OVERARCHING FINDINGS

IN THE 2024 OCB EVALUATIONS

The Stockholm Evaluation Unit (SEU) has analysed six evaluations and evaluative exercises that it managed during 2024 to identify reoccurring themes, analyse connections between evaluation findings and OCB's strategic document, the Operational Prospects, and consider what implications they have for future evaluations. In previous years, this analysis was split into two separate documents; one on reoccurring themes and another analysing findings vis-à-vis OCB's strategy, yet now the SEU presents it as one.

INTRODUCTION

OCB commissioned six evaluations in 2024, that the SEU managed:

- Two maternal health hospitals in Kenema (Sierra Leone) and Khost (Afghanistan)
- Advanced HIV in Beira, Mozambique
- MSF's diphtheria response in West Africa
- The handover of a project for people who use drugs in Kiambu (Kenya)
- An adolescent sexual and reproductive health project in Mbare (Zimbabwe)

The evaluations of these projects and responses revealed patterns related to persistent operational challenges and alignment with OCB's operational strategy.

Methodology

The SEU used AI to analyse evaluation reports and prepare this report. First, we prepared a meta prompt based on previous years' annual reports (the reoccurring themes paper and the paper analysing evaluations against strategic documents). The aim was to instruct AI to replicate the key elements of those reports, using data from 2024. The prompt can be summarised like this: "Analyse the 2024 evaluation reports from OCB to assess their alignment with Strategic Orientations, identify recurring themes and gaps, and produce a structured, evidence-based report similar to the 2023 analysis". The SEU then used Google Notebook1 to source data from the evaluations, identifying the four thematic areas stated below. There was one edit, as the analysis aligned quality of care exclusively with capacity building and staffing, which seemed limiting. Once a draft had been prepared, the SEU drafted questions using the AI tool Perplexity to be able to analyse the reoccurring themes vis-à-vis OCB's operational priorities (from the Operational Prospects), using the following prompt: "here is a

[1] Notebook allows the SEU to upload all its public evaluations and (anyone) can then use prompts to ask the evaluations questions at NotebookLM

list of factors (the operational priorities) and descriptions of them. if I am going to analyse whether 4 key areas and subsequent findings from 6 evaluations align with them, what questions would I ask."

Based on the prompt and questions, Notebook produced more content. The language was reviewed and refined using Co-pilot. The use of AI allowed us to use the entire report rather than predominantly focus on evaluation recommendations as has been done in previous years.

Limitations

Of course, the same limitations apply to this year's report as has to previous years', namely that the analysis only speaks based on the evaluations conducted. In addition to being a small percentage of OCB's total project portfolio, it is also predominantly longer projects that are evaluated most often. Though the text has been revised by different members of the SEU for accuracy, it needs to be considered that using AI can lead to misinterpretations when large amounts of data is analysed. Also, using AI to condense and consolidate language can sometimes lead to oversimplifications which also affect accuracy to some extent.

REOCCURRING THEMES

The analysis conducted using the AI tool Notebook identified four sets of reoccurring themes. These offer insights into the OCB's operational realities, particularly concerning project management, organizational learning, and collaboration in complex settings. The themes are:

- Handover, sustainability and resilience of local/national systems
- Data management, monitoring and organizational learning
- Capacity building and staffing
- Stakeholder coordination, partnership and community engagement

Sustainability, Handover, and Local System Resilience

Themes related to a project's end appeared with high frequency and strategic significance across multiple reports.

In Kenema, the use of semi-temporary infrastructure (Gaptek) for the hospital is highlighted as being "at tension" with the project's longevity or sustainability beyond MSF's tenure. The report also notes the importance of stakeholder relationships and local staff involvement for continuity and effective resource use during the exit strategy.

The Khost evaluation, which sought to explore OCB's strategy for enhancing the resilience of the local maternal health system, concluded that the resilience of supported health facilities was constrained by systemic gaps in essential resources, training, and workforce limitations. This limited ability to deliver consistent, quality care and led to a dependency on the MSF hospital, even for normal deliveries.

The evaluation of the handover of the Kiambu project explored how to design the handover to sustain project achievements, emphasizing that a successful handover must address intangible aspects like cultural dynamics, systemic alignment, and the surrounding ecosystem, not just operational transfers. Challenges include maintaining OCB's "one-stop shop" concept and integrated care model in local structures, as well as ensuring the continuity of underlying values and patient-centered standards. Sustaining achievements requires navigating limited resources and potentially making difficult choices about service prioritization. The report also unpacks tension between maintaining "desired standards" and operational realities, acknowledging that compromises might be inevitable and require clear guidance.

