

EVALUATION OF

NIGERIA INTERSECTIONAL SETUP

MARCH 2026

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EXECUTIVE SUMMARY

BACKGROUND

MSF created the role of Nigeria County Representative (CR) in 2021 in response to growing requests from Nigerian government agencies for a single representative. The CR role was focused on external representation and the role served MSF well in Nigeria, making progress on a host country agreement and representing MSF in high profile issue management with Nigerian authorities, alongside addressing many day-to-day challenges for MSF.

Despite the role performing effectively, the role has remained awkward for MSF in Nigeria. Its creation was driven by the Nigerian authorities, so support for it was mixed amongst key internal MSF stakeholders. In addition, the role by its nature traversed broader challenges for MSF on mutualization and MSF principles of operational autonomy. Parts of the role usurp traditional aspects of Heads of Mission (HoM)¹ roles, while intersectional services often find themselves in competing spaces with coordinators.

The context in Nigeria adds to this. All six MSF Operational Directorates (ODs)² are present in Nigeria, the first country with presence of all entities. The number of ODs by itself creates a challenging situation for intersectional coordination and slows down decision making and communication.

The common external challenges faced by MSF in Nigeria include visas, humanitarian access, increasing pharmaceutical regulation, import restrictions and security challenges. MSF has recently experienced high-profile scrutiny from Nigerian authorities, including being mentioned in parliamentary and regulatory enquiries. However, the broader regulatory challenges facing MSF in Nigeria are not unique to MSF and are instead the result of rapidly evolving government capabilities and regulatory approaches. Many of these challenges are intersectional and therefore partly the responsibility of the CR.

To help address these contextual challenges MSF has also established a number of intersectional positions in Nigeria to coordinate interactions with Nigerian government agencies. These intersectional positions include single roles to cover pharmaceutical imports, customs, legal and procurement. MSF also has an intersectional airplane in Nigeria and an intersectional transit unit. The CR is also supported by a Country Adviser.

Until late 2025 these roles were all hosted by different ODs. This changed in early 2026 when most of these roles began sitting in the CR Office (CRO). This happened during a period of transition in the Nigeria Interdesk when three ODs rotated their Nigeria desk/cell at around the same time hosting of the CR moved to OCP and a new CR was hired. In February 2026 the Interdesk decided to move most of these roles back out of the CRO and into hosting by ODs again.

¹ In this report, the terminology regarding positions is not always reflecting what is being used by different entities across MSF. For the sake of simplicity the evaluation team made some choices. Here Head of Mission is used, while acknowledging this is not the formulation used by all (eg Country Coordinator, Head of Program)

² In this report, the terminology of OD is used throughout, even though many documents and stakeholders refer to Operational centers (OCs) or even sections. The terminology was not changed in quotes or references to documentation.

EVALUATION PURPOSE & APPROACH

After five years of the CR role's existence, this evaluation was commissioned by the Nigeria Interdesk to evaluate MSF's Nigerian intersectional setup and the CR role. The purpose of this evaluation is to generate learning and to provide evidence to formalize an agreement between ODs on the nature of the intersectional setup.

The Evaluation was designed to examine all the factors influencing the effectiveness and role of the CR and intersectional setup. In practice this included examining the functioning of intersectional governance, the CRO, the performance of intersectionally mutualized services and how the setup functions across ODs. The evaluation was qualitative-led, involving key informant interviews (KIIs) with 47 MSF staff across ODs in Nigeria and OD headquarters, alongside document reviews. A snowball sampling approach was used to identify key informants and documents for review.

FINDINGS

The CR role has been effective in representing MSF externally and has added value to MSF both past and present. There remains a well justified need for a single voice representing MSF to Nigerian government agencies and on strategic engagement priorities for MSF in Nigeria. The need for the CR role to supervise other intersectional roles (in order to accomplish this task) is less convincing, especially if supervision tasks detract from the primary role of strategic external representation.

The CR has operated with unclear responsibilities and undefined priorities in the period from July 2025 to February 2026. During this time the CR has focused on the consolidation of mutualised roles into the CRO along with reactive support on day-to-day interactions with government agencies. This dual focus (along with mixed levels of support from coordinations in Nigeria) has reduced the CR's ability to deliver the primary role of strategic external representation.

The CR role operates intersectionally and therefore the role by its nature sits at the center of MSF mutualisation in Nigeria. The MSF movement has set a mandate for the interoperability of resources across ODs through the *MSF We Want to Be* consultation (involving 6,000 MSF staff) and the elevation of interoperability to one of four International Board strategic priorities. MSF defines mutualization as the highest form of interoperability, and the RIOD has issued guidance that makes clear there is a requirement for mutualization in order to increase resources allocated to medical projects.

Despite the MSF mandate for mutualization, in Nigeria mutualization has stalled. Intersectional governance has been ineffective at ensuring meaningful mutualization. Also, the commitment of MSF staff to mutualization in Nigeria is variable. Those that feel they have attempted to push mutualization feel demoralized from the lack of progress and absence of support for it amongst their peers.

The absence of current and agreed roles and responsibilities for the Interdesk, HoM Platform, CR and Host OD mean that there is uncertainty around who is responsible for driving the mutualization agenda.

This is important in Nigeria because there are six ODs with six offices, six guest houses and six coordinations. There is also now a physical office for the CRO. This footprint and level of duplication in Abuja is indefensible to donors.

The only real combination of resources between ODs in Nigeria was the creation of an IATU. ODs had agreed in principle to establish this unit and draw down their own admin transit functions in proportion to the staffing in the IATU. However, for various reasons this did not happen and the only meaningful attempt at combining resources for mutualisation in Nigeria has now been rescoped to be one person working on one visa type – down from an agreed plan of five staff.

The IATU has been described by many key informants as ineffective. In fact, the IATU has been performing its role well despite its reduced scope and staffing. The IATU is regularly blamed for mistakes made by ODs themselves. This in turn has resulted in the building of a narrative amongst key coordination staff in Abuja that further mutualisation would also be ineffective and so should be avoided. The IATU example is illustrative of the difficulty of mutualization in Nigeria.

The most difficult barrier to further mutualization in Nigeria is the individual preferences of some OD staff to maintain control of resources and processes rather than mutualise them. Many respondents made clear they will continue engaging with Nigerian authorities on their own at Federal level wherever this was beneficial for the individual OD and despite the impact on other ODs. There is therefore a workplace culture that allows these preferences to override movement mandates.

Collaboration across ODs in Nigeria is minimal. Coordinators do not have regular intersectional meetings. Most respondents complained that counterparts at other ODs (at all levels) rarely responded to emails requesting intersectional input or decisions. When intersectional decisions are made, many respondents reported they could be easily reversed by the disagreement of one person in one OD or when a new staff member rotated into a position.

Consequently, there are insufficient accountability mechanisms in place both for Nigeria intersectional governance and in global MSF governance. There is no effective mechanism to ensure good faith attempts at mutualization in Nigeria. There are also no consequences for undermining the movement mandate.

