and looking forward (to additional roll out).

The program is currently being implemented in two regions (Southern Africa and Central Africa). It was launched and has been implemented under different conditions and preconditions. It is likely that the evaluation will have to look at the two contexts separately to draw conclusions as to the program's value.

## EVALUATION CRITERIA & QUESTIONS

The evaluation seeks to assess 1) what type of change is happening and for who, at what levels of the organization and under what circumstances and 2) where we are seeing the desired positive change, and where we are seeing unintended or negative change.

1. How well does the program, in its design, respond to the identified need/issue/problem?
  - a. How well does the program design address the root causes? Is it still the right solution?
  - b. Has it been adapted to the context in which it is implemented?
  - c. Has the program been able to adapt to changes in the context, including in response to its own internal learning and increased understanding?
2. How well implemented is the program?
  - a. What outcomes have been achieved and how valuable are they: for the patients? For OCB project-based staff? For the OCB department (including Operations)?
  - b. Do the outcomes contribute to addressing the root causes for launching the program?
  - c. What opportunities and constraints have emerged throughout the course of implementation? How was the program able to overcome constraints and capitalize on opportunities?
3. Which parts or aspects of the program generate the most valuable outcome for the time, money and effort invested?

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<sup>45</sup> The intention is not to redefine the root causes, but rather to consider how the root cause analysis was done as a precondition for sound program design.



## EXPECTED DELIVERABLES

- Inception Report

The inception report ought to include a detailed evaluation proposal including the methodology and evaluation protocol, developing further what has been proposed in the proposal. MSF attributes great value to the inception stage, particularly when ensuring shared understanding of a complex evaluand is key.

- Regional debriefs in connection to data collection

Debriefing with the regional teams and project teams, in connection to the project visits. It is not expected that the evaluators will have to visit all seven project countries.

- Draft Evaluation Report

The draft ER ought to answer to the evaluation questions and the evaluation's stated purpose with the intended use in mind, basing this on analysis, findings, and conclusions – and if relevant – lessons learned and/or recommendations.

- Working Session

As part of the report writing process, a working session will be held with the commissioner, consultation group members and SEU evaluation manager. The evaluator will present the preliminary findings, collect feedback and facilitate a discussion on recommendations (either to co-create recommendations or, if already developed, their feasibility).

- Final Evaluation Report

The final report will have addressed feedback received during the working session and written input from the feedback loop.

- Presentations of the Final Evaluation Report

1. A presentation and discussion of the final report to the Comité des Directeurs (CODIR) in Brussels, in person or virtual.
2. A presentation of the final report to a general OCB audience in the form of a webinar.

The key deliverables (inception report, draft/final report) will be processed through a feedback loop, collecting input from the consultation group (see below, Practical Implementation of the Evaluation). Each deliverable is reviewed by the SEU and endorsed by the evaluation's commissioner.

## TOOLS & METHODOLOGY PROPOSED

While this is at the discretion of the evaluator(s), it is likely that the evaluation will have to assess the two regions separately and then look to analyze the FrC program transversally.

While the original program document contains a theory of change, this ought to be reviewed at the start of the program and tested for viability, so to ensure it provides an accurate basis for the evaluation. The evaluation should be mixed methods and incorporate both the routine monitoring data (project and medical data) and primary data collected as part of the evaluation.

In addition to the initial evaluation proposal submitted as a part of the application, a detailed evaluation protocol should be prepared by the evaluators during the inception phase. It will include a detailed explanation of proposed methods and its justification based on validated theories. It will be reviewed and validated as a part of the inception phase in coordination with the SEU.

## RECOMMENDED DOCUMENTATION

- MSF and OCB strategic documents, including the Strategic Orientations, Operational Prospects, Medical Department Strategy
- FrC Program documents, including plans and background papers
- Previous assessments (capitalization 2020, external monitoring exercise 2021, Central Africa consultations)
- Project plans (including HR set-up and changing needs), monitoring, evaluation, and reporting (reports, monitoring data, medical data) from the project sites within the scope of the evaluation

## PRACTICAL IMPLEMENTATION OF THE EVALUATION

Number of evaluator(s)	Flexible
Timing of the evaluation	Start: August 2022 Inception report: September Data collection: October/November Finish: Latest December 2022

The SEU (as evaluation managers) has established a consultation group (CG) to accompany this evaluation. The CG is led by a commissioner. They have contributed to finalizing this ToR.

## PROFILE/REQUIREMENTS FOR EVALUATOR(S)

The evaluation requires an individual or team of individuals who can demonstrate competencies in the following areas.

1. Proven and relevant evaluation competencies<sup>46</sup> to carry out an evaluation of a complex, multi-country program.
2. Specific technical competencies
  - a. Humanitarian strategic planning and program management
  - b. Organizational development and change management
3. Fluency in English (spoken and written), professional proficiency in French.
4. Good knowledge of MSF, its organization, operations and guiding principles, is a strong asset.
5. Competency to analyze complex contexts.
6. A central element of the program that is being evaluated relates to power dynamics; consideration for how to best interpret and analyse this ought to be considered in the presentation of the evaluator(s)' profile and competencies.

<sup>46</sup> The SEU references SEVAL's professional competencies, available at <https://www.seval.ch/en/standards-competences/competencies/>.

## APPLICATION PROCESS

The application should consist of a technical proposal, a budget proposal, CV, and a previous work sample. The proposal should include a reflection on how adherence to ethical standards for evaluations will be considered throughout the evaluation. In addition, the evaluator/s should consider and address the sensitivity of the topic at hand in the methodology as well as be reflected in the team set-up. Offers should include a separate quotation for the complete services, stated in Euros (EUR). The budget should present consultancy fee according to the number of expected working days over the entire period, both in totality and as a daily fee. Travel costs, if any, do not need to be included as the SEU will arrange and cover these. Do note that MSF does *not* pay any per diem.

Applications will be evaluated on the basis of whether the submitted proposal captures an understanding of the main deliverables as per this ToR, a methodology relevant to achieving the results foreseen, and the overall capacity of the evaluator(s) to carry out the work (i.e. inclusion of proposed evaluators' CVs, reference to previous work, certification et cetera).

Interested teams or individuals should apply to [evaluations@stockholm.msf.org](mailto:evaluations@stockholm.msf.org) referencing **FRCEV** no later than **Sunday 7<sup>th</sup> August 2022, no later than 23:59CET**. We would appreciate the necessary documents being submitted as separate attachments (proposal, budget, CV, work sample and such). Please include your contact details in your CV.

Please indicate in your email application on which platform you saw this vacancy.

>...<

## ANNEX B: ELABORATION ON THE EVALUATION APPROACH & DESIGN

### 1. PURPOSE OF EVALUATION & THE INTENDED USE

MSF-OCB adopted a cycle of learning and improvement for the FrC Program. The Stockholm Evaluation Unit (SEU) worked with MSF-OCB to define a Terms of Reference (ToR) and commissioned PEA Consultancy to evaluate the FrC to date. The PEA approach is outlined in section 3.1 and highlights items not recommended for inclusion.

#### EVALUATION AIM :

- To provide an account of the FrC program from the Goals, Root Cause Analysis and Strategic Design to the Implementation Progress, Challenges and Results.
- To support a deeper understanding of the effects of the program (positive and negative) at different levels of the organisation.

#### EVALUATION OBJECTIVES:

- To assess what type of change is happening and for who, at what levels of the organisation and under what circumstances.
- To assess where we are seeing the desired positive change, and where we are seeing unintended or negative change.

### 2. EVALUATION FRAMEWORK

#### THE EVALUATION QUESTIONS

The Terms of Reference (ToR) included the following questions:

##### **1. How well does the program, in its design, respond to the identified need/issue/problem?**

- 1.a. How well does the program design address the root causes? Is it still the right solution?
- 1.b. Has it been adapted to the context in which it is implemented?
- 1.c. Has the program been able to adapt to changes in the context, including in response to its own internal learning and increased understanding?

##### **2. How well implemented is the program?**

- 2.a. What outcomes have been achieved and how valuable are they for the patients? For OCB project-based staff? For the OCB department (including Operations)?
- 2.b. Do the outcomes contribute to addressing the root causes for launching the program?
- 2.c. What opportunities and constraints have emerged throughout the course of implementation? How was the program able to overcome constraints and capitalise on opportunities?

