EVALUATION OF

A NEW ERA OF WORKING WITH COMMUNITY ORGANISATIONS

SUMMARY REPORT

February 2026

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All evaluators contracted by the SEU must adhere to the SEU Ethical Guidelines for Evaluations.

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This report is a summarized version of the full evaluation report and was developed by the SEU.

PROJECT BACKGROUND

The **New Era of Working with Community Organisations** project is part of MSF's wider Transformational Investment Capacity (TIC)—a mechanism created to support organisational change, strengthen key capacities, and test new ways of working that can shape MSF's future practice. Within this broader portfolio, the New Era of Working with Community Organisations project focuses on how MSF engages with Community-Based Organisations (CBOs) and how their capacity can be strengthened in ways that last beyond MSF's presence.

The project was launched in 2021, implemented by a Community Engagement Coordinator and a Community Engagement Officer, and overseen by the Head of the Operational Support Unit in MSF Southern Africa (hereafter this team is referred to as the TIC project team). It received around €300,000 from the TIC, and since mid-2025 has been fully integrated within MSF Southern Africa. Since MSF Southern Africa is a Partner Section of Operational Centre Brussels (OCB), the TIC project has primarily worked with OCB operations.

When first conceived, the project aimed to reduce the negative impact of MSF's exit from operational projects by preparing CBO partners to take over certain MSF-linked activities. Over time, however, its focus evolved. Rather than expecting CBOs to assume MSF responsibilities, the project shifted towards supporting CBOs to be operational, confident, and capable on their own terms—whether or not their activities overlap with MSF's. This marked an important shift: placing CBO needs and ambitions at the centre, rather than treating capacity-building primarily as a tool for MSF's exit strategy.

The project has since engaged with CBOs across several MSF contexts—operational projects closing, mid-cycle, and still taking shape—testing and refining approaches to partnership, capacity strengthening, and community engagement. Its work now contributes directly to MSF Southern Africa's broader strategic direction and the emerging vision of MSF Ubuntu[1], which emphasises community ownership and more equitable forms of collaboration.

METHODOLOGICAL APPROACH AND FOCUS AREAS

This evaluation used an adaptive, mixed approach suited to an initiative that has been evolving since its creation. It combined elements from several approaches that are commonly used for complex or emergent programmes: process evaluation; learning review; developmental evaluation; utilization-focused evaluation.

The evaluation used a structured sense-making process and document review to reconstruct how the TIC project evolved, particularly its shift from "mitigating exit" to strengthening CBOs so they remain operational and empowered after MSF. Rather than rating success against a non-existent plan, the evaluation focused on understanding the TIC project's learning journey.

This reconstruction made it clear that some seemingly obvious questions—such as whether CBOs were prepared to take over MSF responsibilities—no longer fully reflected the TIC project's aims. Instead,

[1] MSF Ubuntu was approved as a new Operational Directorate in early 2025.

the evaluation focused on areas that emerged consistently across contexts and that aligned with the TIC project's actual trajectory:

What is worth focusing on?

Focus area	Rationale	What Is Worth Unpacking
1. Where were capacities strengthened within CBO partners, and how effective was the process?	The TIC project invested heavily in capacity-building, across very different domains (e.g. governance, leadership, service implementation, advocacy, administration). It was important to unpack "capacity" rather than treat it as a single category.	• Which capacity areas were prioritised (governance, finance, leadership, planning, community-facing roles, etc.) • How CBOs perceived the process (ownership, satisfaction, relevance) • How MSF defined "capacity" vs. how CBOs defined it • Balance between organisational formalisation and practical, community-facing capability • Which capacities were strengthened successfully vs. superficially
2. Whether strengthened capacity contributed to sustained care or sustained community support after MSF.	The TIC project's aim is not to transfer MSF activities to CBOs, but ensure "sustained care". The idea of what makes "care" sustainable (what capacities? And is it all about capacities?) had to be explored.	• What "sustained care" means in each context • Which activities continued, adapted, or stopped • What enabled continuity (e.g., leadership stability, networks, community trust) • Why some partners struggled or collapsed • How MSF's limited post-exit follow-up affects understanding of long-term outcomes
3. What this reveals about MSF's broader direction and operational model.	The TIC project aims not only to support CBOs but also to influence MSF's engagement practices. Coherence is not binary: it depends on whether MSF emphasises emergency medical action (current model) or broader partnership-based care (emerging Ubuntu direction).	• MSF's current medical-emergency focused model • The emerging Ubuntu direction and people-centred care • Field teams' views on relevance and feasibility • MSF's ability to support partnership-based approaches • Whether the TIC project signals a future direction or remains peripheral

These focus areas were already present inside the TIC project, but only implicitly. The evaluation did not impose new questions on the project—it simply made visible the ones that were already shaping it.

The evaluation took place from May to November 2025, with the main fieldwork taking place in October.

The primary sources of evidence for the evaluation were:

- Document review (MSF operational project documentation and previous evaluations, including one conducted by the same evaluator; TIC project documentation, frameworks, toolkits, internal reports)
- Perception survey (capturing staff and partner perspectives on capacity building, sustainability, and their networking)
- Remote interviews to gather contextual and strategic insights before fieldwork
- Exposure visits (direct field observation and interviews conducted during visits to Johannesburg, Rustenburg, and Beira. Included informal conversations, meeting participation, and site observations)
- Periodic catch-ups with evaluation management
- Field notes and reflective journal (continuous documentation of observations, analytical reflections, and learning moments - used internally as a reflexive evidence base).

