

OCB'S STRATEGIC ORIENTATIONS AND ITS 2023 EVALUATIONS

The Stockholm Evaluation Unit (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. It also identifies areas where evaluations consistently produce findings, but where the Strategic Orientations do not offer guidance for decision-making.

This paper analyses the connections between the findings and recommendations of the Stockholm Evaluation Units 2023 portfolio of evaluations and OCB's Strategic Orientations (SOs), as described in the 2020-23 Operational Prospects. The purpose of this analysis is twofold. First, to consider what insight the results of evaluations in 2023 managed by the SEU provide to OCB vis-à-vis the SOs, as well as to the SEU on how to continue to reorient evaluations to the organisation's needs. This was done by reviewing the evaluations performed in 2023, then describing how these evaluations produced findings and/or recommendations with clear linkages to the SOs. The second purpose is to describe connections created based on evaluation criteria, and to identify recurring themes in the evaluation portfolio for which the SOs do not provide direct guidance, to fuel discussions around the development of SOs for 2025-2028, and to inform SEU discussions.

In the first analysis, one of the ten OCB Strategic Orientations was excluded from the analysis (Balanced Portfolio) since it exceeds the scope of any individual evaluation or even the evaluation portfolio as a whole. Some evaluations are also excluded from analysis against some SOs, due to varying scope and purpose among the evaluations (see table below). 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 (intersectional setup in Afghanistan; incentive system in Bangassou) or they evaluate a humanitarian project in which MSF is only one actor among several (Belgium). The two others examine transversal issues of relevance to MSF project operations, including the review of OCB's monitoring system and the evaluation of the Field Recentralization programme. It is therefore to be expected that each evaluation or review will not address each of the SOs. However, taken as a body of work, the cumulative portfolio touches on each of them, including several which were the focus of specific evaluations (field recentralization, monitoring review).

LIMITATIONS: Evaluations are undertaken in response to requests for evaluation, and therefore the SEU portfolio in 2023 is not necessarily representative or illustrative of the overall OCB operational portfolio. It is therefore not possible to draw overarching conclusions in relation to the overall OCB operational portfolio nor about overall progress towards to realization of Strategic Orientations. However, individual processes and the evaluation portfolio overall do provide insight into their realization within specific projects, and tendencies within the evaluation portfolio provide illustrative insights to support discussions toward the renewal of OCB’s SOs.

PART 1:

Analysis of OCB Evaluations vis-à-vis The Prospects’ Strategic Orientations

STRATEGIC ORIENTATION	Anzoate	Abakalik	Kanang	Maidigur	Morocoo	Belgium*	Afghanis tan*	Bangass ou*	Monintor ing	Field ReCent.*	TOTAL
Medical Humanitarian Identity	X	X	X	X	X	X	n/a	n/a	n/a	n/a	6 (of 6)
Focus on Vulnerability and Neglect	X	X	X	X	X	X	n/a	n/a	n/a	n/a	6 (of 6)
The Patient at the Centre	X	X	X	0	X	X	n/a	n/a*	n/a	n/a	5 (of 6)
Continuum of Care	X	X	X	X	X	0	n/a	n/a	n/a	n/a	5 (of 6)
Think Global, Act Local	X	X	0	0	0	0	X	n/a	n/a	X	4 (of 7)
Témoignage and Speaking Out	X	X	X	X	0	X	X	n/a	n/a	n/a	6 (of 7)
Getting the Right Staff	X	X	X	X	X	X	X	X	X	X	10 (of 10)
Be a Risk-Taking Organisation	X	X	0	X	X	0	X	0	n/a	n/a	5 (of 8)
Act Accountable and Responsible	X	X	X	X	X	X	X	X	X	X	10 (of 10)

MEDICAL HUMANITARIAN IDENTITY

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

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. In all six evaluations, findings were produced in response to questions linked to concepts in

this SO, particularly 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 to increase impact.