##### **3. Which parts or aspects of the program generate the most valuable outcome for the time, money and effort invested?**

The PEA evaluation team illustrates its methodological approach and evaluative reasoning within the established scope in the following table. In addition, following the preparatory phase and our assessment and reflections on the scope of the evaluation questions, we would like to explore more areas for further analysis and generate evidence. The evaluators would like to recognise and flag the ambition for this evidence-generation plan (which is essential to provide robust answers to the evaluation questions).

Evaluation Questions	Evaluation approach	What we want to understand more to answer the question?
1. How well does the program, in its design, respond to the identified need/issue/problem?	<ul style="list-style-type: none"> <li>We propose a theory-based evaluation design that models the program logic and then critically reviews the problem statement of 'why' FrC was introduced. This will be linked to 'how' MSF designed the program (building on the ToC). A theory-based or process evaluation helps to document where and why the program is succeeding or failing. It also provides suggestions on areas for improvement.</li> <li>Using the ToC developed by OCB and the results and findings presented in the FrC Monitoring Exercise (2021), we will build on these efforts and assess the coherence of the program's conceptual, hypothetical and pragmatic principles and how they influenced</li> <li>Stakeholder Mapping will help us identify the key persons know how the program is expected to operate and produce results, and those who are doing the implementation.</li> <li>any results, especially from the perspective of the field teams.</li> </ul>	<ul style="list-style-type: none"> <li>While the shared documents provide good insight about the issues FrC aims to address, the evaluators want to add to the Root Cause Analysis and learn more about why the FrC model or approach was chosen so that we can better identify the successes, especially as they pertain to replicating FrC in other regions.</li> <li>Learn more about how the Change Pathway outcomes have been followed in the different contexts.</li> <li>Map and assess the alignment of Stakeholders and document areas where goals and objectives need to better align.</li> <li>Hear from field staff about the challenges and what still persists after the FrC rollout.</li> <li>Review how the FrC program influenced HR policies and how people at all levels perceive the changes.</li> <li>Understand how supporting roles in HQ, Cells/RSTs and Country Support Teams have changed. How are field teams interacting with RSTs/CSTs?</li> <li>Understand how FrC principles drive decisions about structure at regional and country levels?</li> </ul>
2. How well implemented is the program?	<ul style="list-style-type: none"> <li>The evaluation question implies (including sub-questions) assessing program performance and documenting achievements of intended results (outputs and outcomes). We propose Outcome Harvesting, in combination with a value-added assessment.</li> <li>Analysing 'how' inputs and activities of the program were thought to produce intended and unintended outcomes, we will focus on how stakeholders understand the guidance</li> </ul>	<ul style="list-style-type: none"> <li>Document the cultural and mindset shifts at different levels of MSF-OCB.</li> <li>Understand if the various FrC outcomes in the two pilot regions are managed. Document both the positive and negative effects.</li> <li>Document changes in how decisions are made at Project levels and if local data drives decisions.</li> <li>Examine if there is a better sense of operational efficiency or if</li> </ul>

	<p>provided and perceive the program outcomes. This will be explored together with their integration into country contexts (i.e., collect and describe the outcomes).</p> <ul style="list-style-type: none"> <li>• Reflecting on the information gathered during the Inception Phase, we will use a set of qualitative and quantitative indicators that can be feasibly assessed and generate evidence to measure performance using relevant indicators (section 4.2).</li> <li>• We aim to document the incremental documented or observed changes over time. We will focus on organising the logical flow of changes observed during the implementation by linking the context 'before' to 'after or now' when we document the outcomes. That will allow a better understanding of factors affecting changes and link it back to the implementation process.</li> <li>• Our initial analysis indicates potential multiple unintended results of the program. We will map these and assess their influence on program performance.</li> </ul>	<p>bureaucracy persists. Has FrC made systems and process simpler?</p> <ul style="list-style-type: none"> <li>• Document the progress achieved and assess what more needs to be done and by whom.</li> <li>• Reflect on what OCB has lost through FrC.</li> <li>• Understand the added values of FrC from the perspective of recipients.</li> <li>• Benchmark the implementation of FrC using an appropriate change management framework and identify any gaps to support OCB in FrC rollout in new areas.</li> <li>• Assess how learning is enabled. Are there new communities of practices to support learning? How has support from technical departments changed?</li> <li>• Assess the impact of FrC on continuity, quality, reliability, and compliance standards.</li> <li>• Document any misconceptions about FrC and any change elements that are not working either because they were not well received, understood or suited.</li> <li>• Identify and describe risks associated with FrC and how they are managed.</li> </ul>
3. Which parts or aspects of the program generate the most valuable outcome for the time, money and effort invested?	<ul style="list-style-type: none"> <li>• We will focus on a value-added analysis and collect data on system-wide indicators of intended and unintended outcomes and a scheme for obtaining, classifying, and analysing the FrC results.</li> <li>• We will use hierarchical analysis to identify achievement trends and associate differential trends with the contributions observed by (or in) different projects or groups of similar projects. We will collect evidence on what has changed and then work backwards to determine whether and how an intervention contributed to the changes.</li> </ul>	<ul style="list-style-type: none"> <li>• Reflect on the achievements appreciated most by the targeted staff and beneficiaries.</li> <li>• Understand how the Central African region (CnA) has benefited from the SnA experience. What is common and can be transferred to other regions? What needs to be adapted?</li> <li>• What have been the quick wins?</li> <li>• Understand which operating system in the FrC regions work best or need improving for better outcomes.</li> <li>• Assess if FrC contributes to achieving medical-humanitarian relevance.</li> </ul>

### 3. EVALUATION METHODOLOGY

This section provides details on how the PEA evaluation team will approach the collection and analysis of the data, including the establishment of clear indicators and timelines for future collection. The methods described will build on evidence gathered through document reviews and interviews.

#### 3.1. THEORY OF CHANGE AND PROCESS EVALUATION

A ToC for the FrC program was developed by the Catalyst Team, however, it is not clear how broadly it was shared. The evaluation team will add to the Root Cause Analysis and evaluate components related to the scope of the FrC program. This will help to account for the issues covered by the program and define what has not yet been addressed.

Process<sup>47</sup> mapping will be done to assess program fidelity and the quality of implementation. We propose to use the ADKAR model<sup>48</sup> to develop a suitable benchmark to evaluate the FrC implementation process<sup>49</sup> and to utilise the findings to inform a critical review of the results from the process mapping to help understand which of the ToC pathways are associated with significant changes at Project level. The ToC outlines 'what' the program aims to achieve (by adopting pathways for a change), and our team is keen to understand if the process (the how) is also sound and robust.

A Context Analysis Approach will use more qualitative data analysed from interviews to document the changes observed in the broader environment of the program, while responding to actual needs (whether formally identified in the program documents or not). This approach looks at other broader issues highlighted in the published and unpublished literature on results associated with the motivation to change and the decision-making approach that are not necessarily linked to the causal chain of results as identified by the ToC.

#### 3.2. OUTCOME EVALUATION

We propose an Outcome<sup>50</sup> Evaluation design combined with value-added assessment. Outcome Evaluations assesses the progress of program outcomes in the target population and program effects. The FrC Outcome Evaluation will use the program framework as a basis for the evaluation. Given the complexity of the FrC program, the evaluation approach will focus on applying outcome harvesting rather than indicator- or objective-based outcomes. The evaluators will focus on capturing what stakeholders see as the actual changes that happened at outcome level (i.e., changes associated with the decision-making approach and culture of autonomy at the project level). While we aim to assess outcomes at all levels, we will emphasise the identification of program outcomes for the main beneficiaries (i.e., MSF-OCB projects a). Our approach will enable stakeholders to see the resulting

<sup>47</sup> Process refers to all activities implemented based on the design of the program (ToC elements).

<sup>48</sup> The ADKAR Model is based on the understanding that organisational change can only happen when individuals change. This model allows organisations to guide individuals through a change and dealing with any barriers along the way. ADKAR is an acronym of five outcomes (1) Awareness of the need for change, (2) Desire to participate & support the change, (3) Knowledge on how to change, (4) Ability to implement desired skills & behaviours, and (5) Reinforcement to sustain the change.

<sup>49</sup> Our proposed approach to benchmark the Change Management Model of the Field Recentralisation Program is presented in annex B.

<sup>50</sup> Outcomes refer to all changes resulted from the implementation of the program (focusing on changes occur at the field level as the main target for the program; however, other changes might be covered as well).

changes (intended or unintended). We look into the context before and after the FrC rollout and we compare the results across the sites included in the evaluation.

