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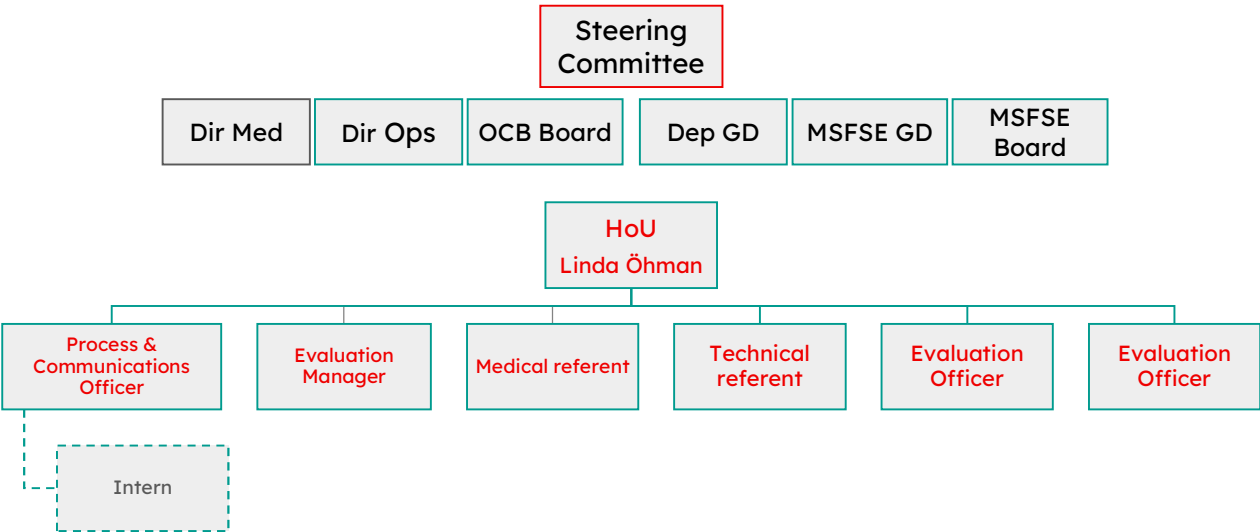
# ANNUAL REPORT 2023

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>>> Evaluations are an important opportunity to ensure quality and accountability of operations at MSF, as confirmed by both the OCB Strategic Orientations 2020-2023 and the Operational Prospects 2020-2023. They both also confirm OCB’s commitment of adopting a culture of evaluations, underscoring that all operational projects should be routinely evaluated, by default. <<<

The Stockholm Evaluation Unit (SEU) is accompanied by a Steering Committee, which includes representatives of OCB Operations, Medical Department, the GD office, the OCB Board, MSF Sweden Board, and MSF Sweden. The Steering Committee is chaired by one of its members and meets quarterly.

The SEU regularly reports to the OCB and MSF Sweden Boards on activities and plans.



# SEU in 2023

## Linking True Engagement to Process

2023 was another interesting year for the SEU, coming with new opportunities and new challenges, giving us the chance to review and revise how we want to do things going forward.

We welcomed new colleagues, managed nine evaluations and one review and kept working on the results of our own evaluations ([the 2022 Meta evaluation](#)). We also introduced a new format to our annual report; by including an overview of reoccurring themes in addition to the analysis vis-à-vis the Operational Prospects – one that we decided to keep going with even this year. On top of that, we have added analysis of the evaluation findings as compared with the Medical Department Strategy.

In line with the MSF Sweden planning cycle, who fund our unit's running costs, we revised our biannual action plan 2024-2025, based on our SEU strategy. Besides continuing to do evaluation, of course, we will look more at who and how people participate in evaluations – and what we need to do to make it more engaging. We also put in place more concrete plans to go beyond the individual evaluation. The primary focus is always the project we are evaluating – but what can the totality of evaluations tell us? And who is responsible for dealing with those conclusions? Read the interview with our former LogDir JE Schaefer's in this report, to hear what he thinks about this.