The evaluation faced several limitations:

- Documentation gaps: Key elements—such as how CBOs were selected, how accompaniment worked, or how community roles evolved—were missing or inconsistent. Reconstruction therefore relied mostly on interviews and field observation.
- Limited field time, which made it harder to grasp how approaches evolved over time or how day-to-day interactions shaped progress.
- No post-exit data: MSF does not routinely follow up after project closure, limiting the ability to assess sustained care or long-term organisational resilience.
- CBO-centric view: Most engagement was with CBO partners. The evaluation had limited opportunities to speak with other actors (government, local leadership, other organisations, patients), meaning the perspective is not fully ecosystemic. This reflects both the evaluation constraints and the TIC project's own focus.
- Missed peer-evaluation component: Peer assessment between CBOs was identified as a possible method but could not be implemented due to time and coordination requirements.

These limitations do not undermine the findings but help frame their scope.

AI was used deliberately throughout the evaluation to support basic analytical and documentation tasks. This included summarising large volumes of project documentation, organising notes, producing timelines, and helping structure written outputs. All outputs were reviewed and corrected by the evaluator. In short, AI acted as a documentation assistant — never as an interpreter, assessor, or decision-maker. All analytical conclusions and ethical choices remained fully human.

THE EVOLUTION OF THE PROJECT

2019–2020 — LAYING THE GROUNDWORK: RECOGNISING A PERSISTENT GAP

The project began as a reflection on a long-standing challenge in MSF's operational model: what happens to communities when MSF leaves? The idea emerged for a TIC project focused on institutional strengthening of CBOs to ensure continuity of care, advocacy, and community presence beyond MSF's lifespan in a location. The rationale was simple but transformative: if communities are capacitated and connected, MSF's departure does not mean disengagement — it means handover to stronger, independent actors.

2021–2022 — PHASE 1: PROVING THE CONCEPT IN THE FIELD

The first phase tested this idea in two locations: Malawi and South Africa (Rustenburg). MSF worked closely with sex worker-led and gender-based violence response organisations — groups that had grown alongside MSF projects but needed structure to survive post-exit. Through participatory assessments, CBOs identified their own gaps and priorities. MSF provided tailored capacity support — governance, finance, human resources, advocacy, and digital skills. The approach was hands-on yet deliberately non-directive, reinforcing that CBOs themselves set the agenda. By the end of the first year, results were tangible. CBOs were managing their own workplans, securing small grants, conducting community outreach, and representing their constituencies in local AIDS councils. For the first time, local organisations in former MSF areas were delivering HIV, GBV, and community health services independently. The phase validated a critical learning: CBOs can sustain health service delivery and advocacy when given structured, respectful, and context-specific support.

2022–2023 — PHASE 2: FROM CLOSURE TO CONTINUITY

Building on these results, Phase 2 shifted focus from project closure settings to ongoing MSF operations. The goal was to embed community engagement from the start — during the exploratory and planning stages of new projects, not just at the end. The model expanded to Zimbabwe (Mbare) and Mozambique (Beira), while also linking with CBOs and patient groups in Kenya (Embu). These new contexts tested how the model could operate in live MSF projects — where services were still active, and MSF teams had to learn to share operational space and decision-making with community actors. During this period, the team began to consolidate tools and methods — a Community Engagement Toolkit, Tembo e-learning module, and peer-learning Community of Practice — to help other MSF teams replicate the approach. Phase 2 demonstrated that this was not only an "exit strategy" but a new way of working: one that sees community engagement as a core operational principle rather than a closing activity.

2023–2024 — EXTENDING AND DEEPENING: FROM MODELS TO MOVEMENT

As the project matured, demand for its insights grew. By early 2023, multiple Operational Directorates were drawing on the lessons from Southern Africa. The team requested and received a no-cost extension to consolidate its work and explore a new frontier — community engagement in emergency contexts. This period focused on visibility, peer-to-peer learning, and integration into MSF's broader strategy.

A Community of Practice was formalised, bringing together CBOs from across the region for shared reflection and mentorship. Collaboration expanded to other projects — including Mumbai's "Building Self-Advocacy" initiative — to explore how patient-led organisations can shape care and advocacy. At the same time, MSF Southern Africa began planning to absorb the project into its Operational Support

Unit, marking its transition from experimental to institutional. The rationale for extension was clear: with communities already sustaining services post-MSF, the next challenge was to make these practices standard across MSF operations — including in emergencies, where traditional engagement models often fail.

2024–2025 — CONSOLIDATION AND SCALE-UP: EMBEDDING BEHAVIOURAL CHANGE

The final phase extends the project through April 2025, with additional funding and new partnerships. Key among them is collaboration with OCBA's Tongolo project in the Central African Republic - seeking to test the community engagement model in an emergency setting. Parallel work continues in Mumbai, focusing on the integration of patient advocacy and community-led continuity of care. By this point, MSF Southern Africa is not just managing the TIC project — it is active in a movement-wide effort to put community engagement at the core of MSF work. The focus has shifted from training and tools to behavioural change — influencing how teams, coordinators, and headquarters view power-sharing, partnership, and sustainability. A regional roadmap for 2025–2027 is in development with Southern Africa Medical Unit (SAMU) and the Operational Support Unit, ensuring that the learning continues beyond the end of funding.