## Evaluation Criteria

Defining the evaluation criteria is important to enable a more objective assessment of the program and its achievements. The following table highlights what the PEA evaluation team proposes as criteria and definitions, and it includes some potential indicators or program attributes for measure.

Criteria	Definition	Potential Indicators and Attributes
Project autonomy in decision-making	Autonomy refers to the ability of competent field and project staff to make decisions about their projects free from control in judgments or actions.	<ul style="list-style-type: none"> <li>- Reported sense of autonomy by project teams</li> <li>- FieldCos are more (1) willing, (2) able, and (3) enabled to decide on 'how' to set priorities on programmatic aspects (within a strategic framework)</li> <li>- Feedback from younger generations and newcomers in MSF (their perceptions on FrC and support they receive and attitudes towards taking risks).</li> <li>- % of briefings for new incoming key staff (national &amp; international) on FrC principles and a new way of working</li> <li>- Ability to attract Coordination profiles back into Project positions, as FieldCo and PMR become more attractive</li> <li>- % of teams (Project/CST/RST) completing Coaching Skills Workshops or other team coaching and reporting enhanced skills due to the interventions</li> <li>- Space to reflect and document experience for sharing in peer networks</li> <li>- # or % of Project Plans, Budgets and Orders prepared and presented, along with notes on shortfalls and how addressed</li> <li>- # of times Rescue Role used and the outcomes</li> <li>- # of positions filled by competent and capable people vs. gaps</li> <li>- # of coordination positions filled by national staff</li> </ul>
Agile decision-making with immediacy	The FrC program should support or enable MSF teams to work iteratively, collaboratively, and transparently. The new culture should support and empower the Project team to initiate and decide on the best solutions to field challenges promptly.	<ul style="list-style-type: none"> <li>- Reported sense of application of the subsidiarity principle</li> <li>- Evaluation of the number of direct medical interlocutors per project</li> <li>- Changes in staff turnover and retention before and after FrC</li> <li>- Perceptions about differences between the Cell and the RST (managerially, technically, core roles, added value, working culture)</li> <li>- Changes in number and frequency of field visits from higher levels</li> </ul>



		<ul style="list-style-type: none"> <li>- # of new interventions, including emergency response</li> <li>- Time from needs assessment to implementation</li> </ul>
Responsiveness	FrC should support MSF Projects to become more responsive to the needs of beneficiaries. The new approach should be demonstrated in the ability of MSF (at the corporate level) to react rapidly and positively to the needs at the Project level. It also entails demonstrating the capability of the Projects to adjust to external influences in a timely and meaningful manner.	<ul style="list-style-type: none"> <li>- Reported effects of FrC on the quality of interventions</li> <li>- Are approaches to train, coach, mentor, and accompany the MSF workforce (1) comprehensive, (2) good or (3) enough.</li> <li>- Time to access recruitment pools and complete the recruitment process</li> <li>- Description of how the FrC program supports or influences the reactivity of Project teams to unforeseen needs or emergencies</li> <li>- # of incidents of misconduct, fraud or major incidents</li> <li>- Results of regional scanning resulting in assessments or interventions</li> <li>- Results of leveraging (link to job description)</li> <li>- Involvement of community &amp; beneficiaries in decision-making and strategy</li> </ul>
Operational Flexibility	Projects should have the ability to respond to changes in their context effectively and efficiently. The operations design should support the Project teams to make decisions or decide on changes freely and as appropriate to the context. The FrC program should enable the projects to take the appropriate decisions on the scale and scope of the interventions, making the best operational decisions to deliver on project objectives and new needs coming out in the area (emergencies interventions) not foreseen by the project.	<ul style="list-style-type: none"> <li>- Shift in HQ role to become advisory, rather than managerial</li> <li>- Degree of changing or breaking the IRRFG frame (HR system)</li> <li>- Comparisons of changes in number and percentages of new recruited staff at HQ, RST and Projects levels</li> <li>- # of days Regional Pool profiles do gap filling</li> <li>- # of Project malfunctions with remedial action</li> <li>- How the team has responded to the Regional Strategy and the DO strategic plan</li> <li>- Are Country Support Teams providing tailored support?</li> <li>- Have Finance, Logistics and HR tools and approaches been adapted?</li> <li>- Adaptation of Departmental Strategies to incorporate FrC.</li> <li>- Changes in correlation between % of budget spent and % of objectives reached at the end of the budget period</li> <li>- Synergies and mutualisation of resources between the projects</li> <li>- General tendency to building HR capacity</li> </ul>
Innovation	The new approach should enable MSF to put its projects at the centre and align with the needs of the beneficiaries. The program should demonstrate practical implementation for realising or	<ul style="list-style-type: none"> <li>- Examples of innovation, sharing with HQ and peer networks, regional leveraging, etc.</li> <li>Examples of test, try, learn.</li> <li>- Examples of mistakes and remediation</li> <li>- Examples of a new MSF communications mindset and structure</li> </ul>

	redistributing the value of MSF operations through smart systems and solutions.	
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The PEA evaluation team will use a mixture of qualitative and quantitative indicators to collect data by reviewing documents and reports and through meetings with stakeholders. We recognise that the potential list of indicators is relatively long, however, we will focus in on establish a solid set of indicators during the next phase of the evaluation. Outcome Harvesting does not measure progress towards predetermined objectives or outcomes, but rather, collects evidence of what has changed and, then, works backwards to determine whether and how an intervention contributed to these changes. Harvesters facilitate and support appropriate participation and ensure that the data are credible, the criteria and standards to analyse the evidence are rigorous, and that the methods of synthesis and interpretation are solid.

### 3.3. DATA SOURCES

Existing data and analyses will be used as much as possible. A repository with available resources and data sets will be established and shared.

### Evaluation inception phase and literature review

The PEA evaluation team conducted a desk review of the literature relevant to the design and delivery of the FrC program. We anticipate inclusion of additional documents in the second phase as more data and reports flow from stakeholders participating in the evaluation process.

### Case studies and field visits

We plan to visit field projects to conduct seven Case Studies in the next phase. This will help to validate information gathered in the first phase and provide greater detail to showcase the success, challenges and early wins of FrC. The Case Studies will illustrate how the objectives of FrC have been operationalised since rollout and will document how MSF staff has engaged and what has changed. Each Case Study is anticipated to have a theme that will be determined after the field interview data is analysed.

### Stakeholder engagement

Key Informant Interviews (KII) and Focus Group Discussions (FGD) will be carried out. The modality for data collection will be based on the discretion of the evaluator assigned to each group (HQ, RST, Project). Section 4.5 below identifies the stakeholders targeted for the data collection stage and the PEA evaluation team welcomes any suggested additions.

### Relevant data sources will be mapped prior to commencement of data collection.

The literature review and data triangulation will utilise a participatory approach and be complemented by KIIs. The evaluation will triangulate process findings through secondary data analysis of quantitative data sources.

The primary qualitative data will be collected through direct engagement with stakeholders. Country-level stakeholders will be mapped to develop an engagement plan prior to final sampling for in-country interviews. All qualitative data, including documents, meeting notes, and notes from the interviews will be coded for analysis, with confidentiality prioritised.

The informants are engaged with formulating the outcome descriptions.

### 3.4. SAMPLING

As suggested in the ToR, the PEA evaluation will cover the two FrC regions of the Southern Africa region (SnA) with three countries, and the Central African (CnA) with four countries. We propose visiting two countries in each region to interview field staff.

Following our initial engagement with the managers of RSTs, we propose the following sampling approach:

#### **Countries and projects selected by region**

Southern Africa Region:

The selected countries will be South Africa and either Mozambique or Zimbabwe.

Central Africa Region:

The selected countries will be the DRC and Burundi.

#### **Criteria for selection of countries and projects:**

The presence of the RST and a Country Support Team (CST)

The degree of FrC implementation progress with clear examples of successes and challenges

The number, size accessibility, and security conditions for project visits

Interviews will also be organised with some Technical Referents, Department Heads, Pool Managers, and other key informants who were part of the FrC transition

#### **Approach and criteria for project selection:**

Project selection will be based on findings from preliminary online calls (as feasible).

An evaluator will travel to each region.

One will travel from Malawi to Johannesburg, and then to either Maputo or Harare.

One will travel from Brussels to Kinshasa and then to Burundi.

Interviews will be organised in person or through Zoom/Teams calls.

Field visits will include qualitative and quantitative data collection from Project, CST and RST staff, including expatriate and national staff.

Members of SAMU and the Southern African Association will also be interviewed in SnA.

A questionnaire adapted to the context will be elaborated in line with the expected results of the evaluation.