In 2023, we continued to keep focus on medical operational projects, but also evaluated some more structural ambitions, like field recentralization, the intersectional set up in Afghanistan and an incentive scheme in CAR. The primary focus continues to be learning, with the intended use including ways to inform discussions on the projects' operational strategy and guiding managers in decisions on approaches and funding choices. Evaluations were also conducted to bring about a shared understanding of a project – its approach and objectives. In this report, you can read what colleagues from Ops and Medical Department

involved in evaluations have taken from the process. Slightly new to us, and in follow-up to discussions at the 2023 AROs, the SEU was engaged to provide more concerted support for a project to revisit findings from a previous year's evaluation.

Knowing that we would have new colleagues join, we spent time reviewing our evaluation process (some of you know it, the six-step process) and thinking about how to make sure that participating in the process can be as much of a learning experience as reading or hearing a presentation of the final evaluation report. We also began to discuss how we could ensure real engagement from a range of stakeholders in the evaluation – something we continue to work on in 2024. Making sure that the evaluation processes and findings result in good use continues to be a main focus for the unit. Quality is not only the evaluation's methodological rigor but also its utility.

In 2023, we introduced the management response as a tool for the evaluation's main stakeholders to develop their plans and ideas for how to follow up on it. But as one of the evaluators we worked with in 2023 explains in an interview included in this report, a lot is based on the relationship developed between the evaluator and the project. In 2023, we capitalized on this, bringing back evaluators who completed an evaluation in 2021, to recall and revisit findings with the project.

We hope that by reading this annual report you get more of an insight not only into how OCB engages with evaluation but also what we can get out of evaluation for learning on both a project and an organizational level. Thank you for taking the time to do so.

**Linda Öhman**  
Head of the Stockholm Evaluation Unit

A YEAR IN REVIEW											
THEME	Anzoategui	Abakaliki	Kananga	Maiduguri	Morocco	Belgium*	Afghanistan*	Bangassou*	Monitoring Review**	Field Recentralization**	TOTAL
Epidemics		X		X							2
Conflict and Violence			X	X			X	X			4
Migration and Detention				X		X					2
Sexual Reproductive and Women's Health	X		X								2
Child Health and Nutrition	X		X	X		X					4
Trauma Care											0
Chronic Infections: HIV, TB, and Hepatitis			X								1
Non-Communicable Diseases	X				X	X					3
Continuum of Care	X	X	X	X	X	X					6
Clinical Care	X	X	X			X		X			5
Antibiotic Resistance											0
Environmental health	X	X		X							3



**Where:** Afghanistan, CAR, Nigeria, Morocco, Venezuela, DRC, Belgium, Southern/Central Africa, India



**What topics:** Primary health, SRH, structural setup, SRHR, Field Recentralization, TB, monitoring, incentives/remuneration to non-MSF staff, emergency (earthquake), endemics (Lassa fever), mental health, migration, nutrition/cholera



**Which evaluators:** Individuals, teams and/or consultancy firms representing country contexts such as Afghanistan, Canada, Australia, Canada, DRC, India, Portugal, Spain, Sudan, Tanzania, UK, US, and Venezuela.



**At what cost and for how long:** Average cost 36,000€ for the average duration of nine months (not full-time).

TRANSVERSAL ANALYSIS ON THE BASIS OF:

2023’s Reoccurring Themes

The SEU examined nine SEU managed evaluations at were commissioned by OCB in 2023 to identify reoccurring themes. The SEU analysed the evaluations by gathering the conclusions and recommendations and then tagging them with key words. Key words that reoccurred most were grouped into themes and gathered under the headings. They are presented here.