FOCUS ON VULNERABILITY AND NEGLECT

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

All project evaluations (6 out of 6) look beyond the general population to address issues of vulnerability and neglect. The focus of the Morocco evaluation was MSF’s earthquake response; Maiduguri was conflict-driven displacement; Abakaliki was Lassa Fever; Kananga evaluated MSF’s program for survivors of sexual violence; Belgium assessed MSF’s migrant project in coordination with other actors. Most evaluations also produced findings related to populations deemed most vulnerable or neglected within a target population. Maiduguri challenged MSF to endeavour to assist most vulnerable populations outside of its current area of intervention; the Kananga evaluation credited MSF teams for their focus on assisting survivors of sexual violence in a post-conflict crisis but noted a “missed opportunity” to address the neglected issue of boys and men who are survivors of sexual violence. Likewise, the Belgium evaluation identified discrepancies in male and female perceptions of and access to services offered by the humanitarian hub and recommended tailored programming. The Abakaliki evaluation noted the value of MSF’s particular focus on healthcare workers as a particularly vulnerable group at the onset of the project but found MSF struggled to assist populations at the community level.

THE PATIENT AT THE CENTRE

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

OCB engagement with patients and communities is discussed in 5 out of the 6 relevant evaluations. Three evaluations found positive instances of patient-centred programming while offering recommendations to improve. The Belgium evaluation found that “the Hub and its partner organizations demonstrate a deep-rooted commitment to a person-centred approach,” but recommended partners to create feedback mechanisms to improve services based on beneficiary experiences. The evaluation of MSF’s decentralized SGBV program in Kananga found MSF took both a clinical and community-based approach in the Pilot but noted a lack of confidential mechanisms for patients to provide anonymous feedback to MSF as a missed opportunity.

Challenges related to patient and community-centred approaches in MSF’s programming were also identified. The Abakaliki evaluators found a lack of community engagement during project opening and disengagement planning: “the project was designed by MSF with little involvement of the partners at hospital, State and national level, and no evidence of participation of community stakeholders” and “measures put in place to ensure continuity were insufficient” including because “no other actors than AE-FUTHA were involved in discussions on continuity.” The Morocco evaluation found that it would have been useful to focus more on community engagement.

CONTINUUM OF CARE

OCB is committed to a functioning continuum of care system which starts with primary health care on the community level, continues with primary health care facilities and ends on a hospital level. Accessible PHC, will not only have a high impact on mortality, but also helps referral hospitals to assure entry points for those most in need and maintain a reasonable size and complexity.

Five out of six relevant project evaluations produced findings or recommendations related to OCB’s commitment to ensure a robust continuum of care. Of the six, only the Belgium evaluation did not produce findings in the context of medical programming, though it did address issues related to continuity of humanitarian services provided by other partners in the Humanitarian Hub. All other project evaluations produced findings supporting the OCB conceptualization of continuum of care while identifying areas where projects struggled to fully realize this aim.

While the Maiduguri evaluation found that MSF mobile clinics “contributed to improvements in screening procedures and the referral system,” but there was “imbalanced investment” in hospital-level care relative to “limited initiative” in outreach and community approaches, particularly in less accessible areas. The Kananga evaluation found that investing more resources outside the primary healthcare centres and into the community level could have strengthened the effectiveness of the program and community buy-in while quality of care could have

been improved with “more formal referral systems to link survivors to specialized services.” In an analysis of medical data, the Abakaliki evaluators found that the “registered delay between the onset of [Lassa fever] symptoms and hospitalization didn’t decrease in patients” in the duration of the project, which they saw correlated with a failure to implement a shift from hospital to primary health care intervention and a continued lack of sensitization, detection, and referral activities in the community.