If possible, short meetings will be organised with Project community or beneficiary representatives.

**Approach for sampling individuals:**

Individuals targeted for data collection through interviews and group discussions will be selected based on the positions they currently or previously occupied (as described in the below section). As such, the sampling approach is purposive sampling that was designed to fit the approach in this evaluation. In addition, the evaluation team will adopt the snowballing sampling approach as the evaluation evolved<sup>51</sup>.

**3.5. STAKEHOLDERS INTERVIEWED AND PARTICIPATORY DESIGN**

A participatory design, analysis, and decision-making approach will be used for the evaluation. The evaluators will maintain their independence, while ensuring that the evaluation is carried out with key stakeholders and players at MSF and the country level, focusing on building trust in the process and confidence in the results. Stakeholders will be involved in the evaluation design, validation, execution, coordination, and finalisation, as well as review and dissemination of the findings and recommendations.

The PEA evaluation team plans to meet the following stakeholders and expects the list to grow following submission of this Inception Report and during data collections. The SEU and Consultation Group are encouraged to provide advice and suggestions of additional names.

*By default*, we aim to meet the current occupant of the position. However, we would like to extend the invitation to meet with former occupants of some positions closely related to the FrC design and implementation. The evaluators will discuss with the current occupants about individuals to approach and how best to reach them. This approach is part of the Snowballing technique for study sampling.

The PEA evaluation team will use Henry Mintzberg's framework to map key internal stakeholders who are affected by or may influence the implementation of the FrC program. People/positions to be interviewed include the following:

Stakeholder group	Role (Potential role) in the FrC and the evaluation	Number of people interviewed
Strategic apex of MSF-OCB	This is the top management and its support staff. In the context of the FrC program, these include senior OCB Board, Director General, Mirroring Implementation Committee (MIC), Operations, and the FrC Catalyst Team. This group of stakeholder provides strategic and operational guidance on how MSF-OCB does business and has a strategic perspective on how to utilise the evaluation and its findings.	13
Technostructure	These are analysts or specialists supporting operations, mainly at Brussels or regional levels. This may include medical referents or advisors, medical or clinical specialists, accountants, planners,	24

<sup>51</sup> Snowball sampling (also known as chain sampling, chain-referral sampling, referral sampling) is a nonprobability sampling technique where existing study subjects indicate future subjects from among their professional network in MSF. As such, the sample group is expected to grow in a rolling manner. As the sample builds up, enough data are gathered to be useful for evaluation.

	researchers, personnel managers, advocacy, public relations, researchers, etc. They are a valuable source of feedback on the changes observed from the FrC pilots and how systems, standards and policies are evolving accordingly.	
Middle line	This includes middle and lower-level managers. In the context of FrC, they include the Team Leaders of RSTs and Country Representatives (in countries where they are recognised), the regional and national coordination teams, including the medical coordinators and functional coordinators/leads of support departments (Supply, Logistics, Finance, Human Resources, etc.). It will be important to listen to their perspectives, especially on the unintended changes or consequences of FrC (positive and negative).	44
Operative core	These are the workers. In the context of FrC they include mainly key Project level staff (Coordinators, Medical Referents, Doctors, Nurses, and other core staff who deliver activities). This group is the main implementor and beneficiary of FrC. Views from this group will help generate and understanding of what has changed and how they feel about it. The evaluators see six sub-groups: (1) medical staff, (2) non-medical staff, (3) MSF staff with more than 10 years in similar roles, and (4) younger new staff with less than 2 years with MSF, (5) national staff, (6) emergency teams and gap-fillers. We believe these subgroups are experiencing FrC in different manner and we would like to explore that.	110
Staff of support functions	This group provides indirect services and in the context of FrC includes maintenance, clerical, transport, legal counsel, or consulting support to the HQs, RSTs/Cells and MSF missions. The key distinction is proximity to medical operations. Their views will bring a richness in perspectives on how FrC has done and can do better.	18
MSF beneficiaries	This includes communities and patients who benefit from positive changes in how MSF offers services to them. The changes experienced by this group are good parameters for this evaluation.	5
Other Operational Centres (OCs)	While MSF-OCB pursues FrC, there are also concurrent broader changes across the MSF movement. Other OCs may have interests in the progress of FrC and this group can provide perspectives on lessons learned collectively to feed into future FrC rollout.	

## Annex C: LIST OF DOCUMENTS REVIEWED

- Tor MSF OCB 'Field Recentralisation Implementation Committee (MIC)'.
- Concept Paper: OCB Field Recentralisation Program – April 2019.
- OCB: From OC To Networked OD With Field Recentralisation At The Heart.
- Recentralisation Project Roadmap By Cedric Marin 2019, MSF-OCB.
- Concept Paper: OCB Field Recentralisation Program (Apr 2019)
- Mckinsey Review - Recentralisation Project Roadmap 2019, MSF-OCB.
- Field Recentralisation Monitoring Exercise 2021, MSF-OCB.
- MSF OCB 'Bureaucratisation' Report, By Stockholm Evaluation Unit, 2017.
- FRC Leadership Intervention Workshop 2022, MSF-OCB.
- MSF We Want To Be: Framing 5th Conversation On How Should Decision-Making Power Be Distributed In MSF?
- Initiatives For Implementation Based On Field Recentralisation Principles (Progress Summary 2021) - Central African Region, MSF-OCB.
- MSF WE WANT TO BE "The Distribution Of Decision-Making Power In MSF" Roles And Responsibilities Model – 2020, MSF-OCB.
- Revised Roles And Responsibilities – Southern Africa Region, MSF-OCB.
- The Basics: A Simple Guide To Bare-Minimum Field-Recentralisation In OCB Operations – Southern Africa Region.
- Organogram For The Regional Support Team 7 – Southern Africa Region, MSF-OCB.
- Project In The Centre Southern Africa Model V.10 [Nov 2020] – Southern Africa Region, MSF-OCB.
- Updates On The Frc Communications Plan – Frc, MSF-OCB.
- Feedback On Regional Network Collaboration In Central Africa 2021 And 2022 – MSF-OCB.
- MSF We Want To Be – 5th Conversation: "Distribution Of Decision-Making Power" How To Empower Colleagues That Are The Closest To Our Patients – Field Recentralisation, Shared By MSF OCB.
- Presentation On A Networked & Multi Centered OD 2022, MSF-OCB.
- MSF OCB Standard Medical Indicator List.
- Summary On "Leverage" In Frc Pilot Phase 1, 2019 – Southern Africa Region, MSF-OCB.
- Staff Development & Detachment – 2019 – Southern Africa Region, MSF-OCB.
- Summary Of Recruitment & Matching Circle Meeting, 2019 – Southern Africa Region, MSF-OCB.
- Country-Specific Discussion On HR Recentralisation Strategy In South Africa, 2020, – Southern Africa Region.
- Log Support In Southern Africa Region, 2019 – Southern Africa Region, MSF-OCB.
- Summary On Finance In Frc Pilot, 2019 – Southern Africa Region, MSF-OCB.
- Overview Of The Process Field Recentralisation Programme - Southern African Pilot, 2019.

- Feedback/ Thoughts/ Ideas On The Recentralisation From Pcs In Zim (By A Group Of MSF Staff), 2019.
- Southern Africa Catalyst & Support Circle - Meeting 1: "Triggering Change", 2019 – Southern Africa Region.
- Southern Africa Field Recentralisation: Monitoring & Evaluation [Proposed], 2019 – Southern Africa Region.
- Southern Africa Field Recentralisation: Risk Plan [Proposed], 2019 – Southern Africa Region, MSF-OCB.
- Southern Africa Regional Job Descriptions, 2020 – Southern Africa Region, MSF-OCB.
- Can We Innovate On “Gap-Filling” In Southern Africa Frc? 2020, – Southern Africa Region, MSF-OCB.
- Medical Roles In South Africa Operations: Summary Of Outcomes Discussion, 2019, Southern Africa Region.
- Handover Zim Mission To A Collective Team. Bjorn Nissen, Outgoing Hom MSF Zimbabwe June 2020.
- Southern Africa Field Recentralisation: Change Circle Planning – Southern Africa Region, MSF-OCB.
- Overview Of Projects In Southern Africa Region – Southern Africa Region, MSF-OCB.
- MSF – Who’s Who, 2022, MSF-OCB.
- Presentation On Frc Program Briefing 2022, MSF-OCB.
- Frc Program Theory Of Change – MSF-OCB.
- Different Documents Presenting Summary Of Relevant Frc Meetings.
- OCB Field Recentralisation Program Intranet Site And Sharepoint.
- Tor MSF OCB ‘Field Recentralisation Implementation Committee (MIC) – MSF-OCB.
- Frc In Central Africa – Cell 1, 2020 – Central Africa Region, MSF-OCB.
- Frc Program: - After 1 Year, What Have We Learned? 2020, MSF-OCB.
- Strategic Orientations 2020-2023 – MSF-OCB.
- What Is The Frame Of Autonomy For A Project? 2022 – MSF-OCB.
- Rescue Role: A Narrative By OCB’s Field Recentralisation/Frc Programme, 2022 – MSF-OCB.
- An Innovation Perspective On How To Build A Better MSF.
- Frc Setup SNA, Feb 2022.
- Frc Setup CA 2022.
- Reflection On Frc And Ways Forward.
- Recentralisation Process Logbook.
- Design Of Decision-Making Organizations By Michael Christensen, Thorbjørn Knudsen.
- Linking Organizational Structure, Job Characteristics, And Job Performance Constructs: A Proposed Framework. By Johanim Johari – 2009.
- Approaches To Changing Organizational Structure: The Effect Of Drivers And Communication By Pavel Král and, Věra Králová – 2016