HOW WAS THE PROJECT RECEIVED?

The perception survey, with a 55% response rate across six countries, revealed that the project was widely appreciated and effective in strengthening organisational capacity. Despite uneven participation in the survey, the 11 responding CBOs reported tangible improvements in core organisational areas. Community engagement emerged as the most significant gain (81.8%), followed by governance and leadership (63.6%), alongside advances in advocacy, stakeholder mapping, and technical areas like organisational systems and financial management.

Importantly, 82% of organisations provided concrete examples of change, such as strengthened partnerships with Ministries of Health, new operational policies, improved outreach clinics, more visible youth-led advocacy, and better progress-tracking tools. Several pointed out that the combined technical support, access to resources, and strengthened systems had made a direct difference in how they deliver services to their communities. These examples illustrate a transition from training inputs to lived practice. Respondents overwhelmingly valued MSF's investment in their development, with nearly three-quarters expressing high satisfaction and many describing MSF's support as "giving us hope," "enhancing our confidence," or even enabling the organisation to continue functioning amid widespread donor scarcity.

CBOs highlighted MSF's support is a relational, tailored, hands-on style of capacity building that walks alongside CBOs, helps them turn ideas into practice, increases their visibility and legitimacy, and treats them as thinking partners — not as empty vessels to be filled. They valued the repeated visits, check-ins, and proactive sharing of opportunities, which gave organisations a sense of being supported over time and not left alone. Capacity-building is shaped around each organisation's reality. For example, teams sit together to ask: "What resources do you already have? How could these generate income?" Out of these conversations come locally grounded ideas like small community campaigns, renting out existing space, or turning an office into a mini internet hub. TIC project and MSF staff revisits these ideas, refines them with the organisation, and adjusts support as things evolve. Practical "learning by doing" was another highlight: capacity-building was tied to real tasks—such as designing M&E tools,

rewriting intake forms, clarifying case-management flows, and turning vague ideas into fundable proposals.

Recognition and visibility were equally important. Through MSF's partnership, previously unseen community work gained legitimacy with officials, funders, and other actors, opening doors to platforms and joint initiatives. Organisations reported feeling "seen as serious actors," with MSF's name amplifying their voice and credibility. Peer networking, when it occurred, was energising and fostered horizontal learning, though respondents noted that such opportunities were rare and asked for more structured spaces for exchange. Attention to mental health and emotional load was also deeply appreciated, as MSF legitimised self-care and introduced practices like debriefing and case discussions, reducing burnout and strengthening team solidarity.

The project sparked a culture shift around sustainability and fundraising, encouraging teams to think collectively and creatively about income generation rather than relying on a single donor. The project also helped to clarify roles, structures and internal organisation, leading CBO's to feel more coherent as an institution.

Respondents requested deeper continuity—lighter but more frequent contact beyond project cycles—alongside structured networking, expanded advocacy and legal navigation support, and a centralised knowledge hub to consolidate tools, examples, and learning. They also called for MSF to help them identify needs proactively ("guided discovery") and to celebrate existing innovation, shifting from a purely capacity-building lens to one that amplifies what organisations are already doing well.

Finally, conversations revealed that organisational dynamics—such as weak internal communication, uneven leadership legitimacy, lack of representation, and emotional strain—significantly influence the success of capacity-building. While some groups fostered transparency, inclusive leadership, and autonomy, others struggled with dependency on either MSF or internal decision structures, unresolved conflicts, and hidden emotional burdens from community work.

THE FORMALISATION QUESTION

The TIC project values diversity. The Community Engagement toolkit developed by the project itself emphasises community agency, diversity of organising forms, and collective ownership. The aspiration is to mobilise towards organisational models that communities themselves consider legitimate, adaptive, and rooted in their lived realities. The guiding value is that communities know how they organise best—and MSF should support, strengthen, and accompany these existing and emerging forms without prescribing a single model.

But in practice, the current CE and CBO capacity-building tools operationalise a single dominant model: the formalised NGO-type CBO. Community engagement capacity-building focuses on constitutions and legal registration; governance boards and ToRs; formal HR systems; financial procedures, audits, and compliance; strategic plans; budget management; proposal writing; donor readiness. The pathway is clear and teachable—but it prescribes a single shape.

The model delivered value, but it reflects NGO logic, not community logic. This tool has produced genuine progress. Groups have gained visibility, coordination, and funding access. This matters. At the same time, the tool's structure implicitly assumes that effective community organisation ultimately

takes the shape of a registered, hierarchical, compliance-ready body. This reflects an NGO logic more than a community logic—and creates misalignment with MSF's stated aspiration.

Some actors assessed through this tool might appear weak, even when they have strengths. Community engagement capacity support does not provide pathways to assess or support informal structures, coalitions, advocacy networks, connector systems, or temporary formations outside legal registration. Communities choosing these models are either unsupported or pressured towards formalisation regardless of whether informal approaches would be more appropriate for their context. The pressure for such a tool was there (because it allows CBOs to meet requirements of funding institutions) but the tool cannot recognise what it is not built to measure.