In addition, the responsibilities of the RIOD have expanded faster than the toolkit available to the RIOD to ensure effective intersectional collaboration across so many countries.

The combination of these factors means that mutualisation under the CR is therefore not advisable unless MSF accountability structures are reformed. A level of centralised governance and mutual accountability between ODs for decisions they make that impact others, while missing, cannot currently be solved by centralising services under a CR unless that CR has a mandate from MSF as a movement to assume such responsibilities. In the meantime, MSF has a pressing need for effective strategic external representation in Nigeria. These needs should take priority until MSF as a movement is able to address the accountability and governance gaps that would make centralisation of services in Nigeria effective.

INTRODUCTION

BACKGROUND

MSF has been present in Nigeria for decades and Nigeria forms part of MSF's founding story. Over the years, more ODs began operating in Nigeria. However, since 2016 MSF's presence in Nigeria has expanded significantly, both geographically and in the scale of activities. MSF responded to worsening conflict, forced displacement, seasonal cholera and measles outbreaks, widespread malnutrition, and structural weaknesses across Nigeria's public health infrastructure.

By 2021, MSF was operating in more than 10 states and had over 3,000 national and international staff across six ODs: Paris (OCP), Brussels (OCB), Amsterdam (OCA), Geneva (OCG), Barcelona (OCBA), and West and Central Africa (WaCA). Each OC engaged with Nigerian authorities through its own Head of Mission³ (HoM), legal advisers, and admin staff.

Prior to the creation of the CR role in 2021, coordination occurred informally through intersectional platforms and ad hoc meetings, as there was no designated representative mandated to speak for the movement as a whole. The operational footprint, therefore, outpaced the diplomatic infrastructure. This setup existed in this form for many years, particularly when the political environment in Nigeria was more permissive, and MSF's neutrality was not questioned. However, as MSF expanded into politically sensitive areas, particularly in the Northeast and Northwest, and as Nigeria's regulatory and political landscape became more assertive, the approach of each OD operating independently without a centralised external focal point, experienced growing stress.

For example, MSF faced several well publicised allegations from various political and government bodies in Nigeria. In 2020, following allegations by the Nigerian Ministry of Foreign Affairs (MoFA) that MSF's deconfliction in the northeast was in violation of local laws, MSF began to experience a period of administrative restriction and reputational fragility. This was compounded by the complexity of the federalised system of government in Nigeria where permissions are often required at both state and federal levels. The already established Interdesk (platform conveying all heads of desks/cells responsible for Nigeria, from each OD), responded to these converging issues by establishing the CR role, which was initially hosted by OCA (February 2021 to June 2023), then OCB (July 2023 to June 2025) and now OCP (since July 2025). OCBA is due to host the CR from mid-2026.

MSF now has almost five years' experience with the CR role in Nigeria, which marks a useful point to consider learning from this role and how it can best support MSF operations in Nigeria.

EVALUATION

PURPOSE AND SCOPE

The purpose of this evaluation was to:

1. Describe and assess MSF Nigeria's Intersectional Setup & Country Representative Office;
2. Identify steps towards a more optimal setup for MSF in Nigeria; and

³ There can be different denominations of this title across MSF missions. For example in OCB there are now Country Coordinators

3. Provide an evidence base upon which to inform an agreement and common understanding of the MSF setup in Nigeria.

METHODOLOGICAL APPROACH

The evaluation approach was designed to address the complexity of MSF's operating context in Nigeria and the ambiguity and absence of documented agreement on the functioning of the setup.

The evaluation is qualitative and designed to understand the drivers of the current setup in Nigeria and ultimately consider what an optimal setup in Nigeria could be. The methodological approach is centred on key informant interviews (KIIs) combined with observations and document review (with ongoing snowballing throughout).

The evaluation questions were developed following:

- Review of the scoping document developed by the MSF Stockholm Evaluation Unit (SEU), aggregating inputs from CR and OCP Head of Desk (June-Sept 2025).
- Scoping calls with OCA, OCP, WACA, OCBA, HRT, SEU and CR.
- Review of a range of documents provided by the SEU, HRT, CR and ODs following scoping calls.
- Review of RIOD minutes on Nigeria.

The inception phase of the evaluation revealed there is minimal documentation on the nature of the intersectional setup in Nigeria and no documented agreement on how it should operate, with varying perspectives from stakeholders. Therefore, the evaluation questions were designed with this ambiguity.

As a result, the evaluation questions are part of an Iterative Investigation, whereby the latter questions can only be analytically resolved once the earlier evaluation questions are answered. The methodology was also designed to capture wide stakeholder input, in order for the evaluator to triangulate the data and make evidence-based findings and recommendations. Throughout the data collection phase, the evaluator presented identified issues to key informants, enabling the generation of thoroughly triangulated findings on key issues. This approach also served as a step in socialising some emerging findings with the consultation group (Interdesk) during KIIs with them – in order to collect their views on different issues.

ATTRIBUTION

In accordance with good ethical evaluation practices, each respondent was promised anonymity in this report. While the evaluation spoke with 47 respondents, MSF Nigeria is still a small number of people, so the use of OD names and titles has been omitted in all attributed quotations in order to avoid identification. This means there are only two attributions used, one that identifies a respondent as a headquarters staff member (including desks/cells, referents and RIOD members) and the other for staff in Nigeria (including HoMs, coordination staff and intersectional staff). Given the sensitivity of many statements made to the evaluator this level of attribution is appropriate to enable MSF to maximise the learning opportunity from candid disclosures. Similarly, references to

inappropriate behaviour have been left vague in their reference to specific incidents, however where findings of this nature are made, they are based on triangulated information from multiple sources.

TRIANGULATION & REPRESENTATION

Care has been taken to ensure the participation of respondents from all OCs in a variety of roles. It has not always been possible because participation is voluntary and some people decided not to participate, while others were on leave. However, saturated coverage on each issue identified in this report has been achieved from the 47 key informants / respondents that did agree to participate. This has enabled findings to be triangulated across multiple ODs and multiple sources and where possible, across different data streams. Where a finding is made, it has multiple sources – no single source findings have been made.

METHODS

DOCUMENT REVIEW

All documents of relevance to the evaluation that were identified and then shared with the evaluator have been reviewed. This occurred on a snowball basis with key informants providing documents and emails throughout. It is possible some documents were not identified and/or not shared.

KEY INFORMANT INTERVIEWS

KIIs were mostly conducted in person for those based in Abuja. The remaining KIIs were conducted remotely. Key informants included HoMs, HRCOs, the Interdesk, staff in the CRO, Medical Coordinators (MedCOs) and the International Meeting of Operational Directors (RIOD).

