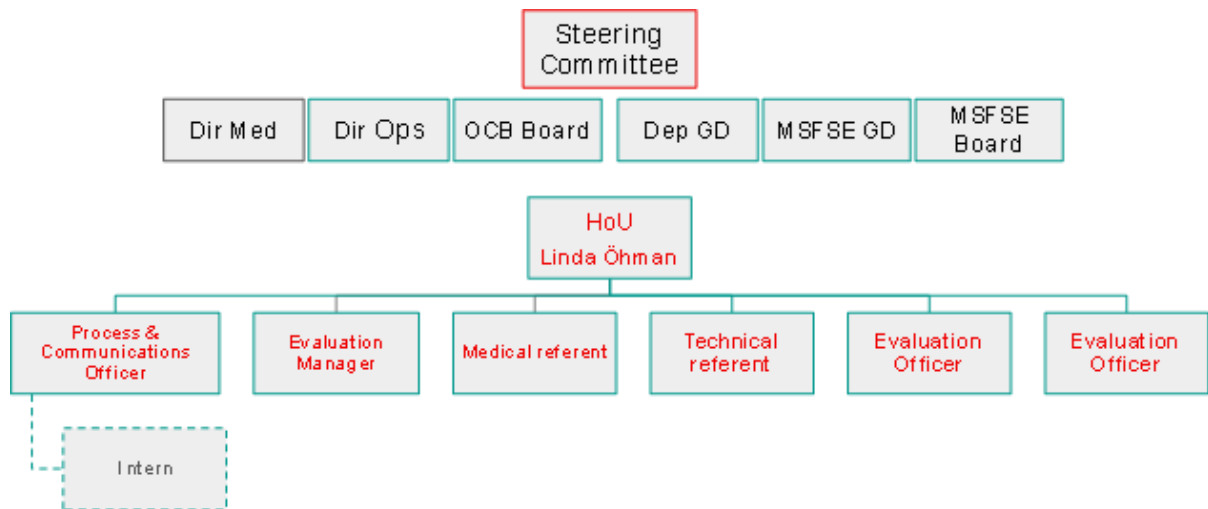


ANNUAL REPORT 2024

The Stockholm Evaluation Unit (SEU) is the primary mechanism to support the MSF Operational Centre Brussels (OCB) in conducting project evaluations. The unit is based at and largely financed by MSF Sweden.

It is accompanied by a Steering Committee, which includes representatives of OCB Operations, Medical Department, the General Director 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 in 2024: Deepening Engagement and Strengthening Use

2024 was a year of both continuity and exploration for the Stockholm Evaluation Unit (SEU). As humanitarian contexts become increasingly complex and unpredictable, the need for informed, evidence-based decision-making has never been more critical. Evaluations remain essential tools — helping us reflect, include diverse perspectives, and act with greater impact.

This year, we sharpened our focus on engagement and evaluation use. We asked: Who is involved in our evaluations, and how? Are we fostering processes that support collective learning? Are our evaluations inclusive, usable, and impactful beyond the final report? Our goal is to go beyond findings and recommendations — to create engagement that leaves a lasting mark across MSF and the communities we serve.

We worked on eight evaluations in 2024, seven of which focused on continuum of care and clinical care. These included the decentralisation of MSF's HIV project in Beira, Mozambique; the diphtheria outbreak response in West Africa; and the handover of medication-assisted treatment services in Kiambu, Kenya. We also evaluated projects in conflict-affected areas, child health and nutrition, and chronic infections — highlighting the wide range of operational questions evaluations help us address. In addition, we continued to work with OCB on developing a MedOps monitoring framework.

To better understand engagement, we looked inward. A stakeholder analysis of SEU-managed evaluations (2021–2023) showed that while service users and external actors are often consulted, their influence in design and decision-making remains limited. Using relevant frameworks, we are now working to define appropriate engagement levels for each stakeholder group. True participation means more than presence—it means enhancing contextual relevance and utility.

This reflection is further explored in our transversal analysis of six evaluations, which identified recurring themes such as project management,

community engagement, and the need for clearer operational guidance on partnerships. These insights are shared in this report.

Our commitment to evaluation use deepened through focus group discussions with past Consultation Group members. Participants shared that evaluations are used both during and after the process. Interestingly, many only recognized the value of their learning through participation after reflecting in the focus groups. They emphasized the importance of quality deliverables, clear follow-up, and skilled facilitation—while also calling for better accessibility, process learning, and long-term follow-up.

We also reviewed feedback from 28 post-evaluation surveys (2018–2023), which assessed quality, clarity, and impact. The results were encouraging — especially regarding the usefulness of recommendations and coherence of SEU processes — but also highlighted areas for growth: report accessibility, language clarity, and structured follow-up. The evaluator's role was consistently noted as a key factor in evaluation quality.