TÉMOIGNAGE AND SPEAKING OUT

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

Six out of seven relevant evaluations produced findings and recommendations related to témoignage, advocacy and/or operational research. The evaluation of the intersectional setup in Afghanistan found that “MSF is more influential and powerful ... because it is operating as one mission with a single voice” and questioned the conventional wisdom that non-intersectional setups insulate MSF from the impact of any one section being “kicked out” of a country in reaction to its public positioning or actions and recommended an analysis of this premise. The Belgium evaluation highlighted the coalition approach’s value to advocacy and recommended to “engage in policy advocacy efforts at local and national levels.” The Maiduguri evaluation highlighted advocacy achievements, including implementation of the project’s weekly epidemiological bulletin to support advocacy with NGOs and donors in the malnutrition response. At the same time, it questioned the lack of “a clear advocacy strategy [targeting governmental authorities] to address the lack of access to communities outside the [state-controlled] trenches or to make visible the humanitarian impact of government decisions.” The Kananga evaluation found MSF’s decentralized SGBV pilot project required advocacy strategies targeting higher levels to bring about “changes in policy, practices, and outlook.” Operational research was also covered; the Abakaliki evaluation found operational research was seen in the project as “an extra activity,” whereas it was meant to be a central component of the project’s goals and as a result “the project had little advocacy and operational research results.” In Maiduguri, evaluators found detection of tuberculosis improved following operational research which played an important role in improving quality of care.

THINK GLOBAL, ACT LOCAL: FRC AND HUMANITARIAN HUBS

Field recentralization will increase autonomy of field teams and ensure accessible knowledge and adapted support. Mentoring from coordination and other support teams, communities of practice and peer networks will improve support to projects.

Regional hubs will build on their regional expertise and proximity to partners, to contextualise and customise MSF response.

In 2023, the SEU oversaw the evaluation of the Field Recentralization program, providing a holistic assessment of its evaluation to date. The evaluation found it to be a valuable initiative and noted “desired changes were observed in countries in Southern Africa region” including a “positive tendency towards achieving autonomy,” though it was too early to measure the impact of FrC in the Central African region. It also found, however, that some of the challenges FrC was designed to address are not fully accounted for in its conceptualization and recommended to revisit the design to “ensure that all root causes are addressed in a meaningful way.” It noted that frustrations arose related to confusion within OCB about FrC, as changes linked to other change processes were sometimes attributed to FrC and affecting perceptions and buy-in. The evaluation provides 17 overall recommendations related to the FrC programme design, implementation and programme performance. Among them are a need to incorporate more solutions to human resources challenges within OCB, strive to foster more cultural changes in how people work and interact, and for the CoDir to assign more proactive roles and responsibilities to programme implementors.

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

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

Staff and issues relating to staff are addressed in every process within the SEU’s 2023 portfolio, whose findings unanimously identify appropriate staffing and/or training as a key constraint to the achievement of program objectives. The Monitoring Review found “limited handovers in project teams are recurring issues that are affecting all aspects of data management, projects monitoring and management” while the Afghanistan intersectional setup evaluation found MSF’s standard approach to staffing coordination positions inadequate for such a large mission and recommended “reconsideration of compensation, leave entitlements and liveability arrangements amongst other factors” for coordinators in the Afghan mission.

The Abakaliki evaluation found “the project lacked adequate and stable human resources to fulfil its ambition, especially for operational research,” while the Maiduguri evaluation found the project lacked a recruitment strategy for LRS adapted to the seasonality of malnutrition and that “gaps in FieldCo’s position seem to have influenced the lack of questioning of existing security standards that have been passed from one to another.” The Morocco evaluation also found HR constraints throughout the intervention. The Kananga evaluation noted “significant staff turnover,” while the Belgian Humanitarian Hub evaluation found “burden on staff’s well-being is further aggravated by issues related to exhaustion and a high turnover.” Addressing MSF’s collaboration with the MoH, the Bangassou evaluation found many challenges in the

incentive framework for the hospital and that LnD strategies needed to be better aligned between hospital and national levels. Both of the high-level processes (Monitoring Review, evaluation of Field Recentralization) produced extensive findings and recommendations related to human resources, and the need for adaptation in order to realize the goals of Field Recentralization and strengthened monitoring and decision-making across the organization.