- OCB MEDICAL ACTIVITY REPORT 2020.
- Organizational Structure: Mintzberg's Framework By Fred C. Lunenburg
- INITIATIVES For Implementation Based On Field Recentralisation Principles - Central African Region.
- MSF EMERGENCY RESPONSE TO CYCLONE IDAI IN MOZAMBIQUE 2019.
- A Networked & Multi Centred OD Update 2022.
- MSF OCB 2022 Who's Who.



## ANNEX D: CHANGE MANAGEMENT MODEL USED TO BENCHMARK THE FRC

### THE ADKAR MODEL: A PEOPLE-CENTRED APPROACH TO FACILITATE CHANGE AT THE INDIVIDUAL LEVEL

The ADKAR Model is based on the understanding that organisational change can only happen when individuals change. This model allows organisations to guide individuals through a change and dealing with any barriers along the way. The ADKAR Model focuses on the people side of change and is used to identify gaps within the change management process. ADKAR is an acronym of five outcomes that individuals need to achieve for change to be successful:

- Awareness of the need for change.
- Desire to participate & support the change.
- Knowledge on how to change.
- Ability to implement desired skills & behaviours.
- Reinforcement to sustain the change.

This methodology was chosen for the Field Recentralisation Program since it offers enough structure to evaluate the program and be repeatable in different regions while allowing for flexibility to meet the different needs and unique opportunities in each region. Through this model, the FrC Program will be evaluated through the human/individual approach of change management, providing insight into what change has occurred and an opportunity to better understand it. Through evaluating the program with a structured yet flexible approach to change management, this method will also allow the evaluators to highlight any gaps in the change management process.

	Awareness	Desire	Knowledge	Ability	Reinforcement
<b>Activities</b>	<ul style="list-style-type: none"> <li>Announce the change to stakeholders well ahead of time.</li> <li>Explain the reasoning behind the change, including potential outcomes of the program.</li> <li>Give stakeholders opportunities for questions and suggestions.</li> </ul>	<ul style="list-style-type: none"> <li>Gauge stakeholders' reactions to the change.</li> <li>Identify champions.</li> <li>If there is resistance or indifference, address concerns and show them how the change will benefit them.</li> </ul>	<ul style="list-style-type: none"> <li>Provide training and/or coaching to show what stakeholders need to do after the change takes place.</li> <li>Address any skills gaps.</li> <li>Offer resources stakeholders can reference later on.</li> </ul>	<ul style="list-style-type: none"> <li>Monitor performance immediately following the change and provide constructive feedback.</li> <li>Set reasonable goals and metrics to track progress.</li> <li>Adjust processes as necessary.</li> </ul>	<ul style="list-style-type: none"> <li>Monitor change over time to ensure it fulfills the desired outcome.</li> <li>Use positive feedback, rewards and recognition to encourage stakeholders to keep working towards the desired outcomes.</li> </ul>
<b>Desired Outcomes</b>	<ul style="list-style-type: none"> <li>FrC has been clearly communicated to stakeholders.</li> <li>The reason for the change and why it is occurring is shared.</li> <li>Stakeholders share questions and suggestions.</li> </ul>	<ul style="list-style-type: none"> <li>Benefits of adopting the FrC program are communicated</li> <li>Concerns &amp; fears of stakeholders are addressed.</li> </ul>	<ul style="list-style-type: none"> <li>Training, coaching and checklists provided to stakeholders.</li> <li>Stakeholders have opportunities to learn new skills to implement.</li> <li>Ongoing resources to support change.</li> </ul>	<ul style="list-style-type: none"> <li>Feedback and evaluations were conducted/provided along the way.</li> <li>Opportunities are provided to adjust processes as necessary.</li> </ul>	<ul style="list-style-type: none"> <li>Opportunities are provided to learn from mistakes.</li> <li>Successes are shared and celebrated.</li> </ul>

## ACTIVITIES & DESIRED OUTCOMES USING THE ADKAR MODEL

### SWOT ANALYSIS OF FIELD RECENTRALISATION PROGRAM

A SWOT analysis examines the strengths, weaknesses, opportunities and threats of a program. It will capture how different stakeholders perceive these four categories of the FrC program. This tool alone can be limiting, however, is useful when the analysis feeds into a detailed evaluation. It will provide insight into the internal and external factors that will be considered when evaluating the FrC program. It will also provide a framework for reviewing the strategy and direction of the program.

### ADKAR – CHANGE MANAGEMENT MODEL INTERVIEW QUESTIONS

	Direction	HQ Departments	Cells/RST	Projects
<b>Awareness</b>	<p>Announce the change to stakeholders well ahead of time.</p> <p>Explain the reasoning behind the change, including potential</p>	<p>- What process was used to introduce the FrC program to stakeholders?</p> <p>- How many opportunities did stakeholders have</p>	<p>- How was the program introduced at the Cell level?</p> <p>- Was job security a concern for</p>	<p>- Was the FrC program clearly communicated: what change is occurring and why?</p> <p>- Was there an opportunity to ask</p>

	<p>outcomes of the program.</p> <p>Give stakeholders an opportunity to ask questions and make suggestions.</p>	<p>to ask questions and express concerns?</p> <p>- Did stakeholders have an opportunity to provide feedback/make suggestions to the program?</p>	<p>you? If so, how was it addressed?</p>	<p>questions and make suggestions?</p> <p>- Were any suggestions made incorporated?</p>
Desire	<p>Gauge stakeholders' reactions to the change.</p> <p>Identify champions.</p> <p>If there is resistance or indifference, address their concerns &amp; show them how the change will benefit them</p>	<p>-How was the catalyst team formed? Was there a recruitment process?</p> <p>-How were the pilot regions chosen? Recruitment for RST? What was the process?</p> <p>- After initial introduction to program, was there any assessment done on the buy-in of the program?</p> <p>-How was any resistance or reluctance handled? What was the process?</p>	<p>-Was there an understanding of what your new role would be?</p> <p>- Was it made clear what the change would mean for your position?</p>	<p>-Were benefits of adopting the FrC program communicated?</p> <p>- Was there an opportunity for concerns &amp; fears to be addressed? If so, how was it handled?</p>
Knowledge	<p>Provide training and/or coaching to show what stakeholders need to do after the change takes place.</p> <p>Address any skills gaps.</p> <p>Offer resources that stakeholders can reference later on.</p>	<p>-What training was provided to stakeholders? Catalyst Team, RST, Project level?</p> <p>-Were job descriptions for RST/Cell staff revised to reflect the program?</p> <p>-How were gaps in skill set needed in stakeholders determined and addressed?</p> <p>-Were ongoing resources or training offered?</p>	<p>-Were you provided with training or resources on how to shift from coordinating to supporting the field? If so, what were they?</p> <p>-Did your job description reflect these changes?</p>	<p>-Were there any training programmes, coaching programmes and checklists provided for guidance on the FrC program?</p> <p>-Was there opportunity to learn new skills as needed? If so, examples.</p> <p>-Did your job description reflect new job and activities?</p> <p>-Were there ongoing resources available to support the change?</p>