Externally, we remained active in the global evaluation community. Sharing insights from our evaluation on Prevention of Mother-to-Child Transmission in Guinea at MSF's 2024 Paediatric Days helped bridge field experience with broader learning. Participation in international forums — including the European, American, and Swiss evaluation societies — allowed us to exchange ideas and stay engaged with evolving debates on evaluation use, communication, and inclusion.

As we look ahead, we continue to ask: How can evaluations more clearly and directly deliver what projects need? And how can we ensure that learning translates into strategic and institutional insight? We look forward to continuing this journey with you.

Linda Öhman
Head of the Stockholm Evaluation Unit

A Year in Review – Evaluations Published in 2024

Evaluation of	Description
Decentralisation Through Mentorship - Beira HIV Project, Mozambique	Evaluation assessing the relevance, coherence, effectiveness, impact, and replicability of mentoring in decentralising HIV/TB and sexual and reproductive health services.
MSF Intersectional Response to the Diphtheria Outbreak in West Africa	Evaluation of MSF intersectional response to the diphtheria outbreak in West Africa. Assessment of 3 interventions: the WaCA intervention in Kano, Nigeria; the OCP intervention in Borno, Nigeria; and the OCB intervention in Siguiri, Guinea.
MSF-OCB's Maternal and child health Project in Kenema, Sierra Leone	Evaluation to generate recommendations for the remainder of the project timeline 2024-2029 and inform its exit phase.
MSF Maternal Health Project in Khost, Afghanistan	Evaluation with the primary objectives of documenting key successes, extracting lessons learned, and providing practical recommendations for informed institutional decision-making.
Kiambu handover process, Kenya	Evaluation of the handover process of medication-assisted treatment (MAT) facilities for people who use drugs (PWUDs) in Kiambu, Kenya.
Mbare Adolescents' Sexual and Reproductive Health Project, Zimbabwe	Post-Evaluation / Follow-up exercise to prepare for a roundtable to discuss the ASRH project's relevance, effectiveness and future in hindsight, current sight and with foresight.

Other exercises	
OCB Operational Monitoring Framework	Develop an M&E framework to effectively track progress, measure the relevance, effectiveness, and impact of operations, and support decision-making throughout project cycles and strategic medical-operational decisions.



Where: Mozambique, West Africa, Sierra Leone, Afghanistan, Kenya, Zimbabwe.



What topics: Adolescent sexual and reproductive health, AMR, HIV/TB, Primary health, SRHR, intersectional response, outbreak response (Diphtheria), Monitoring, Project handover.



Which evaluators: Individuals, teams and/or consultancy firms representing country contexts such as Burundi, UK, Lebanon, Portugal, Zimbabwe, Afghanistan, Italy.



Dissemination: An average of 52 participants attended the final webinars, 64% of whom were based at HQ.



Total average cost per evaluation completed in 2024: 41,400€.

2024's Alignment to the Operational Priorities

THEMES	Beira	Diphtheria	Kenema	Khost	Kiambu	Mbare	TOTAL
Epidemics		X					1
Conflict and Violence	X			X			2
Migration and Detention							0
Sexual Reproductive and Women's Health	X		X	X		X	4
Child Health and Nutrition			X			X	2
Trauma Care							0
Chronic Infections: HIV, TB, Hepatitis	X		X		X	X	4
NCD							0
Continuum of Care	X	X	X	X	X	X	6
Clinical Care	X	X	X	X	X	X	6
Antibiotic Resistance			X	X			2
Environmental health							0

Find more information about the Operational Prospect's operational priorities [here](#).

Overarching Findings

Reoccurring Themes and Operational Prospects in the 2024 Evaluations

The Stockholm Evaluation Unit (SEU) analysed six OCB evaluations and evaluative exercises that it managed during 2024 to identify reoccurring themes and to analyse what evaluation findings say about OCB's strategic direction, particularly the Operational Prospects. The document was produced using AI; the methodology is described in greater detail in the full document.

This is a snapshot of the complete analysis; the complete document is available [here](#).

REOCCURRING THEMES

The analysis identified four sets of reoccurring themes. These offer insights into OCB's operational realities, particularly concerning project management, organizational learning, and collaboration.

Handover, Sustainability, and Local System Resilience

Challenges related to closing projects was a recurring theme across evaluations. In multiple projects, structural constraints and high turnover frequently undermined smooth handover, reinforcing the need for integrated strategies that embed resilience from the beginning. For example, the Khost evaluation found that systemic shortages in resources, training, and staff limited the resilience of maternal health facilities, resulting in inconsistent care and reliance on the MSF hospital even for routine deliveries.