Table 1: Key informants by entity

Entity	Number of People Interviewed
CRO	5
MSF International	2
OCA	9
OCB	9
OCBA	3
OCG	3
OCP	9
WACA	7

Table 2: Key informants by role type

Role (including those formerly/recently holding these roles)	Number of people interviewed
Head of Cell/Desk	5
Other Cell/Desk/HQ staff	5
HoMs	6
Coordination Staff	17
Intersectional & HRT Roles	6
Director of Operations*	8

* Including Co-Directors of Operations

Interviews were conducted on a snowballing (i.e., as identified/ referred/ recommended) basis. The qualitative data collection did not aim to "speak to everyone" and sampling was conducted until saturation and triangulation were reached.

OBSERVATIONS

A key part of this evaluation was to understand how all facets of the setup currently work. As a result, the evaluator observed one day of the Interdesk's face to face meeting in Nairobi in February 2026. The evaluator also informally observed ways of working and structures in Nigeria, and also requested evidence of some claims made in the form of email and message trails.

LIMITATIONS

The major limitation to this approach was the participation of key informants. Not all desired key informants were able to be interviewed for various reasons (availability, workload, leave) and some chose not to participate. One key person the evaluation was unable to interview was the former CR, however a long and detailed hand over report written by the former CR and containing his views was read, partly mitigating this.

A second limitation has been the multiple perspectives on key issues that were prevalent during data collection. Because of this, the evaluator needed to triangulate expressed views with documentary evidence wherever possible, while also presenting conflicting views to most respondents, in order to capture fuller perspectives on issues.

Another limitation surrounds the depth of the efficiency analysis. This was scoped to be broad rather than to provide a well evidenced economic assessment of the value and cost of different levels of mutualisation. Findings on efficiency have therefore been made at this higher level, even though a deeper economic assessment would also be valuable.

Finally, as part of assessing root causes of different issues, the evaluation had to examine drivers of accountability in MSF. This includes an examination of MSF governance. However, as this was not anticipated at the commencement of the evaluation, the examination of this is limited to direct connections with issues in Nigeria. A better scoped examination of this would likely have produced more generalisable and detailed findings on accountability.

CURRENT MSF INTERSECTIONAL SETUP IN NIGERIA

DOCUMENTATION & AGREEMENTS

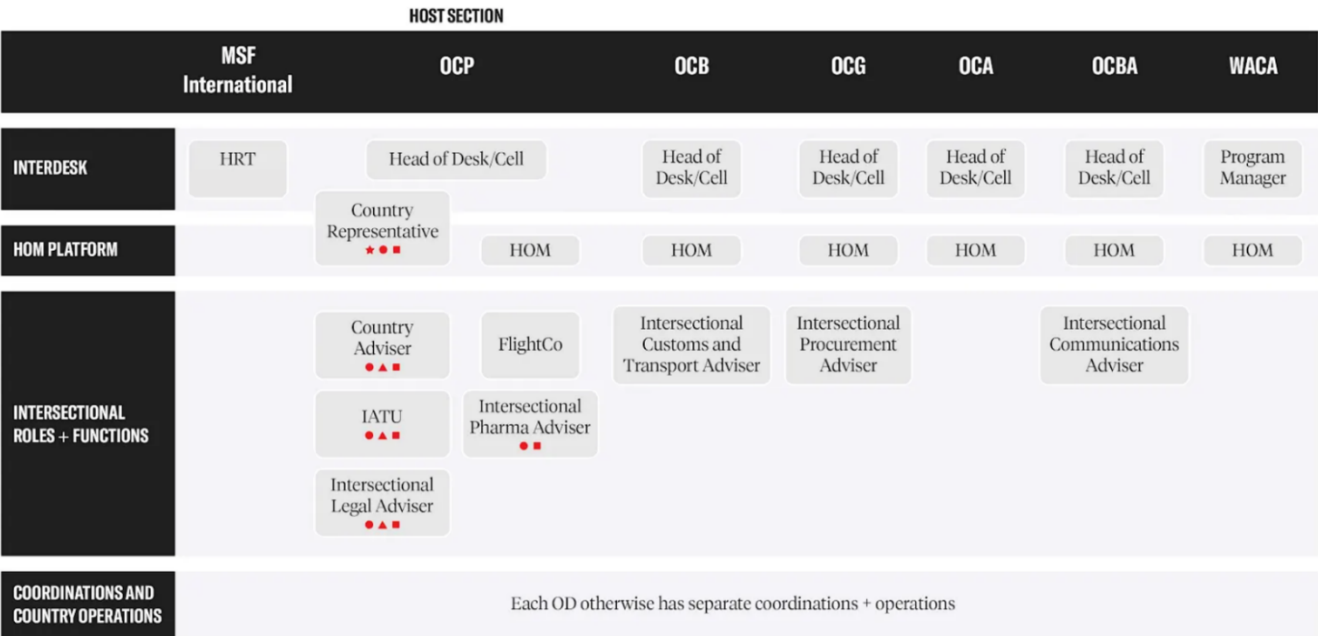
MSF’s Nigeria setup is not documented or formalized in an intersectional agreement or MoU (although there are two versions of a Job Description for the CR). The evaluation therefore begins by documenting what the Nigeria intersectional setup is and how it operates.

In Nigeria each OD retains full operational control of its projects and full independence in operating their respective coordinations. There is some limited mutualization of services, mostly related to single positions that interact directly with Nigerian government ministries (i.e., representative positions) or give advice (e.g., legal and the Country Adviser), along with a shared airplane managed by the Flight Coordinator (FlightCO), along with the CR role. There is also an Intersectional Admin Transit Unit (IATU), although this has not been fully implemented and its scope has been reduced (see detailed analysis further in the report).

The following diagram visualizes the intersectional setup as observed by the evaluator in January 2026.



Nigeria Intersectional Setup January 2026



★ Supervised by Host Section Head of Desk/Cell ● Employed by Host Section ▲ Supervised by Country Representative ■ Physically sits in CRO (as of 19 January 2026)

CR & CRO

The CR role was established in 2021 in response to growing demands from various Nigerian government agencies. Officials in these national authorities were routinely asking MSF staff in all ODs to reduce repetition in requests to the Nigerian authorities from the six ODs. It was routine for one OD to visit a Nigerian government agency to resolve a problem, only for another OD to arrive with the same problem not long afterwards. From the perspective of the Nigerian government officials, this represented a lack of cooperation amongst MSF ODs that made the job of Nigerian government officials harder.

The complaints became so frequent and the requests for a single contact person for each agency so loud, that MSF ODs agreed to establish a CR. Initially the job description for the CR was focused on coordinating external representation with Nigerian federal authorities and supporting ODs in state matters only where requested, with HoMs remaining responsible for external representation with state authorities.

It was agreed the CR role would be hosted by one OD on a rotating basis, changing every two years. The first host was OCA, followed by OCB and this transitioned to OCP in the second half of 2025. OCP has since decided it no longer wishes to be the host OD and will only serve in this role for one year instead of two. OCBA has agreed to host the CR from later in 2026.

The CR is a member of the Interdesk, unlike the HoMs. The CR also participates as a member of the HoM Platform, although there is debate about whether this should be the case.

Until late 2025 the CRO comprised just the CR and the Country Adviser and an office was provided in the host OD's Abuja coordination.