KEY WORDS	THEMES	HEADINGS
Responding to needs, Adaptation	Relevance	Effective and impactful intervention
Satisfaction, Effectiveness	Quality of Care	
External, Internal	Enhance coordination	Improve coordination and collaboration
Strategy, Communication channels	Communication	
Coherence, Harmonization	Promote coherence	
Mitigation, Risk analysis, Security measures	Risk management	Enhance project management
Sustainable transition	Continuity	
Handover, Rotation, Roles and responsibilities	HR management	Optimize HR practices
Induction and onboarding, Capacity building	Training and capacity building	
Co-Design, Ownership	Stakeholder engagement	Boost stakeholder engagement and foster sustainable partnerships
Strategy	Partnerships	
Community-driven activities	Community inclusion	
Plan, Tools and framework, Data collection and management	M&E practices	Optimize M&E practices

Across several evaluations, the quality of healthcare services provided was highlighted, as seen through an analysis of the patients’ satisfaction and the project’s effectiveness.

Internal and external coordination and collaboration emerged as areas needing improvement due to their significant role as a prerequisite for success. Enhancing coordination could be facilitated by implementing regular meetings among stakeholders and maintaining effective communication channels internally and externally. The evaluations also pointed out a lack of internal coherence, notably observed in Abakaliki, Afghanistan, and the FRCEV evaluations.

Efficient project management practices were emphasized as important for ensuring

intervention sustainability beyond the initial implementation phase. Strategies such as ensuring continuity and facilitating smooth project transitions and closures were highlighted.

Human resource management was identified as another critical area for attention. Addressing turnover, clarifying roles and responsibilities, drafting clear ToRs and providing adequate training opportunities were deemed essential for optimizing staff performance and overall intervention success.

Stakeholder engagement stood out prominently in several evaluations, underscoring the importance of co-designing the interventions with relevant partners to foster ownership, and

community inclusion. Building sustainable partnerships and empowering communities to drive intervention activities were lifted.

Lastly, as explored in previous year's analysis, optimizing monitoring and evaluation practices was deemed raised, to measure intervention progress and outcomes and for ensuring coherence and continuity. Standardizing data, tools, and policies and developing monitoring and evaluation systems were highlighted to ensure accountability and inform future intervention efforts.

The detailed analysis of each theme appears in a separate paper, available [here](#); however here is one example thereof.

The heading Effective and Impactful Interventions refers to the overall assessment of the quality and effectiveness of MSF interventions, to achieve its intended outcomes and make a positive impact. It incorporates two themes: relevance and quality of care. Under relevance, the evaluations speak to whether and how projects respond to needs and are adapted thereto.

The decentralization initiative was relevant to the local needs and the DRC government's SGBV priorities, although its overall appropriateness was moderate. (Kananga)

MSF should accept the constraints of its operating model in Afghanistan, and instead continue to make flexible

adaptations that include addressing underlying issues (Afghanistan Set-Up).

Meanwhile, under quality of care, key words explore the extent to which the provided healthcare was successful and effective in addressing the needs of the target population and is perceived as satisfactory

by the recipients of healthcare.

The Hub has a verifiable impact on the majority of its beneficiaries and has been successful in providing an inclusive and unconditional welcome to all in need regardless of cultural background, ethnicity, or gender. The Hub's impact is further evidenced by the beneficiaries' positive feedback and satisfaction levels, and the initiative has efficiently addressed their most basic needs, with a notable percentage expressing a significant positive impact in their lives. (Belgium)

Main results achieved at AE-FUTHA included timely PCR testing and appropriate hospitalization of Lassa fever patients, and compliance of staff and caretakers to infection prevention and control measures. (Abakaliki).

### TRANSVERSAL ANALYSIS ON THE BASIS OF:

## OCB's Strategic Orientations

The SEU has analysed nine evaluations and one review (the monitoring review) that the unit managed during 2023 to analyse connections between evaluation findings and OCB's Strategic Orientations.