This matters, because the TIC project engaged well beyond individual CBOs. There were several instances where the TIC project wasn't just supporting capacity-building of formalised structures but engaging with diverse local civil society actors. When the tool became the most visible asset, it made these other forms of engagement less visible.

It is of course not easy to move towards alternative models.

Challenges include:

- Working with structures different from the standardised models: A "mini-me NGO" might look more familiar and easier to engage with, a challenge faced by the entire sector.
- A need for deeper programme integration—shifting from external support to developmental engagement. The project initially operated in a more standalone, "plug-in" way, offering support to a specific organisation alongside the programme. But as the work evolved, it became clear that this TIC project functions best as a complementary part of the programme. This also meant involving not only the TIC project staff, but MSF project teams in-country, who play a central role in understanding community dynamics and ensuring the work is grounded. This shift —from external support to a more developmental, integrated approach—is more demanding, but it is what enables sustainable, community-anchored capacity-building.
- Funding and material support for informal structures is operationally harder. For example, structures that are more informal in nature can risk making direct funding harder (because they might not have a bank account or the compliance checks). But this reveals something often overlooked: limiting bureaucratic accountability does not coincide with accountability to communities—the two are different systems.
- It requires time: Any other support is likely to be more prolonged and time consuming and definitely won't work if it happens last minute or before a handover. But things change if it goes hand in hand with the programme. This acknowledges that "sustainability starts from day one".

One of the strongest findings in the evaluation is that CBOs felt MSF's power very clearly, while MSF staff often experienced their own systems as neutral. MSF does not need to "exercise" power for it to shape behaviour — it holds several forms of power simply by being MSF:

- **Power of money** – MSF funds activities, pays salaries elsewhere in the system, and is known as an organisation with resources.
- **Power of expertise** – MSF's medical and technical authority carries weight and influences decisions.

- **Power of procedures** – reporting cycles, planning methods, tools and approval processes define what "good work" looks like.
- **Power of identity** – the MSF label signals "an NGO" and triggers expectations of professionalism.

At the same time, CBOs themselves hold forms of power and legitimacy that MSF does not:

- **Community legitimacy** – they are trusted, known, and accountable to their constituencies.
- **Representation** – they act as recognised voices for groups whose needs are often overlooked.
- **Lived authority** – they can speak about realities MSF staff cannot fully access.
- **Social access** – they reach spaces, people and networks closed to external actors.

These forms of power are not "soft assets"; they enable results MSF alone could not achieve. These are real, system-shaping forms of power, even though they rarely appear in MSF's formal frameworks.

The biggest blind spot we observed was power of framing: MSF unintentionally defines what "capacity," "leadership," and "strength" should look like. These definitions come from MSF's world: plans, governance structures, reports, budgets. Because MSF sets the frame, organisations often try to adapt to it — even when their real strength comes from completely different places. Their own sources of authority, such as representation or community trust, ended up undervalued simply because they did not match the MSF frame.

This matters because expecting a CBO to "take over" MSF-style work is unrealistic. MSF can run certain projects because of its resources, staff structure, status and technical expertise. These are not things a community organisation can or should try to reproduce. Instead, the real opportunity lies in recognising and building on the types of power CBOs truly hold — the ones that allow them to open doors MSF cannot open: community monitoring, influencing authorities, mobilising support around sensitive issues, or giving voice to excluded groups.

The project is already pushing in this direction. The task now is to make this reflection deliberate rather than implicit, by adding options to the menu. There is an opportunity to build parallel pathways with equal rigour and support and close the gap between aspiration and practice.

UPTAKE WITHIN MSF

Accompaniment emerged as one of the defining features of the work across countries and unfolded through two intertwined levels that were not clearly distinguished in planning or reporting, and which CBOs experienced as a single, blended presence.

At the first level, the TIC project team provided direct facilitation and capacity-building, offering tools, governance support, financial and administrative coaching, and thematic workshops across countries. This was the most visible expression of the TIC project: structured, intentional, and recognisable to partners as a form of mentorship designed to help organisations grow. The TIC project team also coached MSF staff, introduced common frameworks, and encouraged cross-country learning, thereby shaping the way accompaniment was delivered within projects.

At the second level, MSF project teams themselves played a central—and sometimes dominant—role in accompanying CBOs. In several countries, operational project staff engaged with CBOs on a weekly or even daily basis, helping them navigate documentation, outreach, community events, and coordination with local authorities. This support was integral to how CBOs developed their operational capacity, but it was often difficult to tell whether it stemmed from the TIC project's design or from operational project necessities. As a result, accompaniment was frequently perceived by CBOs not as a separate initiative but as part of MSF's broader operational relationship with them.

Because the two levels operated simultaneously and were not clearly articulated, MSF's positioning shifted fluidly between coach, supervisor, technical advisor, and partner. In places like South Africa, where TIC and operational project teams worked closely and consistently with CBOs, the coaching relationship was relational, adaptive and grounded in trust. In Beira, where MSF's medical project carried significant reporting obligations, accompaniment took on a more supervisory tone, especially around data and activity planning. Both expressions were "MSF," and partners often experienced them together, even when they carried different intentions.