Ability	<p>Monitor performance immediately following the change and provide constructive feedback.</p> <p>Set reasonable goals and metrics to track progress.</p> <p>Adjust processes as necessary.</p>	<p>How is the effectiveness of the FrC team being measured?</p> <p>-How is the catalyst team supporting RSTs?</p> <p>-How are the RSTs being evaluated?</p>	<p>How was feedback solicited from field staff? How frequently?</p> <p>-What was the completion rate of stakeholders asked to provide feedback?</p> <p>-How was progress measured? Was field staff given goals and ways to track them?</p>	<p>-Were feedback and evaluations conducted/provided along the way?</p> <p>-Did you provide feedback when given the opportunity?</p> <p>-Were there opportunities to adjust processes necessary?</p>
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## ANNEX E: INTERVIEW QUESTIONS

	Direction	HQ Depts	Cells	RST	Projects
1. Are Project Teams given AUTONOMY to fulfil their objectives?	Is autonomy clearly defined? How is it shared with the various levels?	What responsibilities can go to the RST, CST or Project?	What is the difference between a Cell and an RST?	What is the difference between autonomy and independence?	How do you define autonomy? Do you have it?
1.1. Has a project frame with indicators been provided by OCB?	Has the Project Frame with Indicators been updated and shared? How often does this happen?	Does your Dept have clear guidance for FrC projects? Are there Indicators established, collected or monitored? How do they differ from those for other non-FrC projects?	Do you think your projects need to shift to FrC?  Are you tracking the successes and challenges of the new model?	What guidance has been given on how to set-up an FrC Program?  What Indicators are used for monitoring and how often?	What guidance has been given on how to set-up an FrC Program? What else is needed?
1.2. Are projects accountable?	Is there a difference in accountability between FrC and regular programmes?	What mechanisms are there for FrC and RST accountability? What is missing	What tools do you have for monitoring project accountability? Do you use them?	What tools do you have for monitoring project accountability? Do you use them? How does this differ from standard Projects?	Have you designed or been given Indicators? What would you add or remove?
1.3. Has the subsidiarity principle been adopted?	Is there a new Subsidiarity mindset at HQ?	What does Subsidiarity mean for your Dept?	What is missing with regards to Subsidiarity? What works better in standardized programmes?	What are the hallmarks of Subsidiarity in FrC?	What is Subsidiarity for your Project? Give examples
1.4 Is there is a culture of failing forward/test-try-learn?	Are you aware of examples of Failing Forward?	What mistakes have teams learned from with the FrC?	What are the FrC Projects able to do that yours cannot?	What are the examples of Failing Forward or Test-Try-Learn from FrC implementation	Is there room to test and learn from mistakes? Give examples

2. Have we moved out of a "one-size-fits all" mentality (flexible HR/Fin/etc. systems to experiment?	What were the One Size Fits All limits?	Knowing that OCB is shifting away from a One Size Fits All model, what has FrC brought in to change this?	What do your teams do that ensure there is more than a One Size Fits All?	What are examples of moving away from a One Size Fits All approach? How are you tracking and sharing these?	What have been your innovations?  Are HQ Depts adapting to your FrC needs?
3. Is Knowledge & Support adapted to Project needs?	What adaptations stand out in the FrC model? Are other Sections or Associations learning from the FrC experience?	How are you doing things differently for FrC and regular projects?	Where do you get Knowledge & Support on complicated issues?	Where do you get Knowledge & Support on complicated issues	Where do you go for technical support? Are Depts supporting in a different way to your previous projects?
3.1 Is it proximal?					
3.2 Are there Peer-to-Peer Networks and are they used?	Are Peer-to-Peer Networks important?	Do you have examples of Peer Networks?	Do regular projects use Peer Networks?	What Peer-to-Peer Networks have been established through the FrC? What leveraging has been achieved?	Are you in touch with your Peers? On which subjects? If not, why?
3.3. Does the OCB Medical Department Strategy support FrC?	What are the key Medical Dept strategies that need to go into FrC?	Is the Medical Dept operating differently with FrC?	Do you have the same or different support from the Medical Department since the introduction of FrC?	How responsive is the Medical Department? Is their Strategy incorporated into field operations?	Are you aware of the Medical Dept Strategy? Is it a part of your Project? How do they support you?
3.4 What is learned from OCB the Log Department Approaches?	What are the key Log Dept strategies for FrC?	Is the Logistics Dept operating differently with FrC?	Do you have the same or different support from the Logistics Department since the introduction of FrC?	How responsive is the Logistics Department? Are their approaches incorporated into field operations?	Are you aware of new Log Dept approaches? Are they used in your Project?

4. Are there de-standardised models & systems or new approaches integrated?	What are the key de-standardised models or approaches for FrC?	What has been de-standardised with FrC? What has had to be introduced with FrC? Which is easier?	What are the key standardised models or approaches for all operations? What have you learned from the FrC initiatives?	What are the key standardised models or approaches for all operations? What have you learned from the FrC initiatives?	What new models or approaches has your team developed and/or shared?
5. Are Project positions filled by capable and competent people? Are Project positions now more popular?	Is OCB contributing to the Global Workforce? What is still needed?	Are there more people willing to work in FrC Projects?	Are you losing people to FrC projects?	Are people approaching you to work in FrC projects?	Do you want to become a Project Manager or Referent? Have you hired or promoted national staff?

## ANNEX F: EVALUATION MATRIX

Key evaluation questions	Approach to analysis	Potential Indicators (or attributes of the program)	Collection methods and data sources	Data collection tools to
1. How well does the program, in its design, respond to the identified need/issue/problem?	We proposed a theory-based evaluation design that models the program logic and then critically reviews the problem statement of 'why' FrC was introduced. This will then be linked to 'how' MSF has designed the program (building on the ToC).	Perceptions about differences between the Cell and the RST (managerially, technically, core roles, added value, working culture)	Key informants	Interviews
		Shift in HQ role to become advisory, rather than managerial	OCB Reports Key informants	Secondary data analysis Interviews
		# of times Rescue Role used and the outcomes	OCB Reports Key informants	Secondary data analysis Interviews
	Stakeholder Mapping will help us identify the key persons who are supposed to know how the program is expected to operate and produce results and those who are doing the implementation.	# of positions filled by competent and capable people vs. gaps (and # of days Regional Pool profiles do gap filling)	OCB Reports	Secondary data analysis
		# of coordination positions filled by national staff	OCB Reports	Secondary data analysis
		# of new interventions, including emergency response	OCB Reports	Secondary data analysis
	A theory-based or process evaluation helps to document where and why the program is succeeding or failing. It also provides suggestions or direction for program improvement.	Time from needs assessment to implementation	OCB Reports	Secondary data analysis
		Description of how the FrC program supports or influences the reactivity of Project teams to unforeseen needs or emergencies	OCB Reports Key informants	Secondary data analysis Interviews
		Results of leveraging (link to job description)	OCB Reports Key informants	Secondary data analysis Interviews
		Space to reflect and document experience for sharing in peer networks	Key informants	Interviews
	Using the ToC developed by OCB and the results and findings presented in the FrC Monitoring Exercise (2021), we will build on these efforts and assess the coherence of the program's conceptual, hypothetical and pragmatic principles and how they influenced any results.			



2. How well implemented is the program?	The evaluation question implies (including sub-questions) judging the program's performance and focusing on achievements of intended results (outputs and outcomes). We proposed an outcome-focused evaluation design (outcome harvesting) in combination with a value-added assessment.	Yearly evaluation of the number of direct medical interlocutors per project	OCB Reports	Secondary data analysis
	Analysing 'how' inputs and activities of the program were thought to produce intended and unintended outcomes. We will focus on how stakeholders understand the guidance provided and perceive the program outcomes, together with their integration into their country context (i.e., the evaluation will harvest and describe the outcomes following the data collection).  Reflecting on the information gathered during the Inception Phase, we will adopt a set of output and outcome indicators that could be feasibly assessed during this evaluation and generate evidence to measure performance using relevant indicators (section 4.2). The evaluators will decide on which indicators to use following the initial round of data collection through interviews and data gathering.	Changes in staff turnover and retention before and after FrC	OCB Reports	Secondary data analysis
		% of briefings for new incoming key staff (national & international) on FrC principles and a new way of working	OCB Reports	Secondary data analysis
		Ability to attract Coordination profiles back into Project positions, as FieldCo and PMR become more attractive	Key informants	Interviews
		# or % of Project Plans, Budgets and Orders prepared and presented, along with notes on shortfalls and how addressed	OCB Reports	Secondary data analysis
		% of teams (Project/CST/RST) completing Coaching Skills Workshops or other team coaching	OCB Reports	Secondary data analysis
		Changes in number and frequency of field from higher levels	OCB Reports Key informants	Secondary data analysis Interviews
		Are approaches to train, coach, mentor, and accompany the MSF workforce (1) comprehensive, (2) good or (3) enough.	OCB Reports Key informants	Secondary data analysis Interviews
		Time to access recruitment pools and complete the recruitment process	OCB Reports Key informants	Secondary data analysis Interviews
		Involvement of community & beneficiaries in decision-making and strategy	OCB Reports Key informants	Secondary data analysis Interviews