The full paper analyses the connections between the findings and recommendations of the Stockholm Evaluation Unit's 2023 portfolio of evaluations and OCB's Strategic Orientations (SOs), as described in the 2020-2023 Operational Prospects. The analysis includes three parts: (1) examining whether findings and recommendations in the 2023 evaluation portfolio address the SOs; (2) examining how findings related to the SOs are captured within an evaluative framework; and (3) examining the reoccurring themes of the 2023 evaluation portfolio against the SOs.

The analysis finds the SEU's 2023 portfolio has a high level of connectivity with OCB's Strategic Orientations (SOs), as described in the Operational Prospects. It identified areas where certain SOs are so broad in scope that they capture a large number of the criteria for assessing value used in evaluations, while findings related to some evaluation criteria are less reflected in the SOs. It also identified areas where SEU evaluations are producing reoccurring findings and recommendations of importance to operations but where the current SOs do not offer robust guidance.

It should be noted that, because the SEU evaluation portfolio is not representative of

the overall OCB Ops portfolio, this analysis cannot assess the overall implementation of the OCB SOs, but it does offer insights and reflections on the alignment between the evaluation portfolio and OCB's SOs.

### ANALYSIS OF OCB EVALUATIONS VIS-A-VIS THE PROSPECTS'

Of the ten processes managed by the SEU in 2023, eight evaluations assessed projects. Five of those were standard MSF project evaluations of operational projects and three were "non-standard" in the sense that they evaluate a specific aspect of a project or mission or a humanitarian project in which MSF is only one actor among several. The two others examine transversal issues of relevance to MSF project operations. Taken as a body of work, the portfolio touches on each of the SOs, including several which were the focus of specific evaluations (Field Recentralization, monitoring review).

The analysis related to two of the SOs – Medical Humanitarian Identity and Act Responsible and Accountable - are included in this summary for illustration; the rest can be read in the [full analysis](#).

#### Medical Humanitarian Identity

OCB's medical programs respect human dignity and stand in solidarity with



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

Given the breadth of this SO, all project evaluations (6 out of 6) assessed alignment of the project with the medical humanitarian identity of the organisation. Findings linked to concepts in this SO, such as prioritizing settings with acute morbidity and mortality, demonstrating solidarity with neglected populations and prioritizing medical impact and quality of care. For example, the Maiduguri evaluation found that mortality rates in the MSF hospital had reduced from the previous year, attributed in part to improvements in the strategy. The Kananga evaluation noted "an increased number of survivors accessing post-sexual violence care" and an improved capacity and self-confidence of healthcare providers to care for survivors." The Abakaliki Lassa fever evaluation found "the project objectives and activities were perceived as highly relevant to the needs in relation to Lassa fever" and that "activities were mostly consistent with international best practices and recommendations in the field of Lassa fever." The Morocco evaluation found that the mental health intervention by MSF was relevant to the unmet needs of the

population, but some elements of the strategy could have been improved.

### Act Responsible and Accountable

OCB will be accountable to patients, communities, the MSF movement and donors. We will engage in dialogue with our beneficiaries. Closure of projects should be responsible, accountable and have a realistic timeframe. Capitalisation, critical learning exercises, routine monitoring and evaluations of projects should be systematised. OCB is committed to the principle of 'Duty of Care' to staff and beneficiaries.

The scope and breadth of this strategic orientation – which addresses monitoring, evaluation and learning; external accountability and transparency; project closure; intersectional collaboration; and responsible resource management and planning - meant that every process in the SEU's 2023 portfolio produced findings related to its many facets and with considerable attention. The very practice of conducting evaluations falls within the scope of this SO and is an indication of its realization. This paragraph offers a high-level overview of insights from the evaluation portfolio related to this objective.

Monitoring, learning and evaluation merits a particular mention, as it was the central focus of the Monitoring Review conducted in 2023, which found MSF lacks a



comprehensive MEAL system and that its monitoring system lacks a clear definition of its purpose, structure and how it should be used to inform decisions. The Review recommends “to make monitoring a priority and simplify the decision-making framework and structure in which all team members function.” Nearly all MSF project evaluations, in one way or another, also cite the lack of quality, coherent data (whether medical, HR, financial) and/or unclear and changing logical frameworks (log frames, theories of change) as a barrier to assessing programs.