OCP began hosting the CR in the second half of 2025 and this coincided with a new CR taking post, alongside three OD's changing their Nigeria desk. This combination of changes gave room for a consolidation of intersectional representation positions into the CRO. In addition, the CRO now has a physical office building separate from the estate of any OD.

In January 2026 this meant that the CRO had evolved from two people (the CR and Country Adviser) into its own office building with the CR, IATU, Intersectional Pharmacy Adviser, Intersectional Customs Transport Adviser, Intersectional Legal Adviser and the Country Adviser. Some of these positions do not report to the CR, but physically work from the CRO to enhance intersectional coordination.

MUTUALIZED SERVICES & POSITIONS

There are two mutualized intersectional services, where resources have been shared. One is the IATU and the other is the intersectional airplane, managed by FlightCO. The other intersectional services are single role advisors to all ODs in Nigeria, referred to herewith as intersectional representative positions.

Intersectional Representative Positions

There are four intersectional representative positions that ODs have agreed to establish and are now operating. These positions are adviser positions and assist ODs in coordinating their activity in areas of mutual interest. The positions and their roles are:

- Intersectional Pharmacy Adviser responsible for being the focal point for NAFDAC and sharing new NAFDAC processes with ODs and helping ODs coordinate their pharma imports in-line with increasing restrictions on pharmaceutical imports imposed by the Nigerian authorities. This role is also responsible for coordinating harmonization of processes between ODs where needed.
- Intersectional Customs Transport Adviser responsible for being the focal point for Nigerian Customs, including liaising with Customs to solve import issues. This role is also responsible for coordinating harmonization of processes between ODs where needed.
- Intersectional Legal Adviser responsible for providing advice to ODs on their registration and regulation obligations in Nigeria.
- Intersectional Procurement Adviser responsible for establishing intersectional purchasing frameworks that ensure value for money across common local procurement.

These roles are currently sitting in the CRO, while being funded by different ODs.

Airplane

The intersectional Flight Coordination is hosted by OCP and leases and maintains a small aircraft transporting MSF staff to project locations within Nigeria. It has been agreed that each OC should contribute to the cost of this service proportionately to their use of it.

IATU

The IATU currently comprises one staff member facilitating long term International Mobile Staff (IMS) visas only. It was originally agreed in 2023 that the IATU would provide a full intersectional admin transit service to all ODs and comprise six staff to achieve this. That plan has not been implemented.

The IATU has been hosted by OCB since its inception, and in late 2025 was consolidated into the CRO.

A specific analysis on the IATU can be found in the Effectiveness section of this report.

INTERDESK

The Nigeria Interdesk comprises the heads of desk/cell from each OD, the CR and is chaired by MSF International HRT Secretariat member (as a full member of the Interdesk). The Nigeria Interdesk has existed for many years prior to the creation of the CR. The Interdesk meets once per month for 90 minutes and meets at least once per year face to face. The Interdesk serves as the key intersectional governance platform for MSF in Nigeria and amongst other things, is accountable to the RIOD for intersectional decisions and cooperation in Nigeria.

INTERSECTIONAL COORDINATION IN MISSION

In Nigeria the only regular intersectional forum is the Head of Mission (HoM) Platform. This platform comprises the HoM of each OD and the CR. The HoM Platform is supposed to meet monthly. There is also a regular meeting of communications staff from across ODs.

Supply staff sometimes meet to coordinate specific issues and imports. No other coordination function has a regular intersectional forum in Nigeria, although some coordinators in some sections have tried to re-establish these forums.

STATUS OF INTERSECTIONAL SETUP & HOST OD

In February 2026 during the evaluation period, the Interdesk agreed to change the intersectional setup and the current host OC resigned. At this time the Interdesk decided to reverse the consolidation of intersectional roles into the CRO, with the various intersectional representative positions returning to be hosted by their original OCs and the CR role being re-focused back on external representation. The only roles that would be retained as part of the CRO are the CR, Country Adviser and Intersectional Legal Adviser. The IATU will also move to be hosted by OCA rather than in the CRO.

At this time the Interdesk also agreed⁴ (according to meeting minutes of a face-to-face Interdesk meeting in February 2026) the core areas of focus for the CR to be:

1. External engagement and representation with one MSF voice.
2. Negotiation and high-level engagement to resolve external blockages.
3. Liaison between the HoM Platform and Interdesk.
4. Support operations by producing analysis and briefs to HoMs and the Interdesk on context, political shifts and actors mapping based on the CR's interactions with external actors.
5. External representation with other non-government organizations, the United Nations, external coordination forums and donors.
6. Management of the Country Advisor.
7. Fostering intersectional dynamics.

OCBA has agreed (in its role as incoming host OD) to further define these objectives for the CR and identify the resources and other operational support needed for the CR to achieve these objectives. This includes leading the formalization and documentation of the roles of the host OD, Interdesk and HoM Platform.

⁴ Nigeria Interdesk Minutes, Nairobi February 2026

FINDINGS

THERE IS A MOVEMENT MANDATE FOR INTERSECTIONAL MUTUALIZATION IN NIGERIA

The creation of the CR role and its place within the intersectional setup cannot be assessed by this evaluation in a vacuum. It must first be considered as part of the intersectional needs in Nigeria and the wider MSF mandates in this area.

There is a mandate for greater mutualization between ODs. Those responsible for intersectional governance in Nigeria therefore have an obligation to meaningfully pursue it.

Firstly, interoperability and the better use of MSF resources across OD's was one of four collective priorities identified by the 'MSF we want to be' project – a consultation involving more than 6,000 MSF staff.⁵ The priority acknowledges the institutional challenges of this:

“While diversity of approach must be preserved and encouraged, it does not exempt us from coherence. MSF can sometimes be its own worst enemy when it comes to leveraging diversity and optimizing the use of our forces.”⁶

However it is clear in the commitment that MSF has adopted:

“It is a shared and growing need, especially given the rising number of operational centers and hubs in MSF. We know this will require investment and compromise, but we must collectively and decisively address the differences in policies and processes between MSF entities which unnecessarily complicate the work of our field teams.”⁷

MSF defines mutualization as the highest level of interoperability.⁸

This mandate for interoperability and mutualization has been turned into MSF strategic planning by making it one of four SPARC (Strategic Planning, Accountability and Resourcing Cycle) priorities for 2026-31. This level of focus makes clear the priority MSF gives to mutualization.

Following this clear direction from the movement and the creation of the SPARC priority, the RIOD has outlined a clear expectation for ODs to mutualize wherever they can, emphasizing an obligation to donors to achieve value for money. While SPARC focuses on solving interoperability challenges at the HQ level, this RIOD guidance mandates progress operationally.