This layered arrangement produced genuine strengths—responsiveness, continuity of support, and alignment with operational realities—but it also introduced ambiguity. The lack of a clear boundary between the TIC project and the operational project teams made it hard to identify who was driving which aspect of accompaniment, or how roles were meant to complement one another. What the evidence shows is that accompaniment was always present, but rarely uniform: its form depended on context, maturity of the organisation, internal project pressures, and the degree to which the TIC project and project staff worked in concert.

Despite this variation, CBOs overwhelmingly interpreted MSF's engagement as supportive. What they encountered was a consistent sense of partnership and investment in their growth. The TIC project therefore influenced capacity-building not only through its direct actions but through the practices it encouraged within MSF projects, shaping how staff worked with communities long beyond the moments of formal training.

Across interviews, staff consistently framed the TIC project as landing on already fertile ground re: community engagement. Many had been trying—sometimes under the radar, sometimes challenging existing practices—to work in more collaborative, community-centred ways. Others found the approach entirely new, yet immediately recognised its value and relevance to their context. Despite these different starting points, the TIC project resonated strongly across the board. All felt the lack of organizational support (and the project partially patched this gap). The TIC project did not create the desire for community-centred work; it surfaced and connected what had been scattered, improvised and often invisible.

At the same time, staff are realising that community engagement is not a technique to apply. It is political and pays attention to relationships, power, and context. It forces them to ask different questions—not only "How do we train people?" but also "What do MSF resources, incentives and data requirements do to this ecosystem?".

What is striking is that staff seem ready for this. They talk about it as something necessary, something overdue, and something that actually makes their work make more sense.

Opportunities for strengthening innovative practices:

- Mentoring surfaced as both highly valuable and highly demanding. It required abilities MSF staff are rarely prepared for and it proved fragile under operational pressure; when workloads intensified, teams tended to slip back into directive, target-driven modes. To sustain this work, MSF will need light frameworks that help teams structure adaptive support, while protecting the time and relational labour that make mentorship meaningful.
- There was clear appetite for structured cross-learning: opportunities to observe other projects early, access flexible tools, understand common pitfalls, and adapt approaches without reinventing the wheel each time. A more intentional, strategic learning architecture is needed: one that identifies emerging practices, supports champions, and links this work to other similar initiatives across MSF.
- Projects began shifting toward more networked forms of engagement: linking peer groups, informal collectives and small initiatives into loose local platforms. Much of the practical work happened through these relationships, rather than through a single formal organisation. This highlights the importance of thinking not only about strengthening individual organisations, but about supporting networks and community ecosystems.
- A key insight from the TIC project is that supporting projects early—rather than only at the handover stage—creates the space to think differently: to explore who was already active locally, to test lighter approaches, and to adjust MSF's model before it became fixed.
- Across interviews, staff worried that the progress made through the TIC project will fade without stronger organisational embedding. Much of this work still remains invisible in planning tools, revision processes, and technical guidance, leaving teams to reinvent approaches that others have already developed. Several staff suggested establishing a designated reference point at HQ or regional level to advise teams and keep this work on the radar of new projects.

THE HANDOVER CHALLENGE AND MOVING TOWARDS AN ECOSYSTEMIC FRAMEWORK

The TIC project began as a response to MSF's long-standing concern about the "handover challenge," aiming to leave empowered local partners who could sustain key services after MSF's exit. While this ambition remains valid, the project evolved beyond handover to explore how community organisations can shape, adapt and even transform MSF projects throughout their lifespan. Continuity depends on much earlier and deeper engagement than MSF typically practices, making handover a useful entry point for thinking about broader transformation.

In addition, much of MSF still experiences "community engagement" as something external to its core business — an add-on, or an idealised model that belongs to a different kind of organisation. Handover is different: it is a concern MSF teams already recognise as theirs, grounded in immediate operational dilemmas. Framing the findings through the handover question is therefore a deliberate choice. In today's MSF, asking what happens at the end is often the most effective way to force a discussion about how MSF enters, relates to communities, and structures its projects from the start.

Across sites, the TIC project demonstrated that community actors can sustain meaningful functions, early engagement can reshape projects, and MSF staff can shift toward mentoring and co-creation. Yet, these successes also exposed limits in MSF's model. Even with stronger CBOs and early engagement, most MSF projects remain built on systems, protocols, resources, and ways of working that cannot realistically be handed over. In this sense, the handover question remains pressing not because communities fall short, but because it exposes what MSF itself is unable or unwilling to let go of. Asking "how do we hand this over?" becomes a way to question which parts of MSF's approach are essential for continuity and which reflect internal logic rather than community needs.

The TIC project reframes the handover challenge around two questions: *handover of what?* and *handover to whom?* It forces MSF to clarify whether handover is meant to sustain *care and outcomes* or to sustain *MSF's own service model*. It also requires MSF to recognise that continuity is sustained by an entire ecosystem of actors, not single organisations. The two questions only make sense when read together. The TIC project shows that MSF often defines the "what" (the functions it wants to see continue) without a realistic understanding of the "whom" (the ecosystem that actually sustains care). This produces continuity plans that do not match local capacities. Conversely, when MSF selects the "whom" first — usually a single CBO — without clarifying the "what," it expects that actor to absorb functions that exceed their mandate or legitimacy. The TIC project's most important finding is this: sustainability requires alignment between the function and the ecosystem, and this alignment is rarely present in MSF's current project design.