Other facets of the Act Responsible and Accountable are also addressed; for example, three evaluations (Abakaliki, Kananga and Morocco) produced findings and recommendations related to responsible project closure strategies. The Afghanistan intersectional setup evaluation focused on the aspect of intersectional coordination, offering findings and recommendations to strengthen the dynamic in the missions intersectional coordination structure. Responsible resource management and planning was challenging for evaluations to address, linked to the lack of data availability in many cases. Several evaluations found that project logframes do not fully capture project objectives and that additional attention should be paid to the development of clearly articulated project theories of change. Findings related to transparency and accountability to patients are also

captured under the concept of Patient - Centred Care in many evaluations.

### **PART 2: INSIGHTS INTO STRATEGIC ORIENTATIONS FROM SEU EVALUATIONS**

Evaluators engaged by the SEU tend to evaluate projects using standardized criteria to define the value of a humanitarian intervention. For example, ALNAP recommends an adapted version of the OECD-DAC criteria which stipulate if a project or program is relevant, appropriate, effective, efficient, coherent, impactful and sustainable, then it is good or valuable. The second part of the analysis examined under which evaluation criteria each evaluation produced findings related to OCBs SOs. It finds there are some SOs which overlap with many evaluation criteria, and other areas where disconnects occur between evaluation criteria and the SOs.

**OVERLAP:** Several OCB SOs are broad and multi-faceted, encompassing multiple value criteria. For example, Act Accountable and Responsible, Patient at the Centre, and Medical Humanitarian Identity touch on most evaluation criteria – from relevance and coherence to efficiency and impact. Such breadth may make them difficult to apply in evaluation-based decision making. It may be useful to adapt and define foundational evaluative criteria about what MSF considers to be good programming to bridge this gap and strengthen operational guidance and evaluative practice. For

example, what constitutes a relevant intervention for MSF? How does MSF consider an intervention to be delivered appropriately, etc?

**DISCONNECTS:** Some criteria connect to fewer of OCBs SOs than others. For example, evaluation findings related to efficiency or sustainability are associated with fewer SOs, and less comprehensively, than criteria such as relevance and impact. This means that a volume of findings and recommendations are produced in evaluations and considered important for projects but are not necessarily captured in the strategic orientations. To identify some key groupings of such findings, this paper cross-references the “Recurring Themes in SEU Evaluations” analysis against the SO in the next section.

### PART 3:

#### ANALYSIS OF REOCCURRING THEMES IN EVALUATIONS VIS-À-VIS STRATEGIC ORIENTATIONS

The full paper includes a cross-analysis of recurring themes in SEU evaluations and their connection to OCBs SOs produce. In doing so, it identifies two areas for reflection. First, certain topics which come up frequently in SEU evaluations are not addressed in the SOs to offer guidance. One example of this is the topic of partnerships with Ministries of Health. Other recurring themes, such as program design and theory of change, also do not connect to strong guidance in the SOs.

A second insight is that four SOs - Act Responsible and Accountable, Getting the Right Staff, Patient at the Centre and Think Global act Local - are most often associated with commonly recurring themes in SEU evaluations in 2023. The concentration of findings and recommendations related to these four SOs suggests those area is particularly relevant to the challenges projects are grappling with, and further guidance may be useful to address these recurring findings.

## LOOKING IN FROM THE OUTSIDE:

### The Kananga Project

Angel Foster was the team lead for the two-step (developmental) evaluation of the decentralization initiative of SGBV services at Kamuandu Health Center, in the Kananga project, DRC. It was conducted in 2022 and 2023 with Cady Nyombe Gbomosa as main evaluator, together with Manizha Ashna, Meg Braddock and Nished Rijal.