For the Mbare adolescent sexual reproductive health (ASRH) project, stakeholder mapping, engagement, and capacity building, were identified as key enablers for handover. However, the report also highlighted concerns regarding the Harare City Council's limited capacity. Issue of peer educators feeling undervalued within the MSF system also presents a challenge to the project's continuity and its peer-led model. Future planning requires the development and implementation of a detailed exit strategy that addresses the ongoing role and support mechanisms for these local peer educators.

The evaluation of the decentralization component through mentorship in the Beira HIV Project notes that the disconnect between the skills gained and the ability to apply them (due to resource such as laboratory supplies and medications limitations) negatively affects staff morale and the quality of patient care. High staff turnover among healthcare workers also poses a challenge to the continuity and effectiveness of the mentorship and care delivery over time. Ultimately, for true decentralisation and long-term sustainability, the mentorship model requires integration into a broader strategy that ensures adequate personnel, reliable supplies, and robust infrastructure.

Like with other integral elements to project success, systemic weaknesses in local health systems, such as staff shortages, limited supplies, and infrastructure gaps, undermined projects' effectiveness and sustainability.

Data Management, Monitoring, and Organizational Learning

This theme is highly recurring across all reports, highlighting both persistent challenges in data systems and a strategic drive to use data and evaluations for learning and improvement.

The Kenema report explicitly recommends strengthening documentation and knowledge management systems to minimize internal incoherences and inefficiencies.

As the Diphtheria response evaluation was intersectional, it uncovered challenges related to being able to analyse data across MSF sections. It recommends prioritizing interoperable information systems and providing sufficient resources for high-quality data collection suitable for research and retrospective analyses.

The evaluation in Kiambu identified challenges with fragmentation across different data systems, suggesting this had made holistic monitoring difficult.

The Mbare evaluation found that data systems were fragmented, with visit-level rather than individual tracking, and relied heavily on manual entry. Inconsistent methods across sites created unlinked datasets. Key data—such as Peer Educator outreach and HIV treatment—remained siloed.

The evaluation of Beira identified inconsistencies in data entry and noted that the lack of essential forms for recording patient information and lab results hinders meticulous record-keeping and disrupts the continuity of care.

Capacity Building and Staffing

Ensuring competent staff and maintaining high standards of care are recurring operational challenges across multiple project evaluations.

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 Khost, gaps in training—particularly in neonatal resuscitation, postpartum haemorrhage management, and partograph use—limited facility capacity. Staffing shortages and concerns about staff behaviour, such as delayed attendance and disrespect, also eroded community trust.

In Kiambu, investing in staff's technical skills and certifications was highlighted as key to retaining capacity post-handover. Ministry of Health staff in Medically Assisted Therapy (MAT) clinics needed more training to work effectively with People Who Use Drugs (PWUDs), including both clinical skills and broader education on stigma and harm reduction.

In Mbare and Beira, new staffing models were introduced, though not without difficulties. In Mbare, peer educators—despite receiving incentives like salary allowances, scholarships, and training—felt undervalued and feared retaliation for voicing concerns. They saw data collection as a valuable skill but felt burdened by increased responsibilities, especially in mental health screening previously handled by nurses. In Beira, mentees reported significant growth in skills, confidence, and a shift toward more patient-centred care. However, mentors faced challenges such as lack of financial incentives, cultural or religious barriers, and, in some cases, insufficient training. Overworked clinics and high mentee turnover further disrupted continuity. In both settings, peer educators and mentors expressed a need for mental health support.

Stakeholder Coordination, Partnerships, and Community Engagement

Effectively engaging with diverse stakeholders, including government authorities, other implementing partners, communities, and patients, is a consistent challenge and area for improvement across several reports.

The Diphtheria report notes that MSF participated in coordination mechanisms with health authorities and partners but faced challenges in coordinating with them. Limited intersectional collaboration occurred at the national and intervention levels, despite data consolidation at the intersectional level.

In Khost, limited community engagement and contribution were identified as something that constrained the local system's resilience. Gaps in community awareness about services, admission criteria, danger signs, and birth preparedness significantly influenced healthcare-seeking behaviours. The evaluation suggests engaging private healthcare providers to streamline referrals and improve adherence to standardized protocols.

The Kiambu evaluation emphasizes the critical importance of focusing on stakeholder relationships, especially during the handover. The potential role of the PWUD Community Based Organization (CBO) HACK in monitoring and advocacy is highlighted, but building its legitimacy with stakeholders and its own constituency is a challenge.