“The RIOD reiterates that optimizing the resources provided by our donors is considered a key priority. The default position is that avoiding duplication and improving coordination should be mandatory in all locations, and any exceptions must be justified. The RIOD requests the same for all HQs to ensure mutualization and resource optimization is prioritized.”⁹

⁵ The MSF We Want to Be; IB/Core ExCom Manifesto – June 2024, page 1

⁶ Ibid, page 4

⁷ Ibid

⁸ MSF Strategic Planning, Accountability, Resources Cycle 2026 – 2031, Interoperability, page 5

⁹ 20250114_RIOD's Guidance Framework _MSF Operations Footprint_FINAL

This makes clear in written guidance that the RIOD expects OD's in countries with more than one OD to mutualize support services wherever possible. The guidance is also explicit in the default expectation and that any decision by an Interdesk not to mutualize should be justified.

The RIOD guidance also makes clear that Interdesks are responsible to the RIOD for this agenda.

“The RIOD commits to engage with desks and Interdesks on more regular analysis of the aspects that can be improved in the existing intersectional coordination, representation and support system set ups.”¹⁰

The mandate is not to fully mutualize every service nor to insist on the formation of single entities such as in Afghanistan. Instead, the RIOD emphasizes a clear need to maximize resources for medical operations.

“The RIOD is increasingly concerned about the shrinking share of program expenses versus programme support and non-programme expenses, as measured by a declining programme ratio. The RIOD requests re-prioritizing allocation of resources to activities that ensure the centrality of quality medico-operational capacity which should result in programme ratio that consistently reflects these priorities.”¹¹

MUTUALIZATION GUIDANCE LACKS SPECIFICITY

While the SPARC priorities and the RIOD guidance make clear an expectation of resource sharing and mutualization, the lack of specificity in these expectations is hampering the achievement of mutualization in Nigeria.

During the evaluation, many respondents highlighted the vagueness of these expectations as slowing the mutualization agenda. This applies both to those who wish to pursue meaningful mutualization and also to those who are less motivated to do so. For those already orientated to mutualization, the absence of a set of options removes a benchmark upon which they can advocate towards. For those less orientated to mutualization the absence of mandated options implies that their limited approach to mutualization is correct.

A common request by many respondents was for the RIOD or MSF International to stipulate a set of mandatory options (i.e., different levels of mutualized setups) that each country with more than one OD must choose to adopt. The only meaningful argument against creating mandatory options was that it would undermine operational autonomy. However, the MSF movement has given a mandate for progress in this area and so this principle of autonomy should be subordinated to the movement's mandate in this case.

¹⁰ Ibid.

¹¹ Ibid.

OTHER DRIVERS OF MUTUALIZATION

COLLECTIVE CONSEQUENCES FOR INDIVIDUAL OC ACTIONS

There are repeated examples of the actions of one OD creating problems for other ODs in Nigeria by not complying with Nigerian government processes or laws. Examples described to the evaluator covered a wide range of issues across immigration, customs, tax, registrations and security. The impact of one OD not following the local authority requirements and processes therefore has the potential to impact other ODs. This 'collective accountability' is a driver for more and/or better coordination amongst ODs, including the mutualization of key services in visas, registrations, customs, pharmaceutical regulation and external representation on state security and access. The more ODs are united and coordinated in their interactions with Nigerian government authorities, the less space there is for friction with the authorities.

As one example, MSF is currently carrying substantial contingent liabilities across ODs stemming from the late implementation of all steps required to change each ODs registered status. One OD's mismanagement of this process could create longstanding reputational impact for MSF amongst regulatory bodies – and multiple key informants highlighted that the Nigerian bureaucracy has long institutional memories meaning such noncompliance can have impacts in the future as well as now. To illustrate this point, the HoM of one OD recently asked for a risk assessment of that OD simply not following its legal registration requirements. Notwithstanding the institutional naivety of even considering this, the fact that one OD could deliberately be non-compliant with basic Nigerian law has the potential to undermine the good work of all OD's and make Nigerian authorities less likely to support MSF in other key areas. However, at the moment, there is no intersectional accountability or governance mechanism in place to prevent one OD taking such a decision.

This results in a situation where there are risks of collective impact for all ODs, from one OD's actions. These consequences do not stem from principled humanitarian actions, but rather due to non-compliance with legitimate Nigerian regulatory process.

SINGLE MSF VOICE NEEDED IN NIGERIA

There is sufficient evidence that Nigerian federal authorities (specifically the NAFDAC, Customs, and Immigration agencies) continue to expect a single representative from MSF in Nigeria. Similarly, MSF's experience of the parliamentary enquiry into safe abortion care and the separate inquiry into MSF's access deconfliction engagement, further demonstrates this need for a single voice with a coordinated position to the Nigerian federal authorities.

There seems to be consensus that most state based external representation can continue to be OD/HoM based. However, several respondents reported that some ODs that operated in the same states were reluctant to share networks – something not in MSF's collective best interests. There is no governance mechanism currently arbitrating these issues, meaning ODs are free to act on their own rather than the collective, best interests of MSF.

MSF UNPREPARED FOR DIGITALIZATION OF NIGERIAN GOVERNANCE SERVICES

In this context the Nigerian government is also upgrading the systems and processes of many government departments at the federal level, while also increasing regulation in sectors of

importance to MSF such as pharmaceutical regulation, customs and taxes. One of the consequences is that any compliance issues become more visible to Nigerian authorities, who have long institutional memories. Missteps by one OD are therefore increasingly likely to be detected by the Nigerian authorities, again creating the possibility of collective consequences.

Key MSF staff appear unprepared for the degree of regulation and digitalization occurring in Nigeria. Most IMS staff interviewed as part of this evaluation have extensive experience in countries with much lower levels of government capability and regulation. These staff appear to comprise the majority of senior coordination staff in Nigeria, making them accustomed to the ways in which problems are solved in low regulation countries (ie., negotiation and face to face engagement). While this type of approach is still possible in Nigeria, the space for this way of operating is reducing. The consequences for non-compliance are also likely to increase. While the biggest consequences are currently felt in pharma, imports and visas, MSF needs to be better prepared collectively for higher regulation in key areas.

GLOBAL DEMAND FOR EFFICIENT COORDINATIONS

MSF is operating in contexts all over the world where health needs are severe but funding to meet those needs has significantly reduced in many contexts, with many actors reducing their projects and coverage. This means there is a valid moral/ethical argument for MSF to increase the proportion of its limited resources spent in medical operations in order to deliver the best possible health outcomes for as many patients as possible as one of the few actors currently able to do so.

NIGERIA CONTEXT MODERATES INTERSECTIONAL & MUTUALIZATION EXPECTATIONS

The drivers and needs of greater intersectional cooperation create an overwhelming mandate for mutualization and better coordination. However, the Nigerian context tempers the extent of this intersectional mutualization to some extent.

In Nigeria there are multiple insurgent forces, present in different forms in different states with different state-imposed security restrictions and access approaches needed. Coherence in navigating this nationally in Nigeria is therefore complicated by the number of local actors involved – coordinating this activity nationally is therefore of less importance in Nigeria.

Similarly, the federalized system in Nigeria means there is a ministry of health in each state, rather than a federal ministry of health requiring centralized representation. State governments therefore are often more important interlocutors for MSF operationally.