Over decades, MSF has become an organisation that steps into institutional voids with its own systems, protocols and operational machinery. This "gap-filling" identity underpins MSF's strengths — rapid action, strong standards, self-reliance — but it also means that MSF naturally recentres itself in any setting. The TIC project showed that many staff genuinely aspire to work in more community-rooted ways, yet they operate within an organisational model designed to deliver care *in place of* weak systems, not *together with* the community ecosystem that already exists.

To implement a more ecosystemic model would require:

Issue	What is needed	How the project has addressed it so far
Ongoing ecosystem mapping	Make ecosystem mapping a routine practice, not a one-off exercise: continually update who is active, how they relate, and where legitimacy sits. This requires a community-building ethos in MSF teams, who are best placed to generate this informal knowledge through everyday contact rather than formal studies alone.	The project has built a strong informal understanding of local ecosystems through regular contact with CBOs, focal points, and informal leaders (e.g. in Beira and Rustenburg). However, this knowledge is rarely systematised: mapping remains implicit, largely undocumented, and dependent on individual staff rather than embedded as a shared, ongoing practice.
Start from the issue of care, not from an organisation	Shift the starting question from "Which CBO should we support?" to "How is care actually sustained in practice, and by whom?". This reveals contributors who matter but may not be formal organisations — mobilisers, survivor advocates, facility staff, informal networks. Beginning from care aligns with Ubuntu's emphasis on lived realities instead of NGO templates.	The project has increasingly observed where care really happens — for example, through sex worker focal points, youth advocates, and committed facility staff. Yet when it comes to formal partnership and funding, decisions still tend to default to registered CBOs and conventional service driven options. This meant that emerging or informal actors who were central to sustaining care were recognised in practice but not fully centred in the formal partnership model.

Think power, not only capacity	Complement classic "capacity-building" with explicit attention to power. Recognise that MSF's procedural, financial and symbolic power shapes expectations and organisational trajectories, while community actors hold forms of legitimacy, representation and access that MSF cannot replicate. Planning should intentionally avoid pushing groups toward NGO-isation when other forms of organisation better sustain community power and care.	The project has begun to name and question these power dynamics (e.g. around incentives, NGO-isation, representation and legitimacy). Staff have adapted tools, simplified procedures, and tried to give more space to community-led priorities. Still, the dominant frame often remains one of strengthening NGO-type CBOs, with power analysis present but mostly implicit rather than a systematic part of project design, accompaniment, and backcasting.

LOOKING AHEAD: EMERGENCIES

So far, the TIC project has not engaged with acute emergency settings. This is understandable: it originated in long-term, relatively stable programmes, where "community engagement" naturally took the form of structured partnerships, organisational strengthening and mentorship. Extending this work into emergencies is a major shift for MSF, but the findings suggest it is also a promising one.

For emergency teams, a formalisation-leaning model may feel unrealistic, not because they reject community engagement, but because emergencies work directly against the conditions formalisation requires. And the TIC project could easily be read this way — especially from the outside — because its current tools and examples come from stable contexts. In many crises, registering an organisation is politically sensitive or dangerous, since aligning with any authority can expose people to risk. Legal pathways collapse as ministries close, civil registries stop functioning and bank accounts cannot be opened. Communities are dispersed or in hiding, leadership shifts unpredictably as people move for safety, and administrative expectations become almost absurd in contexts defined by instability.

Yet the emphasis proposed by the evaluation (that continuity depends on functions within an ecosystem, not on formalised organisations) may hold even more strongly in emergencies. And this emphasis is already emerging across the TIC project's work.

Crises disrupt formal structures while making the underlying ecosystem far more visible. In emergencies, the ecosystem of care reveals itself with extraordinary clarity. Informal actors step in immediately — block leaders, youth groups, elders, church committees, midwives, volunteers, boda-boda riders. They mobilise, protect, inform, negotiate and stabilise. Legitimacy becomes visible under pressure, and community structures reorganise themselves into temporary committees, online groups, referral chains or spontaneous shelters.

Emergency teams already navigate this reality instinctively. They scan relationships within hours, identify informal authorities, detect where systems are breaking and who is stepping in, read conflict dynamics and remain aware of the networks that keep people connected when institutions break down.

These practices are, in substance, forms of community engagement — only MSF does not recognise them as such. They are usually labelled "access," "context navigation," "fixing a problem," or "decongesting the hospital," and their strategic value is lost. What could serve as an entry point for adapting the care model is instead treated as something that complicates it.

We met emergency managers who criticised situations where MSF arrived with its own structures, templates and procedures, even though the local reality was being held together by informal actors, shifting roles and fast-moving relationships. In their view, MSF sometimes tries to stabilise a system that is not stable, or to formalise a landscape that is not formal — making the organisation's model feel heavier, more rigid, and less aligned with what people are actually doing to keep care going.

What is missing is not willingness, but a frame that lets MSF emergency teams:

- recognise the relational and ecosystem navigation they already do;
- value it as community engagement rather than "problem solving";
- and use it intentionally to adapt project design, not only to secure access.