Strengthening internal coherence between the outreach pillar and the hospital is recommended, as a part of the evaluation of Kenema.

EVALUATION FINDINGS VIS-A-VIS THE OPERATIONAL PROSPECTS

This section considers what the identified areas described above say about the OCB Operational Prospects' operational priorities, judging to some extent alignment but also describing ways in which the operational priority is operationalized.

Operational priorities

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.

The 2024 evaluations demonstrate ways in which upholds its medical humanitarian identity in line with how this is defined in the Prospects. Projects in Kenema and Khost prioritized acute medical needs in fragile contexts, with interventions designed around the realities of local health systems and patient populations. Constraints described above did influence the ability to fully live out the priority. In general, this priority is quite broad and, in the end, can easily justify most interventions that OCB plans and implement.

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, and ethnic minorities.

Across all evaluations considered in this report, there is a clear focus on reaching the most vulnerable and neglected groups, including populations affected by conflict, epidemics, and social exclusion. The

rationale for targeting these groups is well documented, with needs assessments and epidemiological data guiding project design. Some projects targeted especially vulnerable groups, such as people who use drugs (PWUDs), adolescents, and women. Evaluations did note the values that are a precondition for implementation with such groups. This included recalling the importance of staff's values in Beira to reach people, and the challenges in handing over such values to another actor, as was the case in Kiambu.

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.

Patient and community engagement is a recurring theme in several evaluations. In many ways, this area overlaps with the one above on vulnerability and neglect. For example, the Mbare project engaged peer educators to better understand and reach adolescents and their needs. Yet even though these efforts, some groups, such as peer educators, felt they were not taken sufficiently into consideration in decision-making. In sum, the evaluations did signal that OCB needs to do more to better involve, hear and act upon patients' voices.

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.

The evaluations show a commitment to a continuum of care, implementing services that span community-level to hospital-based. Programmes in Kenema, Khost, and Beira aimed to strengthen referral pathways and integrate primary health care with more specialized services.

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.

The integration of patient voices into public communications and advocacy was inconsistent, and not systematically incorporated into all projects evaluated. As was discussed above, under "Patient at the Centre," all projects do not embed patient voices consistently.

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.

Capacity building and staffing emerged as critical themes, with evaluations highlighting the importance of training, mentorship, and staff retention. Projects like Beira and Kiambu invested in developing staff skills, but high turnover, inadequate training, and undervaluing certain roles (e.g., peer educators, mentors) persisted – again, this was not consistent across all projects. Staff wellbeing, including mental health, was raised in some evaluations, as a need.

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.

The evaluations provide evidence that OCB is willing to innovate and operate in complex, high-risk environments. Projects piloted new approaches, such as peer-led models and decentralized mentorship. They also navigated challenging political and systemic contexts. Challenges to be able to live up to this element that is central to MSF's mission and mandate were shown to come both from internal and external factors.

In Summary

OCB's operational priorities are closely connected, which is why when reviewing the evaluation findings vis-a-vis to them, it can quickly be noted that a challenge in one area affects the others. For instance, if patients are not actively involved, it can weaken both advocacy efforts and diminish the ability to implement a patient centred approach.

The analysis also shows that these priorities are not applied consistently across projects, despite their apparent interconnection. Some teams do well in areas like including patients' voices or building staff skills, while others face difficulties due to systemic or contextual challenges.

Missing elements

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.

One area is issues related to handover, and the resilience of local health systems. Evaluations point to the tension between short-term infrastructure and long-term impact and the struggle to embed integrated care models like Kiambu's one-stop shop into local systems. Creating pre-conditions for developing exit strategies that consider not just logistics but also values, is not reflected in the strategy.

Data management and organizational learning are raised in evaluations. Although the strategic document mentions operational research, it doesn't address the foundational issues in data integration and usability that evaluations repeatedly flag.

While the strategy emphasizes training and competence, evaluations reveal gaps between training and practical application and difficulties in retaining skilled staff. Evaluations also found challenges with non-traditional staffing models like peer educators and mentors. Some cite feeling undervalued and lack adequate support. These nuanced issues around staff welfare and role are largely absent from the strategic narrative.

Finally, stakeholder coordination and community engagement present ongoing difficulties. Evaluations highlight challenges in working with national authorities, limited community involvement that weakens system resilience, and the fragile nature of stakeholder relationships during project transitions. While the strategy acknowledges the importance of engagement, it does not fully capture the operational complexity of building and maintaining these relationships in dynamic and often unstable environments.