In addition, the establishment of the CR role was driven by the Nigerian authorities rather than being driven by MSF. As such, there is lower support for a more consolidated MSF setup in Nigeria.

Lastly, Nigeria has all six ODs present, making intersectional coordination more difficult than in contexts where there are fewer ODs in the most basic ways. This is because non-responsiveness or low engagement from one OD on intersectional engagement is more easily hidden and it is more difficult to coordinate schedules to meet (than say, three ODs).

For comparison, Afghanistan has a more comprehensive intersectional setup with a single MSF entity and all ODs using mutualized support systems, albeit with medical project autonomy. However in Afghanistan, there is a RIOD mandate for this setup based on an agreement to re-enter a country that required a highly coherent program. Afghanistan has one ministry of health, had a more clearly defined insurgency and only four ODs. As such, these attributes produce a different set of needs and dynamics compared to Nigeria.

THREE INTERSECTIONAL MANDATES IN NIGERIA

The previous sections of this report illustrate that the Nigeria intersectional setup therefore has three intersectional mandates. These are evaluation findings and not documented or agreed intersectionally. The intersectional mandates are:

1. mandate for greater mutualization that reduce costs in coordinations in Abuja;
2. need for single representation at the federal level and coordinated representation where needed at the state level; and
3. need for effective intersectional governance in Nigeria that protects the interests of all ODs and the MSF movement.

INTERSECTIONAL GOOD FAITH IS LOW

Different views about the role and administrative arrangements of the CR have been in existence for some time, going back to when the previous CR was in post. However, the combination of a new host OD, three new desks and a new CR surfaced these different views from August 2025 onwards.

As part of this, the new host OD adopted a more mutualized approach to Nigeria coordination that was not aligned with all OD's views. The lack of effective intersectional governance in Nigeria then prevented (for seven months) an appropriate dialogue and the arrival at a collaborative resolution to the issues this surfaced. It also hindered progress on multiple important intersectional files.

The surfacing of those different views exacerbated low levels of good faith and trust amongst:

- ODs (between coordinations in Abuja; between the Interdesk; and between the Interdesk and the HoM platform)
- coordinators and intersectional positions; and
- the CR and ODs (i.e., some past and current HoMs; coordinators; and some Interdesk members).

VARIABLE COMMITMENT TO MUTUALIZATION CREATES A GOVERNANCE NEED

Many key informants reported that intersectional decisions are often determined by what is in the best interests of the decision makers rather than what it is best for MSF as a movement (and therefore patients). This indicates an absence of meaningful commitment to mutualization.

Confirming this, most key informants said they believed in mutualization when asked, however many (but not all) then went on to describe why they did not want to pursue it in practical examples. This suggests a well embedded culture of paying lip service to mutualization among some staff. Justifications for these positions were either unconvincing and/or based on incorrect information.

Amongst coordinators interviewed, a slight minority were unsupportive of further mutualization. HoM preferences were mixed and the Interdesk was more or less equally split. These personal preferences are sufficient to derail most intersectional initiatives.

"We are six ODs. To have agreement with six ODs takes time. It is a big weakness."

- MSF coordination staff in Nigeria

"People do not turn up to meetings and one person that disagrees can derail everything."

- MSF coordination staff in Nigeria

"We are constantly chasing people to respond and no one ever does."

- MSF coordination staff in Nigeria

"Here it is a waste of resources in Nigeria, being six ODs here, we are duplicating the work so many times. We are doing the same thing six times."

- MSF coordination staff in Nigeria

"I wonder if the problem is that we have six ODs in Nigeria. Interdesks with three ODs function better than those with more. There are not many where we have five let alone six ODs present. Nigeria was the first country with six ODs present. It is easy to say the six ODs is the problem but I don't know."

- MSF staff member from an OD headquarters

Because of the variable commitment to meaningful mutualization, there is a need for effective governance on intersectional mutualization in Nigeria, that is capable of overriding bad faith and ensuring the movement mandates on mutualization are achieved in Nigeria.

INEFFECTIVE INTERSECTIONAL GOVERNANCE IN NIGERIA

Intersectional governance and cooperation in Nigeria is another major barrier to progress on mutualization and effective and coordinated external representation. These challenges exist at the Interdesk and at coordination level.

"Does the Interdesk work? No. There are different perspectives based on where we work. [We are] not working as one [MSF]. Everyone has a different approach to getting things done. People focus on what benefits them at all levels in Nigeria. There is no common approach even with the CR."

- MSF staff member from an OD headquarters

“I’m wondering what is the point of the Intersection in Nigeria. The way it is done and the lack of interest of part of the group plus a lack of common direction and common ground. I’m not sure if it is lack of interest or lack of common understanding. For some reason that I don’t understand it is not functioning. It is destabilising.”

- MSF staff member from an OD headquarters

The Interdesk only meets once per month for 90 minutes and most members of the Interdesk acknowledged these meetings are routine rather than structured to address key issues. Considering the number of outstanding intersectional issues in Nigeria, this meeting frequency and meeting approach appear inadequate. In addition, most Interdesk members acknowledged that emails between them often go unanswered.

For example, the Interdesk was unable to ensure a response was provided to the RIOD (a body to which the Interdesk has accountability to) on a relatively simple request to define and agree upon three intersectional priorities.

“What I understand the RIOD wants is a functioning Interdesk and it does not function in Nigeria. Both current and previous heads of desk have said the same things, people just do not engage. It has been going on for years, sometimes it changes with people, but in Nigeria it has just continued and keeps rotting.”

- MSF staff member from an OD headquarters

SAFETY IMPACTS OF GOVERNANCE GAPS

The issues are not just matters of administration and efficiency. Despite knowing in advance that the US was planning to launch airstrikes in Nigeria, it took until February 2026 (six weeks **after** the US strikes) to reach agreement between OD’s on *how* to share MSF location data with US Africa Command. This is a basic safety and duty of care responsibility and the Interdesk failed to resolve it in time, despite sufficient warning.

INTERDESK CHAIRING RESPONSIBILITIES CONTRIBUTES TO LOW ENGAGEMENT

The Interdesk meetings are chaired by staff from MSF International’s HRT Secretariat, who attend the Interdesk as full members of the Interdesk. This enables MSF International to have a better overall picture of MSF in the region. The Interdesk also benefits from this chairing arrangement because the HRT in effect also provides secretariat and coordination support to the Interdesk meetings in their role as chair, which reduces the burden to the ODs of organizing, preparing for and tracking meetings.

However, this chairing dynamic enables dysfunction because the chair of the Interdesk meetings is not from an OD with an actual stake in the outcomes. This distances accountability for outcomes and dilutes ownership of the agenda in practice, despite best intentions. A review of the minutes (from two years of the Interdesk with different people in this chairing role) and an observation of the face-to-face meeting also shows that outstanding issues are not receiving the appropriate depth of discussion at the Interdesk meetings, which is essential given the infrequency of the meetings.