Data Management, Monitoring, and Organizational Learning

Evaluations frequently flagged limitations in data practices as a barrier to effective administration and institutional learning. Unaligned systems, manual processes, and fragmented documentation were found to limit comprehensive monitoring and timely decision-making. In the Beira HIV project, inconsistent data entry and missing records for patient and lab information weakened continuity of care. It suggested a need for standardized tools and stronger infrastructure. These findings signal a broader imperative, that investing in coherent data strategies can promote continuity, accountability, and adaptive learning across projects.

Capacity Building and Staffing

The availability of skilled staff – both MSF's and partners' – was noted as a recurring operational challenge, ultimately affecting quality care. Evaluations highlighted training gaps, limited recognition, and staff turnover as threats to continuity and quality. In Kenema, the selection of local, qualified, and well-equipped staff as active decision-makers was seen as essential for the project's sustainability. In Kiambu, investing in staff's technical skills and certifications was highlighted as key to retaining capacity post-handover.

Stakeholder Coordination, Partnerships, and Community Engagement

Evaluations consistently highlighted the complexity of building effective relationships with partners, communities, and patients. Fragmented coordination, weak alignment, and limited dialogue often restricted impact. *The Kiambu Handover Process evaluation* illustrated how stakeholder trust shaped the handover process but also pointed to challenges faced by the Community-Based Organization HACK, whose limited visibility hindered its role in monitoring and advocacy. In other projects, low community engagement reduced awareness and care-seeking, weakening links between services and local needs. These reflections point out the need for more inclusive, strategically aligned approaches that build shared ownership.

OPERATIONAL PROSPECTS

To explore examples of how OCB's strategic direction – the Operational Prospects – is put into practice, this following section seeks to align the findings on reoccurring themes discussed above with the Prospects' operational priorities. Comparing the findings with the priorities not only illustrates ways in which OCB lives up to its strategy but also considers what is missing in terms of areas that have constituted a challenge in implementation and would need clearer strategic direction to address.

- 2024's evaluations show that OCB's *Medical Humanitarian Identity* is well reflected in its medical humanitarian operations, particularly where interventions were tailored to local health systems and patient needs.
 - Similarly, the *Focus on Vulnerability and Neglect* was strongly upheld, with projects targeting marginalized groups such as People Who Use Drugs, adolescents, and women, guided by needs assessments.
 - The priority of *Patient at the Centre* was partially realized. While community engagement was evident—such as the work with peer educators in Mbare—some groups felt excluded from decision-making, indicating a need for more consistent participatory approaches.
 - The *Continuum of Care* was generally well integrated, with efforts to link community-level services to hospital care.
 - In contrast, by not systematically incorporating patient voices in advocacy, a gap between intention and practice in *Témoignage and Speaking Out* could be perceived.
 - The priority of *Getting the Right Staff in the Right Place, Time & Role* was addressed through training and mentorship in some projects, but challenges like high turnover and undervaluing certain roles persisted. Staff wellbeing also emerged as a concern.
 - Finally, OCB demonstrated its willingness to *Be a Risk-Taking Organisation*, piloting innovative models and navigating complex environments. However, both internal and external constraints sometimes limited the full realization of this ambition, pointing to areas where clearer strategic direction could improve implementation.

In summary

OCB's operational priorities are closely connected, which is why when reviewing the evaluation findings vis-a-vis them, it can quickly be noted that a challenge in one area affects another. For instance, if patients are not actively involved, it can weaken both advocacy efforts and the ability to implement a patient-centred approach. The analysis also shows that these priorities are not applied consistently across projects, even though their apparent interconnection. Some teams do well in areas like including patients' voices or building staff skills, while others face difficulties due in part to systemic or contextual challenges.

Requiring more direction

While OCB's Operational Prospects detail values and priorities, the evaluations reveal practical difficulties encountered in projects that are not fully addressed at the strategic level. Guidance on handing over projects, data management and community engagement constitute such areas – where findings from evaluations suggest a need to strategically address them, yet no specific mention exists in the Prospects. Adopting innovative staffing approaches, such as working with peer educators and mentors, could also be better covered in the strategic document.

Exploring evaluation practice

In 2024, the SEU explored evaluation practice with the intention to continue to improve our process (how we manage evaluations) and our results (what happens with the evaluations). Though we conducted these exercises primarily with the intention to feed internal reflection in the unit, we are happy to share the findings with all who are interested to learn more about how the SEU works, as well as those who want to. Below are high level summaries of the complete documents, which you can access in full on the SEU intranet page.