BE A RISK-TAKING ORGANISATION

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

Five out of eight relevant evaluations produced findings related to MSF's navigation of complex political and security contexts. The Afghanistan evaluation found that the intersectional setup enabled the possibility of its Host Country Agreement, which provides MSF protection from interference and freedom to operate which is "unique among its peers." The Abakaliki evaluation noted the importance of the project to MSF's relations with the authorities which "helped strike a balance" with the more complex and access-constrained humanitarian projects in northern Nigeria. However, the Maiduguri evaluation found the project was not accessing the most vulnerable populations with primary healthcare and challenged the mission to take more risks and undertake more pointed advocacy in negotiating access with those authorities.

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, by definition, falls within the scope of this SO and is an indication of its realization. This paragraph therefore offers only the most superficial of insights into the depth of contribution of the evaluation portfolio toward the realization of 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. “This lack of insight into data quality, the inability to compare across programs, and the challenge to assess evolving needs are significant pain points for decision-makers across the organization.” It recommends “to make monitoring a priority and simplify the decision-making framework and structure in which all team members function.” Elements of this finding are echoed throughout the rest of the evaluation portfolio. 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 programmatic decisions or implementation.

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 and provided recommendations. The Afghanistan intersectional setup evaluation focused almost entirely on the aspect of responsible 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 and inconsistent reporting from projects. 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.

PART 2:

Insights into Strategic Orientations from SEU Evaluations

STRATEGIC ORIENTATION	ANVEN	ABALA	KANGA	MOROC	BELGA ^{1*}
Medical Humanitarian Identity	Relevance Appropriateness Effectiveness Coherence	Relevance Int. Effects efficiency	Relevance Coherence Effectiveness	Pertinence Impact Effectiveness	RELEVANCE EFFECTIVENESS IMPACT
Focus on Vulnerability and Neglect	Relevance Coherence	Relevance	Relevance Coherence Effectiveness Gender & HR	Pertinence	RELEVANCE EFFECTIVENESS IMPACT
The Patient at the Centre	Effectiveness Efficiency	Relevance Exp. Results Int. Effects Sustainability	Relevance Coherence Effectiveness	Pertinence Impact / effectiveness	RELEVANCE APPROPRIATE.
Continuum of Care	Relevance Appropriateness Effectiveness	Expected results intended effects	Relevance Coherence effectiveness	Pertinence Impact/Effec tiveness	
Témoignage and Speaking Out	Coherence	Coherence Exp. Results int. Effects			IMPACT
Think Global, Act Local	Effectiveness	Relevance coherence			N/A
Getting the Right Staff	Efficiency	Expected results efficiency	Effectiveness	Pertinence Impact/Effec tiveness Efficiency	EFFECTIVENESS EFFICIENCY
Be a Risk-Taking Organisation	Appropriateness efficiency Coherence	Coherence Exp. Results int. Effects	Coherence	Efficiency	
Act Accountable and Responsible	Relevance Appropriateness Effectiveness Coherence	Relevance Exp. Results int. Effects Sustainability	Coherence Efficiency Effectiveness	Pertinence Impact / Effectiveness Efficiency	APPROPRIATE.

Table 2: Which Criteria Produce Findings Related to Each SO¹

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 programme is relevant, appropriate, effective, efficient, impactful and sustainable, then it is good or valuable. The table above describes under which criteria each project evaluation produced findings related to OCBs SOs. Though not all evaluations in the SEU portfolio employed the same set of standard evaluation criteria, the table above

¹ Note: this table includes only project evaluations whose findings were categorized according to standard evaluation criteria, such as relevance, appropriateness, effectiveness, etc.

nonetheless suggests two areas for reflection as OCB undertakes to renew its strategic orientations for coming periods.

BROAD SCOPE

First: 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. This leaves space to consider how the OCB operational prospects could be more clear in their guidance for decision-making in a more methodical way. In the context of OCBs commitment to foster a culture of evaluation and routinely evaluate its projects, it could be useful to structure the SOs in a way that provides greater alignment with standard evaluation criteria. This could be done by framing the SOs, or a complimentary interpretive document, as principles and parameters responding to foundational evaluative questions about what MSF considers to be good programming. For example, in general, what constitutes a relevant intervention for MSF? In general, how does MSF consider an intervention to be delivered appropriately? What are characteristics of an effective intervention for MSF?