LITTLE INTERSECTIONAL COOPERATION AT COORDINATION LEVEL

Intersectional cooperation at coordination level in Nigeria is low with few bright spots. Cooperation on communications across ODs is real, as is cooperation on pharmaceutical imports. HoMs report they meet frequently and are willing to message each other to resolve issues, although some HoMs believe their peers do not always respond on key issues. Few other coordination staff collaborate with their counterparts in other ODs.

“It is a structural issue that we can't coordinate between ODs very well. We have a HoM meeting frequently but no other coordinators meet regularly. If we have to apply any kind of intersectional policies, then it will take ages for us to come to a conclusion. The intersectional positions that do exist don't have any authority to get people to respond.”

- MSF coordination staff in Nigeria

“When I started, we tried to have regular HRCO meetings every two months. After we did it a couple of times, it stopped happening when HRCOs rotated and has never happened since. It is not easy to coordinate among six HRCOs to sit and have intersectional discussions. Aside from the HoMs, no other coordinators have regular meetings.”

- MSF coordination staff in Nigeria

Almost every respondent in Abuja complained that cooperation amongst ODs is difficult or impossible at coordination level, because people do not turn up to meetings, do not respond to emails and decisions take too long to make. Most respondents reported that when decisions do finally get made, a new rotation of coordinators comes into country who do not have the background and so they end support for the original decision.

The most illustrative example of this dynamic is the absence of meetings and effective working partnerships between HRCOs, despite HRCOs having a direct stake in the implementation and operation of the IATU.

NO CONSENSUS ON RESPONSIBILITY FOR MUTUALIZATION

MSF's unique values and approach to autonomy mean that there are no clear rules on who is responsible in Nigeria for driving the mutualization agenda.

When respondents stated who they believed should be responsible for driving mutualization in Nigeria, the three most common answers were the HoMs, the CR and/or the Interdesk. There is no consensus on who it should be and each of these three options have valid arguments:

- The HoMs are in theory most affected by any mutualization so have a good view on the pros and cons.
- The CR could be a bridging force on mutualization given that the OCs have proven multiple times that a common agreement is difficult.
- There is also a strong argument that it should be the Interdesk driving this, because the body is a step removed from the difficulty of implementation and is best able to bring a movement-wide strategic lens to decisions.

One last option that some people raised was that either the RIOD should be more prescriptive in how Nigeria should mutualize and/or MSF International should oversee the mutualization agenda in Nigeria.

However, what is clear is that no one feels responsible for driving mutualization in Nigeria because there is no consensus on who should be doing it.

Compounding this issue is that it is too easy for bureaucratic resistance to manifest against mutualization, ultimately killing progress.

The evaluation finds that the coordinations cannot be responsible for the mutualization agenda because most of the resistance to meaningful mutualization has come from coordination level. The CR could be a solution, but the practical barriers and need to focus on external representation preclude this from being the optimal solution. Ultimately, the forum in the best position to hold coordinations and the CRO accountable for intersectional implementation is the Interdesk. The Interdesk is therefore the governance mechanism that should be responsible for driving this agenda under the guidance of either the RIOD or MSF International.

KEY ROLES ARE UNDEFINED & NOT FORMALIZED

There are a number of key roles that are inadequately defined and not formalized. These are the role of CR, Host Section, Interdesk and HoM Platform. Each of these needs their roles and responsibilities on representation, mutualization, meeting frequency, participants, chairs, decision making delegations, action tracking and governance accountabilities formalized. Most importantly, the governance and accountability mechanisms for every intersectional service need to be identified to ensure that ODs have confidence they will receive the timely support they need.

The formalization of responsibilities needs to include the relationship between each role/forum, which will help to ease tensions, as evidenced by the unclear expectations surrounding the HoM Platform:

“In 2025 when we had the Interdesk here and the [CR] position was open, the HoMs wanted the CR to be evaluated first and its capacities and its role before we go forward. This discussion was hijacked and the Interdesk never listened to the HoMs. What we understood was to evaluate the CR Office and how the CR functioned. This was not done. We wanted to have the CR evaluated before moving to another host section.”

- MSF coordination staff in Nigeria

“We were made to wait all day in the hall. Then brought in and only asked one question at the Interdesk and then asked to leave again. The discussion was heated and emotional. This is where all these disagreements started.”

- MSF coordination staff in Nigeria

Likewise, mixing the terms ‘lead’ and ‘host’ when referring to the host OC has compounded confusion around these roles when OCP assumed the host role (i.e., one implies greater decision-making authority than the other).

Finally, the term ‘Country Representative’ itself means different things to different people and to some implies a greater role in governance than the CR previously had in Nigeria.

The absence of formalized agreement (through MoU or other appropriate form) on these roles has already had and will likely have again in the future if not rectified, practical impacts. The best illustration of this the tension created when the new CR and host OC assumed there was a mandate for greater consolidation of the CRO in management of intersectional services.

ISSUES BETWEEN HOMs AND CR

Different expectations from HoMs on the participation of the CR in the HoM Platform have caused tension. For example, some stakeholders believed that the CR should chair the HoM platform while others believed the CR should only attend this regular meeting *if invited* by the HoMs. This resulted in HoMs beginning to meet informally without the CR. The CR’s approach to engaging with HoMs and focusing on the expansion of the CR role has not helped to build trusting relations with the HoMs.

“The CR sits on the Interdesk as well as the HoM Platform, while the HoMs are not on the Interdesk. So it can feel like having an Interdesk spy in the HoM platform.”

- MSF staff member in Nigeria

The result has been the inability and/or unwillingness of ODs to support the CR’s work with the provision of medical, staffing, budgetary and other data necessary to effectively represent MSF to authorities in Nigeria.

“We need to be supporting the CR to do their job and ensuring that he receives the data he needs to represent us properly. I do not know why this is not happening.”

- MSF staff member from an OD headquarters

It is too simplistic to present an argument that these issues only existed from July 2025. Documents and interviews show many of them existed prior to the CR changeover, becoming acute from August 2025 and remaining unaddressed for too long.

“Nigeria has not been an Intersection and nobody wants to lead and nobody wants to give up any authority. HoMs want to be chief and will not let it go.”

- MSF staff member from an OD headquarters

MOSTLY EFFECTIVE CR ROLE

It is in this context that the CR role has operated since July 2025 – a time characterized by distrust, unresolved differences in expectations and ineffective dialogue between OCs in Nigeria on intersectional issues. The result has been a reactionary rather than strategic approach to external representation during this time. The CR role (since the transition in August 2025) has been focused on solving a range of operational issues on visas, customs, tax and pharma regulation and import rather than on strategic external engagement priorities.

A **revised** set of strategic engagement priorities for the CR has been difficult and protracted to agree – despite the list of potential collective priorities being short. They have only been agreed in February

2026 at a face-to-face Interdesk meeting. Because of this, measuring recent progress against these objectives is not possible. It is fair to say that the slowness to agree these priorities is a responsibility of the CR – liaising effectively with ODs to agree priorities is a clear role for the CR, drawing on the support of the Interdesk when needed.