EVALUATION STARTS WITH ASKING THE RIGHT QUESTIONS

In the pursuit of meaningful evaluations, branding evaluations with single labels like mid-term or summative is not enough. In 2024, the SEU undertook a deep dive into evaluation typologies – not to box evaluations into rigid categories, but to better guide how we design them to generate relevant, actionable insights.

The analysis explored five evaluation typologies: purpose, focus, timing, evaluator type, and approach. While these are often treated as checkboxes, the SEU argues they should instead be seen as interdependent choices that are both informed by evaluation's purpose and shape the questions we want answered.

For example, while formative evaluations support learning and summative ones support accountability, most real-world evaluations blend both. Similarly, outcome evaluations may show what changed, but only impact evaluations explore why. Timing matters too – mid-term evaluations dominate, but ex-ante and ex-post evaluations offer untapped potential for shaping design and assessing sustainability.

Who conducts the evaluation also shapes its utility. External evaluators bring objectivity; internal ones bring context. But participatory approaches – where evaluators act as facilitators, not judges – may offer the most promise for learning and ownership.

Ultimately, the SEU wants to continue to move beyond prescriptive models. Instead of starting with a type, start with a question. The right evaluation isn't found in a typology – it's built from purpose.

BROADENING THE CIRCLE: STAKEHOLDER ENGAGEMENT

Stakeholder engagement is vital to meaningful evaluations, yet our internal analysis of 23 evaluations (2021–2023) reveals a concerning pattern: participation remains largely homogenous. The analysis examined which groups were involved and in what roles – Commissioner, Consultation Group member, or Informant – across the six steps of the SEU's evaluation process.

Findings show that MSF stakeholders dominated all roles, exerting the most influence. In contrast, external actors, Ministries of Health (MoH), and patients and members of the community (service users) were mostly limited to informant roles: positions with minimal decision-making power. Notably, no patient was included in Consultation Groups, and MoH representatives were rarely involved beyond data collection. Organization-focused (such as those of intersectional set-ups, or field-recentralization) evaluations were particularly exclusive, with no service user participation and minimal external actor input.

Despite limitations of our internal review, the core insight is clear: those most affected by interventions - patients and other local actors – are the least empowered in shaping evaluations.

The SEU now seeks to shift this dynamic by better identifying stakeholder and thinking about their engagement using frameworks to assess and plan for appropriate involvement levels for each group. We hope to be able to continue moving toward more inclusive, contextually grounded evaluations that reflect the voices of all stakeholders – not just those within our institutional walls.

BEYOND THE REPORT: RETHINKING EVALUATION USE

In 2024, the SEU deepened its understanding of how evaluations are used by stakeholders, moving beyond deliverables to explore the broader impact of the evaluation process itself.

We conducted a series of focus group discussions with 14 former Consultation Group members from evaluations conducted between 2020 and 2022. These conversations revealed that while final reports remain central, evaluation use (learning) also occurs during the process – particularly at the beginning and end. Participants emphasized the importance of deliverable quality, evaluator competence, and

clear follow-up to unlock the value of evaluations. Barriers included inaccessible language, unmet expectations, and limited stakeholder engagement. Cultural factors within MSF, such as an emergency mindset and weak accountability for follow-up were cited to hinder use.

Complementing this, survey results from 141 stakeholders who participated in 28 evaluations (2018–2023) showed high satisfaction with SEU’s collaboration and clarity of recommendations. However, concerns emerged around report usability – especially length, complexity, and a tone that reads too academic. Many respondents were unsure whether recommendations would be followed up or even how to access final reports.

The SEU now aims to enhance evaluation use by focusing on four key indicators: quality, relevance, accessibility, and follow-up. Future efforts will prioritize inclusive engagement, clearer communication, and stronger mechanisms to ensure evaluations inform real-world decisions and improvements.

The complete reports are available on the SEU intranet page as briefing documents. You can read more about evaluation typology [here](#), stakeholder engagement [here](#), and evaluation use [here](#). We’d love to hear what you think!

Looking Back: A consultation group member's view

[Zaid Aman Seni](#) was the focal point in the Consultation Group of the evaluation of the advanced HIV disease (AHD) component of MSF's HIV project in Beira (2022) and of the evaluation of the Decentralisation through Mentorship component in the Beira HIV Project (2024). He has worked as a Medical Activity Manager and is now a Deputy Project Operational Responsible in Beira, Mozambique.

The AHD project component of MSF's HIV project in Beira (2022) report is accessible [here](#), and the evaluation of the Decentralisation through Mentorship Project (2024) is accessible [here](#).

How do you see, or not see, the impact of the two evaluations – both from a two-year-later perspective, and from the recent evaluation?

One positive impact is that the first evaluation gave the project team more confidence in terms of what to implement, and how to improve our operations. The second impact is that it helped us conduct our advocacy efforts.