The TIC project does not yet provide that frame for emergencies, but it certainly contains the building blocks to create it:

- a shift from "one partner" to "multiple contributors";
- an emphasis on the functions communities already perform;
- attention to legitimacy, not only structure;
- recognition that informal actors often carry the most relevant roles;
- and an operational logic based on complementarity, not duplication.'

LOOKING AHEAD: A STRATEGIC OPPORTUNITY TO ENHANCE LEARNING

In many evaluations, the task is to check progress against a past plan. Here, the opportunity is unusually strategic: to assess how well a completed project aligns with a strategy that is only now taking shape. The TIC project aligns closely with MSF's new Ubuntu operational directorate, which explicitly prioritizes community engagement. This is valuable precisely because the Ubuntu OC will need grounded practices—not only conceptual ambition—to define its operational identity. The TIC project provides such practice.

The Ubuntu strategy defines the vision and identity of MSF's new Operational Centre. It emerges from extensive regional consultation and growing demands for action that is more locally rooted, equitable and collaborative. Its core principles — From Community Engagement to Community Leadership; Being Rooted Locally and Acting Globally; Maximising Sustainable Outcomes; Interdependence; and Accountability — mark a deliberate evolution in MSF's operational model.

In this light, the central question raised by the TIC project — what would MSF need to become in order to leave something meaningful behind? — is no longer theoretical. The project provides grounded experience that the new OC can learn from; the Ubuntu strategy, in turn, offers the organisational space to operationalise these lessons.

This is therefore a critical juncture: a moment in which the strategy can learn from the project, and the project can, through the strategy, evolve from a time-limited project into a sustained way of working within MSF. But seizing this opportunity requires much stronger strategic communication and systematic harvesting of practices.

The TIC project has already demonstrated influence, attracting interest from projects in diverse countries and setups. Operational projects are reaching out, asking for support, wanting to learn. This

organic spread shows the appetite for change exists. However, it's nearly impossible to gauge how deeply these ideas are penetrating MSF's culture or how community engagement concepts are circulating through the organization. The influence is real but remains largely invisible and informal.

The evaluation found that the richest learning sits in the process itself. The TIC project has produced toolkits and videos, but these mainly show the polished results. They do not capture the decisions, dilemmas, adaptations, and uncertainties that actually explain why something worked. This "messy middle" — the part that would help others understand the approach — remains largely undocumented.

A key tension is the need to provide guidance and structure, while also resisting the pull to force the work into a single model. The TIC project has produced a framework that is flexible and adaptable, but it still points toward a specific model of capacity. This is useful, yet the harder challenge is to guide people through what the framework cannot fully anticipate: the informal dynamics, relational uncertainties, local power patterns, and other intractable elements that shape how community engagement actually unfolds.

Another central challenge is recognizing that the most important learning moments happen outside MSF's reporting rhythms. Under pressure, reflection is often the first thing to be dropped, even though it is core to both capacity building and lesson learning. Learning emerges during mentoring conversations, in community relationships, in small experiments and pivots — and by the time formal reporting happens, these insights have already faded. The TIC project needs ways to capture learning while it is happening.

The project is at a point where it could influence the wider organisation — but only if it becomes better at making this process learning visible and communicable. The momentum is real, but without strengthening how learning is surfaced and shared, the depth of the work risks remaining largely unseen.

Options to strengthen learning and sharing include developmental evaluation; learning within projects (e.g. action-reflection); learning across projects (e.g. Communities of Practice); capitalisation; cultivating champions; multimodal sharing (formats beyond reports); documenting patterns; and strategic communications.

KEY IDEAS AND WAYS FORWARD

The project has provided significant support for community groups and for MSF itself. Across sites, CBOs report feeling stronger, more confident, and more equipped to support their communities on issues related to MSF's interventions and, in some cases, to expand beyond them. Survey results show that community groups were highly satisfied with the experience, and interviews reveal increased organisational capacity, improved planning practices, and enhanced leadership within CBOs. MSF staff involved in the project also recognised its benefits, noting how the work has stimulated new ways of thinking, stronger relational practices, and early signs of an emerging culture of mentorship, co-design, and shared reflection within MSF teams — a potential organisational asset that remains largely untapped.

MSF helped organisations strengthen the things it knows well: basic structures like governance, planning, reporting, and technical skills. These improvements were real and useful. But many of the

issues that organisations struggled with most — leadership disagreements, communication problems, internal trust, representation, and everyday relational work — are not areas where MSF has tools or expertise. As a result, MSF could build the “visible” parts of organisations, but not always the “inside” parts that make groups stable, cohesive, and sustainable. For long-term strength, partners need both. MSF contributed one part of the picture, and other kinds of support are needed to complete it.

However, we need to be upfront about what we're evaluating and why it's been particularly challenging to assess. This project is trying to fundamentally change how the organization works with communities - moving from a top-down medical intervention model to genuine partnership with CBOs. The team has been experimenting across multiple countries, building CBO capacity, testing new approaches in emergencies, and trying to influence MSF's broader organizational culture.