#### What are your main highlights about working with the SEU as evaluator(s)?

It is exceedingly rare to conduct an evaluation that is not donor driven or required, to be externally accountable or to justify the continuation of the work; this doesn't mean that these evaluations have no other purposes but for Kananga it was very clear that the evaluation was internally motivated, and that's very exciting!

Another thing that really stands out working with the SEU are the **efforts in facilitating the cultivation of relationships** between our evaluation team and the consultation group for the evaluation, as well as the local project team. It is a very different model for evaluations. It takes time and a deft hand; it's a process but one with a lot of learning. Not everybody has to agree on every finding or recommendation but for the consultation group to be able to feedback and articulate why this isn't a priority or feasible, or why they agree or disagree, I think that process strengthens the thinking, and the programming. There are pros and cons to external evaluations of course but having **outside eyes on something can be really instructive.**

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

Evaluations are much less common in the humanitarian sector than in the development sector - for a variety of reasons - including the often-temporary nature of the interventions. From my perspective, supporting rigorous evaluations in the humanitarian field has tremendous potential for developing learnings and identifying best or better

practices. The SEU brings knowledge of the **realities of program implementation in the humanitarian space, with the expertise in evaluation methodology.** Here is an organization, and people, who really understand both and find ways to do evaluations that are methodologically rigorous and still realistic, feasible, and valuable or useful. That's a rare combination which creates organic knowledge translation and mobilization.

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

Keep doing them! It is so important. There is so much to be learned from MSF's programming in different settings, and these evaluations provide an opportunity to document what's happening and to understand what works and what doesn't. **MSF is really in a position to lead this effort, right?**

The **radical transparency of MSF-OCB**, with the SEU, is rare within the humanitarian space and that really signals a lot about MSF's commitment to global leadership in the humanitarian sector. It's generous of MSF to make these **evaluations publicly available**, and that's a pretty remarkable thing.

Angel Foster is a Professor at the Faculty of Health Sciences, University of Ottawa, Canada.

The evaluation reports - [phase 1](#) and [phase 2](#) - are accessible publicly on our IEG website. An interview with the evaluation commissioner (Maria Mashako, Medical responsible, DRC together with Zakari Moluh, Deputy) was conducted in 2022 and can be read [here](#).

## PERSPECTIVE ON TRANSVERSAL TOPICS:

### Constructing Complex Medical Structures

As the number and scope of construction projects undertaken by MSF has grown over the years, the SEU managed an evaluation in late 2022 of MSF-OCB's processes for the design and construction of complex health structures. In early 2024, the SEU interviewed [Jean-Eric Schaefer](#), OCB's former Director of Logistics, who was heavily involved in the evaluation from beginning to end.

#### What are your main takeaways from this evaluation?

In my view, when you design a complex infrastructure, it reveals something about your organizational strengths and weaknesses, from a technical, managerial and governance perspective. And in this case, this is what the evaluation did. At the end of the evaluation, we have some concrete findings and recommendations that the logistics department is working on, and will continue to work with, which are complimentary to other learning exercises our department has done. **But it really was the process which was the most important.** There were a lot of discussions and some resistance around this evaluation – and it was sometimes difficult – but at the end of the process the most significant changes I felt were the ways in which perceptions and narratives changed amongst stakeholders. The most valuable outcomes to me were the understandings that the process produced. **It generated an awareness that there is a transversal and shared responsibility** when it comes to complex construction projects; that is not only a technically undertaking but must be integrated within operational planning and supported adaptively according to the needs of the project in question. **This understanding was reached during the evaluation process, and that allowed us to discuss with other departments more easily.** The climate and the spirit of collaboration were different.