One of the main objectives for both evaluations was to get evidence-based information on our interventions to address the agendas we wanted to raise to the Ministry of Health. These evaluations helped us consolidate our experiences, organize our documentation as well as the narrative and conceptualization of the project for sharing within MSF. In this way the evaluations provided us with a more structured framework.

Also, the impartial observation and analysis of the interventions were very powerful. We had a lot of lessons learned. The first evaluation led us to develop another component of the project, The Decentralisation through Mentorship, which was later also evaluated.

What are your reflections about your role as project team and CG member, how do you think that influenced the quality of the evaluation?

One of the key components was to ensure transparency, communication and clarification of the evaluation process within the project. In the first evaluation, people thought that external actors were coming to judge our intervention.

My role as focal point was to help clarify that evaluation is much more than observing and analyzing results - we can use these results to

our advantage. It was also to ensure transparency, and clarity so that the evaluation team had fertile ground to do the evaluation smoothly. During the first evaluation, the evaluators faced challenges in accessing information, so, during the second evaluation, my role as a focal point was to support access earlier in the process. While I think the overall evaluation process is well structured, there could be a more standardized way to onboard new people in specific positions, so they get more information about evaluation, how the process works and when and how to plan for it.

Do you have any additional thoughts or want to send a message to OCB related to evaluations?

The key message I would give is to promote evaluations as much as possible. They really add value, not only for the project itself, but for other projects as well. We have many complex interventions in MSF - this requires external people to assess whether there is a causal effect, or whether something can be improved. However, it's important to think outside the box and be open to learning when requesting an evaluation.

Sometimes the complexity of an intervention needs to be considered when scoping the evaluation itself. For instance, if we had framed the project according to the standard OCB package of interventions, our evaluation would have focused only on the mentorship service. But the implemented activities weren't just about mentorship; they were also about integration, handover and service expansion. This is something we realized from the very beginning, and we therefore defined the scope of the evaluation to be decentralisation with a specific focus on mentorship.

The Advisor's Perspective

[Daphne Lagrou](#), SRH and GBV care advisor for OCB and WACA, was as CG member in the evaluations of the HIV/SRH Decentralized Program in Bangui (2025), the Primary Health and Sexual and Reproductive Health Project in Anzoátegui, Venezuela (2023) and the Kenema Maternal and child health Project (2024). She also contributed to the Evaluation of the Khost Maternal Health Project, Afghanistan (2024).

The reports are accessible on the [MSF Evaluation Website](#).

What are your main takeaways, as a Sexual and reproductive health (SRH) advisor, from these evaluations?

The connection with external experts on SRH topics is one way to stay connected with the “SRH-world” beyond MSF. At times it has introduced me to external documentation about SRH in specific contexts; at other times it has highlighted gaps in MSF programs on elements considered essential by global standards. However, most of the time these gaps are neither surprising nor new. Either MSF does not aim for full coverage - limiting the components and types of SRH activities to keep things manageable - or the organization still needs to institutionalize certain care activities, so they become part of the “standard” (e.g. services adapted to adolescents). What I’ve learned is that this has strengthened my efforts to keep advocating internally within MSF for the inclusion of these services in our programs.

When MSF conducts these evaluations, the selection of experts is key. Some evaluations had very interesting evaluation team members, while in others the technical understanding of the topic was insufficient to be meaningful or provide opportunities for learning.

Another key takeaway is data: the evaluations have highlighted how too often data lacks the consistency and documentation needed to be analyzed. This needs a broader internal discussion. We need to agree on and commit to a basic set of indicators that must be collected and cannot be changed. Flexibility for contextualization can then be achieved by adding indicators.

What do you think about the effect evaluations can have, particularly how they can contribute to the work of a medical advisor?

For the evaluations to have an effect, it requires time for reflection and planning – which is a challenge in MSF where there is always something urgent to deal with today, this week, or next week.

At OCB level, the broader findings can, and do, inform our SRH advisor team discussions and plans (yearly review and objectives) and can ultimately feed into strategic planning. In this way, evaluations serve as a constant little ‘flag’ in the back of my mind, reminding me of our gaps and where we can improve.

At the individual project level, it is a bit more challenging in my role as an advisor. I can express enthusiasm and offer support, and I’m available to teams when they implement recommendations. But decision-making lies with the Operational Department, Project, and Coordination Teams.

The biggest gap is probably the lack of a clear implementation plan after the evaluations are done. It is like our advisor’s visits to a project: we leave a report, a set of recommendations and tools, and some teams use them to implement change, while others do not. I believe there needs to be an accountability mechanism, including a requirement to provide feedback on what has been done with the recommendations/outcomes of the evaluations and visits. This could really increase their impact.