DISCONNECTS

Second: some criteria used in evaluations connect to fewer of OCB's SOs than others.

Many evaluation findings related to some criteria, for example those related to efficiency or sustainability, are associated with fewer SOs, and less comprehensively, than criteria such as relevance and impact. In practice, 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.

RECURRING THEME	SUB-GROUP	LINKAGE TO SO
Improve M&E practices	Standardization & documentation	Act Responsible and Accountable
	M & E system	Act Responsible and Accountable
	Capacity building & improvement	Getting the Right Staff Think Global, Act Local
Stakeholder engagement and partnerships	Stakeholder engagement	Patient at the Centre Be a Risk-Taking Organization Act Responsible and Accountable
	Partnerships	Recurring theme unaddressed in Sos, particularly with Respect to Ministries of Health
	Community inclusion	Patient at the Centre Act Responsible and Accountable
Optimize HR and staff wellbeing	HR management	Getting the Right Staff Think Global Act Local
	Staff well-being	Act Responsible and Accountable
	Training & capacity building	Getting the Right Staff
Project management and sustainable impact	Needs assessment	Medical Humanitarian Identity Focus on Vulnerability Act Responsible and Accountable
	Risk management	Be a Risk-Taking Organization
	ToC & intervention design	Not comprehensively addressed in SO
	Communication	Think Global, Act Local
	Ensure Responsible Handover	Act Responsible and Accountable
Improve internal coordination and collaboration	Enhance coordination mechanism	Think Global Act Local Act Responsible and Accountable
	Promote internal coherence	Act Responsible and Accountable
Intervention Quality and Impact	QoC & relevance	Medical Humanitarian Identity
	Effectiveness & Impact	Patient at the Centre Continuum of Care

Table 3: Recurring Themes in SEU Evaluations and Connection to OCB’s SOs

This cross-analysis of recurring themes in SEU evaluations and their connection to OCBs SOs produce two interesting insights. First, certain topics come up very frequently in SEU evaluations for which the SOs offer little or no guidance. One of the clearest examples of this is the topic of partnerships with Ministries of Health. Many MSF project evaluations in 2023 touch on this subject in considerable detail and yet, while the SOs offer guidance related to engagement with communities, beneficiaries and other actors, there is no mention of how MSF seeks to engage with Ministries of Health. Almost all other recurring themes, except for program design and theory of change, do connect to one of the ten SOs. However, entering a deeper analysis of the quality of guidance the SOs offer within these recurring themes is beyond the scope of this paper.

A second insight the analysis offers is that Act Responsible and Accountable, Getting the Right Staff, Patient at the Centre and Think Global act Local are the SOs most

associated with commonly recurring themes in SEU evaluations in 2023. This suggests these SOs are particularly relevant to the challenges projects are grappling with, and further elaboration could be of value to address recurring areas for focus identified in SEU evaluations.

CONCLUSION

The SEU's 2023 portfolio has a high level of connectivity with OCB's Strategic Orientations (SOs), as described in the Operational Prospects. Certain evaluations or reviews were devoted to specifically assessing certain SOs, or elements of them (Field Recentralization evaluation, Monitoring Review). In the whole, amongst the 10 evaluations and reviews performed in 2023, every SO was covered and the vast majority received a significant amount of focus.

This paper also 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. It may therefore be useful in the next iteration to offer more specificity. One suggested approach is to consider framing the SOs in alignment with an evaluative framework to offer more specific guidance and enhance their useability in decision-making.

It also identified areas where SEU evaluations are consistently producing findings and recommendations of importance to operations but where the current SOs do not offer guidance. In other cases, large groupings of recurring themes disproportionately link to certain broad SOs. Together, this offers insight into areas where additional guidance to operational teams may be useful, based on the SEU's evaluation portfolio in 2023.