#### How do you see the impact of this evaluation going forward?

Having a good evaluation process, report, and recommendations, is not enough on its own. I have been involved in many learning processes and on some occasions have seen MSF repeating the exact same

mistakes just a few years later. My reflection is that **we need to examine the other organizational factors around the evaluation process.** One thing the evaluation outlined was important gaps in information management. This is of transversal relevance to MSF, as it undermines the possibility of evidence-based decision-making. From a governance perspective, we need to ensure that outcomes from evaluations inform decisions which are properly tracked and implemented, including at the highest levels. And at a cultural level, we need to overcome our fears. I was surprised at certain points by the level of resistance the evaluation was met with. I think there is a certain fear that comes with the word “evaluation,” when what **we need is a process in which we can sit around the table and feel safe to confront our shortcomings in a space for collective learning.** Establishing that culture is a big exercise, having to do with how we train staff and how we conceptualize project design and implementation. In an ideal world, monitoring and evaluation should be integrated into the project planning – whether construction, or any other project – from the outset of the project design phase. I think we need to continue to invest in those cultural and institutional factors and one important role I see for the SEU is **to invest more in training all relevant internal actors on key principles, definitions and tools related to evaluation.** These common understandings are essential to changing our culture around evaluation and improving our practices.

**Jean-Eric Schaefer was the Director of the Logistics Department at MSF-OCB.**

Read the [Evaluation on the Design and Build Process of MSF Health Facilities](#) by Shelter Centre.

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PROVIDING TECHNICAL INPUT:

## The Medical Aspect

Esther Casas has been involved in several consultation groups, as a part of evaluations primarily focused on HIV/AIDS in Africa. Engaging with evaluation in this way, one needs to inhabit a dual role in a way, providing subject-specific input and adding factual nuances as well as maintaining a general medical-humanitarian perspective. We spoke to her about what she thinks the role brings to and gains from the process.

### What has been your main takeaway as an HIV referent in several evaluations?

External evaluations offer an excellent opportunity to take a step back, appreciate and get an outlook of the project with a different perspective. I find that the most valuable exercise is the fact that evaluations look at the project or its components assessing appropriateness, effectiveness, coverage, and connectedness to an extent that **the project routine monitoring does not assess - and that offers always valuable insights.** Focusing for example on the PMTCT evaluation in Conakry, one of the most relevant lessons learned, albeit not new, was that handing over HIV components of projects should be planned and thought since the early phases of the project planning in order to consider readiness of stakeholders. We also learned that one of the weakest points of the PMTCT cascade is on following up HIV exposed babies until confirmation of HIV status.

### What were the main highlights for you (as consultation group member of the evaluation and medical referent) in being involved in an evaluation process?

Being a member of the consultation group allows to share one's own views on specific aspects that should be further explored during the evaluation, give insights into contextual specificities, and elaborate further on what will be the major added learnings. I find that the role of an advisor in the medical department is essential in

the development of the evaluation and very complementary to the views and approach of the external evaluators as often advisors bring a long-term history and engagement of the trajectory of the project. In addition, **as a referent of the medical department, the discussion with external evaluators is always fruitful and broadens the scope of our own learning** of any project. The discussions on the findings are rich and dynamic. I appreciate the opportunity to contribute to the framing of the lessons learned in a way that helps best MSF.

### What would you advise future medical referents involved in evaluation processes?

I think the most important factor to consider when being involved in an evaluation process is to keep [your] mind open to new learnings. **There is often a sense that we will know what we are going to learn and that often there is a risk of evaluators not always being able to understand the "MSF context".** However, there are many opportunities for good learning outcomes when MSF projects are reviewed by external expertise. One strong limitation is that the quantitative components are often limited by the quality of data, and often the evaluations do not go more in-depth than what's already done in the routine M&E of the project, hence I find that the biggest added value are the qualitative findings from interviews as they are very complementary to the routine project monitoring.

**Esther Casas is the Senior HIV/TB Advisor at the Southern Africa Medical Unit (SAMU) of MSF-OCB.** She was involved in the evaluations of [Eshowe HIV Project](#) (2021), [Adolescents' SRH Project in Mbare](#), Zimbabwe (2021) and [PMTCT component of HIV project in Guinea](#) (2022).