What were the main highlights for you as a consultation group member and medical advisor, in being involved in an evaluation process?

It can be an interesting and inspiring experience - an opportunity to reflect and learn. However, providing meaningful input takes quite some time, and I haven't always been able to find that time within the given deadlines. I get the sense that this is also a challenge for project and coordination teams. So, I believe the process's full potential is not being used. On the other

hand, the facilitation of the process is very well done!

What would you advise to future medical advisors involved in evaluation processes?

Be part of it and dedicate time to it - then it is more useful; otherwise, it's better to decline the offer.

Insights From Inside: Commissioning An Evaluation

Mounia Amrani, the Southern Africa deputy cell operations manager, was the Commissioner of the evaluative exercise to prepare for the Mbare ASRH project in Zimbabwe roundtable, and of the evaluation of the Decentralisation through Mentorship component in the Beira HIV Project – both conducted in 2024.

The report on the preparation for the project roundtable of the Mbare ASRH project is accessible [here](#), and the evaluation of Decentralisation through Mentorship in Beira (2024) is accessible [here](#).

What was your role in the two evaluations you commissioned?

My role was to provide strategic overview, ensure alignment at the operational level, and support the evaluation process from initiation to closure. Being the medical operations manager for the Southern Africa region, I had a macro-level view of the strategic ambitions of MSF OCB, which enabled me to ensure coherence across the various projects in the region and within OCB. My contributions included securing endorsement and ownership at the operational level, which is essential for the evaluation to be meaningful and impactful; ensuring the evaluation design addressed relevant questions; and providing guidance and context to the evaluation team based on my long-term regional perspective.

One of the evaluations you commissioned, for Mbare, was slightly different from the other. What do you think about these differences?

Yes, the Mbare evaluation was particularly unique in that it was a follow-up of a previous evaluation conducted by the same team. This gave us the rare opportunity to assess the evolution of the project over time. It allowed us to understand which recommendations had been implemented, reflect on what had changed, and why, and identify persistent gaps and contextual factors that continued to challenge us. Working with a team already familiar with the context made that their recommendations were grounded and realistic. Even if persistent challenges remained, the continuity between the two evaluations brought deep learning and a clear sense of impact.

What do you think should be the role of evaluation in MSF OCB projects?

Evaluation should play a central role in MSF projects. It is a vital tool for ensuring operations are meaningful, relevant, efficient and appropriate. It allows us, within operations, to know where we stand, realign strategies when needed, motivate teams through recognition and learning, and provide verified information to the operations. The commissioner has a key role to play in this process. They should act as a “champion” for the evaluation, a facilitator between the evaluation team and project teams, and a guardian of learning, ensuring the findings serve operational improvement. Given their longer assignments and regional oversight, commissioners are well positioned to bring strategic coherence and macro-level insight into the evaluation process, connecting individual project lessons to broader MSF ambitions.

What advice would you give to future evaluation commissioners?

Be the link and mediator between evaluation and operations and promote a solution-oriented mindset within the CG. They should cultivate active listening and empathy, especially when tensions arise, or difficult questions are asked. Finally, they should not hesitate to reframe an evaluation if the initial objectives don't serve the real needs. Embracing discomfort and welcoming critical reflection strengthen both the process and the outcomes.

Any specific tips or best practices?

Yes, a few key takeaways would be to (1) approach the role with a facilitator mindset, balancing structure with openness; (2) allow space for all voices in the CG, even when they challenge the majority; (3) stay close to the field reality, but maintain a strategic perspective, and (4) support the evaluators by providing access and information, while also protecting their space for objective critique.

Perspective From an Evaluator

[Dauod Khuram](#) was the Lead Evaluator for the evaluation of the Khost Maternity Health Project in Afghanistan. He is a Public Health Practitioner/Researcher and co-founder of The Knowledge House, based in the United Kingdom, the company that conducted the evaluation in 2024.

The Khost Maternity health Project Evaluation report is accessible [here](#).

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

I really appreciate the SEU setup, which reflects the importance of assessing and evaluating projects in an independent and objective manner. In my experience, direct engagement with project management teams can sometimes influence the evaluation design and process. However, SEU's structure allows the evaluation team to focus solely on the evaluation process, enabling the evaluator to

design and carry out the evaluation with confidence and without the risk of potential bias.

The second highlight was SEU's timely support, particularly in providing access to relevant documents and facilitating connections with the right people and stakeholders, which enabled a smooth and efficient evaluation process. Also, SEU's hands-on approach, regular guidance and weekly coordination calls helped maintain alignment across all stages, while the

clarity of the Terms of Reference helped avoid operational and technical difficulties.