	<p>Our initial analysis indicates potential multiple unintended results of the program. We will map these and assess their influence on program performance.</p> <p>We aim to document the incremental documented or observed changes over time. We will focus on organising the logical flow of changes observed during the implementation by linking the context 'before' to 'after or now' when we document the outcomes. That will allow for a better understanding of factors affecting changes and link it back to the implementation process.</p>	Degree of changing or breaking the IRRFG frame (HR system)	OCB Reports	Secondary data analysis
		# of Project malfunctions with remedial action	OCB Reports	Secondary data analysis
		How the team has responded to the Regional Strategy and the DO strategic plan	OCB Reports Key informants	Secondary data analysis Interviews
		Have Finance, Logistics and HR tools and approaches been adapted?	OCB Reports	Secondary data analysis
		Adaptation of Departmental Strategies to incorporate FrC.	OCB Reports Key informants	Secondary data analysis Interviews
		Synergies and mutualisation of resources between the projects	OCB Reports Key informants	Secondary data analysis Interviews
3. Which parts or aspects of the program generate the most valuable outcome for the time, money and effort invested?	<p>We will focus on a value-added analysis and collect data on system-wide indicators of intended and unintended outcomes and a scheme for obtaining, classifying, and analysing the FrC results.</p> <p>We will use hierarchical analysis to identify achievement trends and associate differential trends with the contributions observed by (or in) different projects or groups of similar projects.</p>	Reported sense of application of the subsidiarity principle	Key informants	Interviews
		Reported sense of autonomy by project teams	Key informants	Interviews
		FieldCos are more (1) willing, (2) able, and (3) enabled to decide on 'how' to set priorities on programmatic aspects (within a strategic framework)	Key informants	Interviews
		Feedback from newcomers in MSF (their perceptions on FrC and support they receive and attitudes towards taking risks).	Key informants	Interviews
		Reported effects of FrC on the quality of interventions	Key informants	Interviews
		# of incidents of misconduct, fraud or major incidents	OCB Reports	Secondary data analysis

	Results of regional scanning resulting in assessments or interventions	OCB Reports Key informants	Secondary data analysis Interviews
	Comparisons of changes in number and percentages of new recruited staff at HQ, RST and Projects levels	OCB Reports Key informants	Secondary data analysis Interviews
	Are Country Support Teams providing tailored support?	Key informants	Interviews
	Changes in correlation between % of budget spent and % of objectives reached at the end of the budget period	OCB Reports Key informants	Secondary data analysis Interviews
	General tendency to building HR capacity	Key informants	Interviews
	<ul style="list-style-type: none"> <li>- Examples of innovation, sharing with HQ and peer networks, regional leveraging, etc.</li> <li>- Examples of test, try, learn.</li> <li>- Examples of mistakes and remediation</li> <li>- Examples of a new communications mindset and structure</li> </ul>	OCB Reports Key informants	Secondary data analysis Interviews

## ANNEX G: ANALYTICAL FRAMEWORK

Development of the logical Framework of FrC Program.

Action Model/Change Model Schema for analysing the program theory of change.

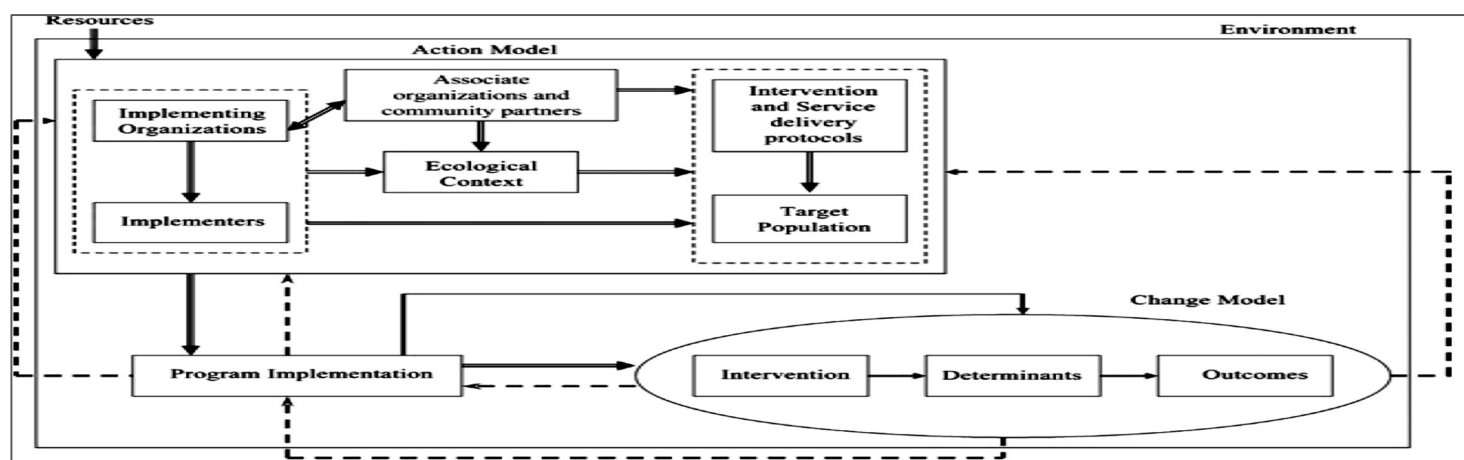
The methodological approach to evaluation questions (as presented in the inception report).

ADKAR Change Management Model.

The Framework of the evaluation criteria.

The Evaluation Matrix.

Action Model/Change Model Schema for analysing the program theory of change.



The methodological approach to evaluation questions (as presented in the inception report):

Evaluation Questions	Evaluators approach for the evaluation
1. How well does the program, in its design, respond to the identified need /issue/ problem?	<p>While the shared documents provided good insights about the root causes which the FrC aims to address, the evaluators want to approach the root cause analysis more comprehensively and learn more about potential causes that were not documented or addressed by the program (we want to learn more about why the program was initiated and why its design is a good fit).</p> <p>Assessing the alignment of stakeholders on whether the current design of FrC (design and process) is the 'way forward' and can support MSF OCB to become what MSF wants to be.</p> <p>We know that the monitoring exercise of 2021 has validated the ToC of the program. However, we want to learn more about how the change pathways have resulted in different outcomes in different contexts.</p> <p>Assessing the implications of the current program scope and design carefully. Hear from the field staff if the challenges and unwanted practices still exist despite the program's rollout.</p> <p>Understanding the key and pervasive shortfalls of the program design that may require further study and attention.</p> <p>Taking a deep dive into how the FrC program influenced HR policies and how MSF staff perceived the changes associated with the program. In addition, we want to dive deeper into</p>

	<p>Understanding how the supporting roles of the HQ, Cells/RSTs and Country support Teams are changing and what could be done better (how field teams are reacting to the new dynamic of RST and CST?).</p> <p>Understanding how FrC principles affect the decision on which management structures to choose (what drives the decision about structures at regional or country levels?).</p>
2. How well implemented is the program?	<p>Understanding more, if any, cultural and mindset shifts/changes occur at different levels of OCB.</p> <p>Understanding how the diversity in FrC outcomes in the two pilot regions is managed does not generate negative effects.</p> <p>Understanding if there are any observed changes in how decisions are made at project levels; and if local data are driving these decisions.</p> <p>Examine if signs of bureaucracy still exist or are felt by field teams and if there is a better sense of operational efficiency (Has the FrC enabled making the systems and process simpler?).</p> <p>Understanding the progress achieved and assessing if COB is doing enough or what could be done more where and by whom.</p> <p>Reflecting on what MSF-OCB has lost because of the FrC and assessing if there are any significant negative changes and signs of undesired cultural or behavioural changes or attitudes.</p> <p>Understanding the added values of the program from its recipients' perspectives.</p> <p>Benchmarking the implementation of FrC using an appropriate change management framework/ model. This will enable us to identify gaps to support OCB in the program's rollout more successfully in the next stage.</p> <p>Assessing how learning is enabled through the program (did the program create a community of practices to support learning? How has the support from technical departments changed?).</p> <p>Assessing to what extent the Recentralisation affected the continuity in quality, reliability, and compliance in COB.</p> <p>Identifying misconceptions about FrC and what change elements are not working (either because they were not well received, not understood well or not suitable as solutions).</p> <p>Identifying and describing risks associated with program implementation and how they are managed.</p>
3. Which parts or aspects of the program generate the most valuable outcome for the time, money and effort invested?	<p>Reflecting on which of the positive values of the program are appreciated most by the targeted beneficiaries.</p> <p>Understanding how the Central Africa region has benefited from the FrC experience in the Southern Africa region and what is common between the two regions that could be transferred to other regions.</p> <p>Understanding which sectors of the operations system in the program's regions are working best and where it is performing the most poorly.</p> <p>Assessing if the program contributed to achieving enough medical-humanitarian technical capability to support project teams in their settings or not.</p> <p>Defining the program's design or implementation changes might produce better outcomes.</p> <p>Understanding which program elements are essential for successful replication regardless of the context, country or region.</p> <p>Assessing and identifying the best possible set of indicators that could be adopted by COB to ensure effective monitoring and evaluation of the FrC program.</p>