## COMMISSIONING AN EVALUATION:

### Anzoátegui

Rafael Contreras is the OCB Medical Coordinator for Anzoategui and Bolivar projects, in Venezuela. In late May 2023, when he started his position, he took over the role as Evaluation Commissioner. At that time, the draft evaluation report was being reviewed. In conversation with him, the aspects of taking over a role mid-process and what the use of an evaluation may look like, even if not aligned with initial expectations.

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

My role as commissioner started at the end of the process, i.e. when the evaluation was finished. I helped to review and validate the final report, to plan the meetings to present the results with the project, coordination, and SEU, and to define with whom the results were going to be shared. Also, I coordinated and led the process to discuss the recommendations with relevant MSF colleagues, and decide which ones, and how they would be implemented. Considering this, my role was very limited, and the evaluators had already finished their visit and the report was almost finished.

#### What do you think have been the most difficult moments/aspects for you as evaluation commissioner? And which did you enjoy the most?

The most difficult moment was during the analysis of the results and the review that was done with the team, since the **expectations were not achieved, or at least what had been defined as the purpose and intended use in the Terms of Reference** of the evaluation. We were expecting from the evaluation team an analysis of the project that would help us to define the proposal for the MYRO, but this was not achieved. It seems that there were some difficulties by the evaluation team to explore aspects of quality of care delivered, limitations of the medical data collected routinely by the project to answer some of the evaluation questions, and no clear responses about the added value of the project providing direct care in MSF structure vs supporting existing MoH facilities. In addition, it appears that there were several comments

from the evaluation team to the field team that were not included in the report, which made it difficult to have a subsequent dialogue with some people in the project.

What I have enjoyed most is reviewing with the team where we can improve. **Most of the recommendations given are related to internal processes**, and many of the things were things that had already been identified by coordination or the team, so it was good to know that many of the recommendations were already being implemented or in process in the project.

It was also very **good to see how HQ took a more active role in transmitting knowledge directly to the field**, which had been one of the recommendations of the evaluation team. This was done with the projects, to explain how to elaborate an ARO/MYRO, explaining each of the steps directly to the field teams.

#### SEU has taken some concrete actions to support the process of making use of evaluation findings: how do you feel that this has worked in "your" evaluation?

I have felt the support of the SEU team in trying to optimize the evaluation results, e.g. by answering any questions we had about the evaluation results, and in facilitating the discussions and exchanges with different MSF colleagues during the process. However, and given that the proposed objectives of the evaluation were not achieved, the ownership of the evaluation by the project to the coordination has not been achieved. However, the project is trying to improve the processes in which there is room for improvement.

**What would you advise future evaluation commissioners?**

My recommendation would be something difficult to always have: and that is that it should be the same commissioner throughout the evaluation process. It is not clear to me if for the previous commissioner (previous MedCo) the results of the evaluation met their expectations. Advice for the commissioners is that the **objectives of the evaluation should be carefully reviewed and agreed upon** with the project and coordination, and it should be verified with the team that will carry out the evaluation that the objectives are clear

**Rafael Contreras is the Medical Coordinator for Bolivar and Anzoátegui, Venezuela for MSF-OCB.**

The evaluation was conducted in OCB's project with activities at a self-run health centre, in MoH

to them.

I would also stress to the commissioner to keep in mind that the evaluators probably do not belong to MSF, so they have a different vision. For instance, **external evaluators may bring new tools or indicators to measure the impact of projects**, other than those defined by MSF. In this case, I think it is important to review the indicators beforehand, which should be similar to the MSF standard quality indicators, or if relevant, change the MSF indicators and include these new indicators.

facilities and some health promotion/community engagement. The purpose of it was to provide a midterm assessment and guide future orientations as strategic design and QoC standards. Access it [here](#).



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