Another highlight is SEU's ability to bridge and involve different technical referents and individuals with institutional memory across the MSF movement. This cross-functional engagement not only enhanced the relevance and quality of the evaluation but also contributed towards validating findings and generating actionable recommendations.

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

In my experience, SEU plays an important role in advancing the field of humanitarian evaluation by providing technical leadership throughout the evaluation process. For example, SEU's input in the inception phase brought greater clarity and methodological rigour to the evaluation. This attention to detail reflects SEU's contribution as a technical resource unit, helping to uphold high humanitarian evaluation standards.

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

The Khost maternal health project did not have a baseline, so conducting an early evaluation would have been beneficial. It is important to create a benchmark to measure progress and assess contribution.

It would also be helpful for MSF to consider putting in place processes to follow up on evaluation recommendations. While learning is a core aspect of evaluation, current fragmentation across management structures in MSF can make it challenging to fully translate

insights into operational improvement. For instance, the anthropological research conducted three years earlier on the Khost project was not fully integrated into operations. MSF's position as a trusted quality actor in the humanitarian sector creates opportunities that are not fully utilized.

The SEU could enhance its role in promoting and disseminating findings to other actors, both locally and internally. This would allow a broader audience to benefit from MSF's best practices, contributing to shared learning across the humanitarian sector.

The SEU can also support measures such as translating reports into local languages, organizing local discussions, and producing accessible materials like brochures.

Do you have additional thoughts on this process as an evaluator that we haven't covered?

The setup with the CG and Commissioner is good, but the review process could be shortened. Additionally, the CG was initially a bit critical but established trust after 1-2 months and became very cooperative. Overall, the environment was conducive, positive and supportive.

Finally, although I've been working in Afghanistan throughout my life, the level of community trust and ownership for the Khost Maternity Hospital, within a very conservative society, struck me. MSF's achievement in establishing this through its culturally sensitive approach can serve as a learning experience for others operating in Afghanistan or similar contexts.

LOOKING IN FROM THE OUTSIDE

[Dr Nicole Maina](#) is the Head of Programs and Partnerships, Kiambu County Health Management Team, and has been part of the evaluation of the Kiambu handover process as a key informant.

The evaluation was conducted by the external evaluator Silva Ferretti between April and November 2024. The Kiambu Handover Process Evaluation report is accessible [here](#).

What is your experience of the evaluation of the handover process of the Kiambu project?

It was a learning curve and a baptism by fire for me, as it was the first time I was involved both in a program transition and an evaluation process. The external evaluator was fantastic. She was very approachable and knew how to interact with all stakeholders making them feel at ease. I even forgot our discussions were interviews! We were just sharing stories and perspectives, and I didn't feel like I was just a source of data: I was a co-owner of the evaluation happening.

The evaluation process showed the importance of documenting, and this is something even we [County MoH] can learn from. Even if a project is closing, it is still worth asking ourselves how we are doing. (*The evaluation happened during the handover process*)

Well-done to MSF for going this extra step and evaluate. That's something that should definitely be generalized and I will now have this evaluation experience in mind for future engagements and partnerships, because there was a lot of learning for us [MoH] as well. This becomes even more important today with funding being scarcer, for organizations but also for us as a County. Let's not let investments go to waste. Now is the time for a wake-up call, but I also feel it is an opportunity. Are we making a difference? How do we maintain it?

What could have been better or done differently?

Honestly, the only criticism I have would be: Could we have evaluated a bit earlier? Could we evaluate more frequently? So that there are more opportunities to learn and more time to do something with the findings and recommendations, to adjust programs if needed.

What were the main take-aways from your perspective, did you learn anything?

I felt I was given an opportunity to engage in the evaluation process and share my perspectives. But honestly, at the time, I was not yet able to visualize what the outcomes would be. Now that the final results have been disseminated, I understand. Also, because I was part of the evaluation process, I am more able to internalize the outcomes. So, I learned from this evaluation process, including about what such a process can bring. It felt like capacity building, learning on the job. And I will take that learning with me moving forward.

Another thing that really stood out was the external eye Silva [the external evaluator] was providing. She insisted on the fact that she was an independent evaluator, offering a third eye, neutral and balanced perspective. If you're really looking to improve, you need someone who does not know you/your project to give you their honest opinion. Great that MSF aims to genuinely evaluate, just wanting to know: What went well? What could we have done better? To me, that really resonates with MSF's values of transparency and accountability.

In 2024, The SEU Participated in...