1. **The project operates like a startup inside a large organization**. The team works through relationships, experiments, and informal adaptations rather than following standardized protocols. They're deliberately avoiding rigid frameworks because they've seen how quickly "best practices" become prescriptive rules in MSF. This flexibility is strategic, but it means there's no clear blueprint to evaluate against.
2. **Documentation is scattered and informal**. Most learning happens in conversations, WhatsApp exchanges, and informal debriefs. The team has produced toolkits and webinars, but the real insights - what actually works, what fails, and why - largely exist in people's heads. We had to reconstruct the project’s story from fragments: status reports that focus on activities rather than insights, scattered capitalisation videos, and interviews where team members struggle to articulate what they're actually achieving.
3. **Success looks different everywhere**. In Malawi, CBOs now sit on District AIDS Council meetings. In Mumbai, TB survivors are becoming a formal organisation… Each context demands different strategies, making it impossible to compare patterns.
4. **The boundaries are deliberately blurred**. Where does the TIC project end and regular MSF project work begin? When CBOs start delivering services independently, is that the TIC project’s success or the CBO’s effort? The team can't always claim clear attribution, and honestly, they rightly don't seem to care - they're more interested in change happening than in getting credit.

So the evaluation is more akin to making sense of a movement. The project is simultaneously testing what's possible (through pilots and experiments); building evidence (though not systematically capturing it); shifting organisational culture (without explicit authority – only influencing - to do so); creating lasting change (while avoiding becoming another MSF protocol).

This evaluation therefore can't provide definitive judgments about "success" or "failure." Instead, it offers patterns we've observed across contexts; tensions the project needs to navigate; opportunities for greater strategic influence.

CONSIDERATIONS FOR A WAY FORWARD

1. The TIC project fills a critical gap and shows MSF can do meaningful community engagement.

It created the space MSF operational teams need to question their assumptions, adapt their approaches, and work differently with communities. Staff consistently valued its flexibility, responsiveness, and genuine partnership approach.

The work also surfaced deeper organisational questions about continuity: If MSF's model cannot last after exit, what is MSF's responsibility to design for what can remain? And who defines "good enough" for long-term community needs? These questions do not reflect community weakness but structural contradictions that require MSF projects to "morph" toward community-owned models from the outset.

2. The accompaniment model achieves more than any toolkit, and requires more deliberate, creative documentation.

The project's mentoring and context-specific support drove much of the observed change. Its strength lay in regular conversations, co-designed tools, and hands-on help navigating CBO dynamics — work that changed relationships and confidence in ways no single tool can reflect.

However, this approach produces learning that is hard to capture. The project now needs to develop creative documentation methods (case stories, short reflective notes, before/after narratives, peer learning sessions, cross-project exchanges) that make this practical learning visible without reducing it to static guidance.

3. Staff showed strong willingness and capacity to engage — but also a need for clearer guidance and continued accompaniment.

Many staff were already experimenting with connectors, networks, and more relational approaches. The project gave visibility and legitimacy to instincts they already had.
At the same time, staff expressed a real need for support, structure, and safe space to learn. The project could only meet this partially: some teams benefited deeply, while others needed more hands-on accompaniment than the project could offer.

This highlights that the project is not only about community capacity — it is equally about staff growth, and MSF needs to invest in sustained support if it expects teams to take on more community-centred work.

4. The CBO assessment tool is limited by its focus on formalisation; real capacity building has a broader scope.

The assessment tool is useful for structure and clarity, but it reflects a formal NGO-type model. The evaluation shows that this model does not always match how communities organise, especially where informal networks, connectors, survivor groups, and temporary formations play central roles. The project's real contribution came from recognising and working with this wider ecosystem, helping teams see capacities that fall outside formal organisational checklists. This broader view is essential for strengthening the community roles that support medical outcomes — many of which cannot be captured by the tool's formalisation focus.

5. Sustainable handover requires "future-proofing" projects, not transferring MSF's model. The project knows this but sometimes falls back into old habits.

At inception, the project's goal was defined narrowly: to reduce the negative impact of MSF's closure on patients, community partners, CBOs and the Ministry of Health. If judged strictly against this objective, results would appear modest. But this framing would also miss the project's most important contribution; it surfaced deeper structural issues around sustainability, ownership and the design of MSF's service models. The project shifts the question from: "Can the community sustain the MSF project?" to "What does MSF need to become in order to leave something meaningful behind?" The challenge ahead for MSF is how to adapt its intervention architecture so that it can be better supported by an "ecosystem" of community actors. The project is aware of this direction — and Beira shows it in practice — but at times it still slips back toward conventional organisational strengthening or service handover logic, especially when operational projects seek clarity or quick solutions.

6. MSF Ubuntu creates the right moment for the project's evolution.

MSF Ubuntu's focus on power, participation, and adaptation aligns strongly with the project's approach and offers an institutional home as TIC funding ends. To support this shift, the project now needs to evolve from implementer to:

- Advisor: helping teams analyse options and navigate challenges.
- Promoter: connecting champions and making good practice visible.
- Sense-maker: interpreting patterns across contexts to guide MSF more broadly.

7. Low uptake in emergencies comes from a misconception: community engagement is perceived as long-term formalisation, rather than practical, fast, ecosystem-based work.

When "community engagement" is equated with building organisations, it seems irrelevant or impossible in emergencies. This perception blocks uptake.

In reality, practical, short-cycle approaches — mapping connectors, strengthening alert networks, working with legitimacy structures, supporting protective routines — are entirely feasible in crises and often already active.

Supporting these ecosystem elements (not formalisation) is an important area where the TIC project can contribute more directly to emergency projects.