Criteria	Definition	Potential Indicators and Attributes
Project autonomy in decision-making	Autonomy refers to the ability of competent field staff and project teams to make decisions over their projects free from control in judgments or actions if they are made to serve best the MFS mission and the needs of the beneficiaries.	<ul style="list-style-type: none"> <li>- Reported sense of autonomy.</li> <li>- FieldCos are more (1) willing, (2) able, and (3) enabled to decide on 'how' to set priorities on programmatic aspects (within a strategic framework).</li> <li>- Young generations in MSF perceptions and support they receive and attitudes towards taking risks.</li> <li>- % of briefings for newly incoming key staff (national &amp; international) on FrC principles &amp; new way of working.</li> <li>- Ability to attract Coordination profiles and above back into project positions (feedback indicates that a sample positions (Fieldco and PMR) become the most attractive of an MSF career).</li> <li>- % of teams in region (Project/ CST/ RST) completed Coaching Skills Workshop and/or team coaching.</li> </ul>
Agile decision-making with immediacy	The FrC program should support or enable MSF teams to work iteratively, collaboratively, and transparently. The new culture supports and empowers the project team to initiate and decide on the best solutions to field challenges promptly.	<ul style="list-style-type: none"> <li>- Reported sense of applying subsidiarity principle.</li> <li>- Yearly evaluation of the number of direct medical interlocutors per project (aim is max 5-7 referents/advisors in direct contact with project).</li> <li>- Changes in staff turnover and retention before and after the program.</li> <li>- Perceptions about differences between the Cell and the Regional Support Teams (managerially, technically, core roles, added value and working culture).</li> <li>- Changes in numbers and frequencies of field visits performed by higher levels in management to the lower levels.</li> </ul>
Responsiveness	FrC program should support MSF projects to become more responsive to the needs of its beneficiaries. The new approach should be demonstrated in the ability of MFS (at the corporate level) to react positively to the needs at the project level. It also entails demonstrating the capability of the projects to adjust to external influences in a timely and meaningful manner.	<ul style="list-style-type: none"> <li>- Effect of the program on quality of interventions.</li> <li>- Feedback from the field review indicates that the approaches to train, coach, mentor, accompany the MSF workforce are (1) comprehensive, (2) good and (3) enough.</li> <li>- Time to access recruitment pools and complete the recruitment process.</li> <li>- Description of how the FrC program supported or (negatively influenced) reactivity of the project teams to unforeseen needs or emergency.</li> </ul>
Operational Flexibility	Operational flexibility refers to the ability of the projects to respond to changes in their context effectively and efficiently. The operations design should support the project teams to make decisions or decide on changes	<ul style="list-style-type: none"> <li>- Shift in HQ role completely towards becoming more advisory than managerial.</li> <li>- Degree of changing or breaking the IRRFG frame (HR system).</li> </ul>

	freely and as appropriate to the context. The FrC program should enable the projects to take the appropriate decisions on the scale and scope of the interventions and the best operational decisions to deliver on project objectives.	<ul style="list-style-type: none"> <li>- Comparisons of changes in number and percentages of new recruited staff at HQ, RST and projects levels.</li> <li>- # of days Regional Pool profiles do gap filling.</li> <li>- # of Project malfunctions with remedial action.</li> </ul>
Innovation	The new approach enables MSF to put its projects at the centre and align with the needs of the beneficiaries. The program should demonstrate practical implementation for realizing or redistributing the value of MSF operations through smart systems and solutions.	<ul style="list-style-type: none"> <li>- Changes in correlation between % of budget spent and % of objectives reached in the end of the budget period.</li> <li>- Synergies and mutualisation of resources between the projects.</li> <li>- General tendency in building HR capacity.</li> </ul>

	Awareness	Desire	Knowledge	Ability	Reinforcement
<b>Activities</b>	<ul style="list-style-type: none"> <li>- Announce the change to stakeholders well ahead of time.</li> <li>- Explain the reasoning behind the change, including potential outcomes of the program.</li> <li>- Give stakeholders opportunities for questions and suggestions.</li> </ul>	<ul style="list-style-type: none"> <li>- Gauge stakeholders' reactions to the change.</li> <li>- Identify champions.</li> <li>- If there is resistance or indifference, address concerns and show them how the change will benefit them.</li> </ul>	<ul style="list-style-type: none"> <li>- Provide training and/or coaching to show what stakeholders need to do after the change takes place.</li> <li>- Address any skills gaps.</li> <li>- Offer resources stakeholders can reference later on.</li> </ul>	<ul style="list-style-type: none"> <li>- Monitor performance immediately following the change and provide constructive feedback.</li> <li>- Set reasonable goals and metrics to track progress.</li> <li>- Adjust processes as necessary.</li> </ul>	<ul style="list-style-type: none"> <li>- Monitor change over time to ensure it fulfils the desired outcome.</li> <li>- Use positive feedback, rewards and recognition to encourage stakeholders to keep working towards the desired outcomes.</li> </ul>
<b>Desired Outcomes</b>	<ul style="list-style-type: none"> <li>- FrC has been clearly communicated to stakeholders.</li> <li>- The reason for the change and why it is occurring is shared.</li> <li>- Stakeholders share questions and suggestions.</li> </ul>	<ul style="list-style-type: none"> <li>- Benefits of adopting the FrC program are communicated</li> <li>- Concerns &amp; fears of stakeholders are addressed.</li> </ul>	<ul style="list-style-type: none"> <li>- Training and coaching provided to stakeholders.</li> <li>- Stakeholders have opportunities to learn new skills to implement.</li> <li>- Ongoing resources to support change.</li> </ul>	<ul style="list-style-type: none"> <li>- Feedback and evaluations were conducted/provide d along the way.</li> <li>- Opportunities are provided to adjust processes as necessary.</li> </ul>	<ul style="list-style-type: none"> <li>- Opportunities are provided to learn from mistakes.</li> <li>- Successes are shared and celebrated.</li> </ul>
<b>Findings</b>	<ul style="list-style-type: none"> <li>- Consultation workshops were held with stakeholders to introduce FrC.</li> <li>- Stakeholders provided input on best model to use to implement FrC.</li> <li>- Confusion still exists around what FrC is.</li> </ul>	<ul style="list-style-type: none"> <li>- Champions were identified.</li> <li>- Concerns &amp; fears were not addressed.</li> <li>- Job security became a concern for many stakeholders.</li> <li>- Lack of communication around the model that was chosen caused frustration. Stakeholders felt consultation process was irrelevant.</li> </ul>	<ul style="list-style-type: none"> <li>- Job descriptions were drafted.</li> <li>- There is confusion around roles and responsibilities.</li> <li>- Training has been minimal.</li> <li>- Stakeholders feel they need more support and coaching.</li> </ul>	<ul style="list-style-type: none"> <li>- Most projects feel more empowered to make decisions.</li> <li>- Online surveys have been sent out to stakeholders.</li> <li>- There are no tools for monitoring or benchmarks to track progress.</li> <li>- Review and reflection has not been incorporated throughout the FrC program.</li> </ul>	<ul style="list-style-type: none"> <li>- Change facilitators recruited to work regionally to support the implementation of FrC.</li> <li>- Some projects have seen a shift in mindset and are celebrating successes.</li> </ul>



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Médecins Sans Frontières

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