PAEDIATRIC DAYS 2024

The [MSF-Paediatric Days](#) is a two-days conference aimed at catalysing paediatric knowledge, expertise, and practices from MSF staff, academia, and other NGOs. The 2024 edition spotlighted paediatric HIV as a main topic. In 2023, the SEU managed an evaluation of the Prevention of Mother-to-Child Transmission (PMTCT) component of the OCB HIV project in Conakry, Guinea. This evaluation covered over 10 years of PMTCT activities, documenting achievements, challenges, and lessons learned. Seeing the value of this knowledge for other professionals, the SEU, along with MSF colleagues closely involved in the evaluation, contributed to a session focused on child protection and PMTCT.

Dr. Oumou Hawa Diallo, a member of the evaluation team and a medical doctor with extensive experience in TB/HIV, including PMTCT, as well as a lecturer and researcher at Gamal Abdel Nasser University of Conakry in Guinea, attended in person to present the results of the evaluation at the conference.

She highlighted how the external evaluation was an opportunity to identify key strengths and areas for improvement. It showcased the benefits of pmtct project activities, particularly in terms of increased coverage and quality of care. The results also highlighted the need for targeted strategies to reach mothers who do not attend antenatal care (anc), such as implementing hiv community-based testing activities. Additionally, the presentation underscored the importance of adequate monitoring and evaluation systems to support project management and overall programming knowledge, particularly considering challenges

related to the access and quality of routinely collected data.

THE 2024 EUROPEAN EVALUATION SOCIETY CONFERENCE

The SEU attended the [European Evaluation Society conference](#), which takes place every two years.

Our three main takeaways:

Evaluation and power: The conference highlighted how evaluation can reinforce or challenge existing power dynamics. It raised important questions about who gets to be considered an evaluator or expert, and how traditional ideas like “rigour” can sometimes exclude valuable perspectives. There was a strong emphasis on making evaluations more inclusive — through stakeholder involvement, flexible methods, and giving organizations more ownership of the evaluation process (including contextualizing values).

Rethinking health evaluation: Several sessions focused on how to evaluate health interventions in a more meaningful way, by focusing on principles and contributions rather than just outcomes. This made us reflect on how organizations like MSF could move beyond narrow definitions of success and instead look at how our work supports and aims to affect the broader health systems.

What was missing: While the discussions were rich, there was a lack of focus on some key areas, especially ethics, how evaluations are used, and the variety of approaches available. These are topics we had hoped would receive more attention and would have added valuable depth to the conversations.

THE 2024 AMERICAN EVALUATION ASSOCIATION (AEA) CONFERENCE

The 2024 AEA Conference theme was “Amplifying and Empowering Voices in Evaluation”.

Our three main takeaways:

CDC Evaluation Framework: The Centre for Disease Control (CDC) launched the 2024 update on their 1999 Evaluation Framework. The framework provides guidance on evaluation for public health projects and programs both within the US and globally. While the bulk of the framework remains unchanged, the updated version introduces three cross cutting themes: collaboration, advancing equity, and using findings. While these themes are not new, they reflect a firm commitment within the evaluation community to advance efforts to include diverse perspectives, consider inequalities and ensure evaluations inform decision making and improvements.

Culturally Responsive Evaluation (CRE): Following from above, issues related to diversity, equity and inclusion (DEI) were high on the agenda. Culturally responsive evaluation builds on what have been traditionally seen as 'participatory' approaches and refers to evaluation that integrates the cultural contexts, values, and perspectives of the participants involved. This method seeks to respect and incorporate the cultural identities of individuals or groups within the evaluation process, ensuring that their voices are heard and valued.

The promise and perils of AI: Unsurprisingly, the rise of generative AI was the hot topic of conversation. Concerns were raised about the ethics and bias of using AI in evaluation with the

conclusion that AI is neither good, nor bad, it is a tool for evaluators with potential and risk. The human element remains essential, and we will need to navigate both the promise and perils with prowess.

THE 2024 SWISS EVALUATION SOCIETY CONFERENCE

The SEU attended the [Swiss Evaluation Society](#)'s annual conference, engaging in discussions on “Image and perception of evaluation: are we too technocratic?”.

Our three main takeaways:

Investing in effective communication: The event emphasized the necessity of investing in effective communication of evaluation findings, requiring innovation, resource allocation, and specialized competencies. A key takeaway was the importance of tailoring messages to different audiences for greater impact.

Engaging vulnerable populations: Workshops provided opportunities for reflection, including one particularly relevant to MSF evaluations, focusing on engaging vulnerable populations such as sex workers, minors, and refugees. The session underscored the value of evaluators' expertise in working with these groups, using methodologies like snowball sampling and trauma-informed interviews.

Participatory approaches: These were highlighted as crucial, enabling vulnerable populations to play an active role in the evaluation process, assisting with participant enrolment, refining data collection tools, and interpreting findings to ensure their perspectives are meaningfully incorporated.

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