Current tensions aside, there has been and remains a need for a single external representative for MSF in Nigeria. This role has been regarded as effective in helping MSF to navigate multiple high risk investigations by the Nigerian state. The CR role also has a long list of achievements, most notably *almost* securing a host country agreement (HCA)¹², which only failed because of the parliamentary investigation into the actions of an OD.

A clear definition of role alongside priority representation issues is something the CR needs the Interdesk to endorse quickly.

In addition, the HoMs need to ensure that the CR is receiving the support needed (including intersectional data) to enable the role to be effective.

A reset of relations between the HoMs and CR alongside this clear mandate and support may also be needed.

DEBATE ON SCOPE OF CR ROLE

There remains different views amongst the Interdesk and HoMs on what the role of the CR should be. Formalizing the role responsibilities needs to address the following key issues:

- The hierarchy between HoMs and CR (does the CR ‘work for’ the HoMs or do the HoMs ‘work for’ the CR).
- Whether the CR should manage intersectional services including the IATU, FlightCO and the other intersectional advisers.
- The role of the CR in the mutualization agenda.

There is a valid argument that the new CR’s supervision of intersectional roles has resulted in a misplaced emphasis on operational level external engagement, at the expense of strategic external engagement. Supervising people can be a time-consuming distraction.

“The workload in Nigeria is too much to just have a HoM on rotation to represent MSF on behalf of all the sections in the country.”

- MSF staff member from an OD headquarters

“You cannot manage Nigeria under one CR, Nigeria is too big and diverse and too many armed groups. Also, if you centralise support services under the CR then he will have too much to do and just ask for a deputy to supervise those roles, so it does not make sense.”

- MSF staff member from an OD headquarters

¹² It was reported this was at the point of signing just as an investigation into one OD’s actions was commended by Nigerian authorities. The fact that the HCA negotiation had reached this stage is evidence of effectiveness of the CR role.

IATU IS EFFECTIVE

The evaluation examined the IATU's effectiveness based on what it is currently scoped to deliver. It's current primary role is to obtain long term visas for IMS staff. The IATU also supports the ODs with external representation on other visa issues – despite this work being less visible to coordinators and HoMs.

The evaluation finds that the IATU has been effective in this role, although underappreciated and often loudly maligned by a misinformed majority. In many interviews with respondents in Nigeria there were complaints about the IATU. Some were vague and clearly based on the secondhand information, while others were specific to individual cases. Because of these complaints about the IATU, the evaluation examined email trails and text message chains of every visa where a complaint was raised by key informants.

In every case, the evaluation finds that the problem was caused by the OD itself. Here are two anonymized examples, verified by the evaluator by email, text message records and by the descriptions of participants that are representative of the cases:

- Visa for a HoM. Multiple emails and phone calls from the IATU were ignored by the relevant HRCO and HoM. These emails were supported by multiple phone calls explaining the process for an immigration interview for both the HoM and their dependents. The emails were ignored by the HoM, so the process was not followed by the HoM.
- Visa for a HoM. The OC's own admin transit unit did not submit the required paperwork to the IATU on time, despite the IATU asking for this paperwork. When the OC's own admin transit unit realized they had not done this several weeks later, it was too late for the visa to be available on time as this type of visa requires a six-week process involving both the Ministry of Immigration and the Ministry of Budget and Planning.

Despite many misinformed opinions, the evaluation finds the IATU is effective in its role.

IATU MUTUALISATION FAILURE

Aside from the airplane, the IATU is the only other mutualized unit that was supposed to combine existing resources to replace coordination services. The other intersectional roles do not replace a service, but instead provide additional advisory capability to ODs in a single person function. Therefore, the IATU is deserving of a close examination in order to better understand intersectional dynamics in Nigeria.

The IATU concept was created in response to MSF movement expectations for greater mutualization and was identified as 'low hanging fruit' in a 2023 Interdesk-commissioned analysis of options for mutualization in Nigeria.¹³ Following this recommendation, the OD's agreed in principle to establish an IATU in 2024. A former HRCO was appointed as IATU Project Manager to plan and manage the establishment of the IATU. Developing this plan was reportedly difficult because it required translating an in-principle agreement into an operational reality, where agreement from all HoMs

¹³ Nigeria_Mutualization Optimization_Report v6 (2), August 2023

and all desks and all HRCOs was required. Eventually a model was agreed that satisfied all parties and was designed to meet the different needs/processes/expectations of each OD. This agreement¹⁴ established a phased implementation of the IATU, starting with the IATU first taking responsibility for long term visas for IMS staff and being comprised of a manager and an admin transit officer. The end state once each phase had been implemented was for all admin transit in Nigeria to be conducted by the IATU and for each OD to reduce their own admin transit teams in proportion (at least one OD had reduced their admin transit staff in accordance with the agreed plan). Not all stakeholders realize this was the agreement and as a result some stakeholders dispute that ODs had agreed to combine their admin transit staff together.

Once the IATU Project Manager completed their task, a manager was hired to run the IATU. This person resigned within two months, at least in part because intersectional communication on the IATU too difficult to manage.

A consistent challenge has been ODs being unwilling to agree to the costs of the IATU and the extension of the IATU to its next phase has been stopped, despite the agreement to combine each OD's existing resources into the IATU. Several key informants with knowledge of the process complained that personal preferences for control of processes was a key driver of this.

“For me, generally speaking I am in favour of mutualizing and harmonizing resources among the sections. I really support this idea because there is a lot of wasted resources both financially and by duplicating positions in Nigeria. However I have a problem practically, it is really challenging. To start with, the ego of people in each section who think they are doing things better, it is a huge barrier to collaboration, and they take every opportunity to criticize others. It is not easy to coordinate with these behaviours.”

- MSF coordination staff in Nigeria

Other coordination staff that were not present when the agreement to the IATU was made, state that the IATU is not useful for them.

“The IATU didn't work out. This unit was not helping us to get any sort of negotiation or any lesson to help us to find a way to extend a benefit/relaxation and I don't think there was any meeting or process made to agree this.”

- MSF coordination staff in Nigeria

At about the time when the IATU should have moved to the next phase of implementation, the Nigerian Immigration Department digitalized the visa process. The initial launch of the digitalized system was unstable and full of problems. This temporarily increased the workload of each OD's admin transit units. This challenge increased the perceived risks for some ODs and turned it into a vehicle for those opposed to the IATU to withdraw support for it. This unraveled the agreement for OD's to part with their own admin transit staff.

¹⁴ This agreement did not take the form of an MoU but the agreement can be seen in various documents available to the evaluator including a final slide deck of the structure of the IATU and a document titled 'Final Report – Intersectional Transit Unit 202401', triangulated with key informant descriptions of what was agreed.

“But we failed on the intersectional transit office. I am sad about this because there was a lot of effort to make this office happen and to be functional. According to our initial plan, in phase 2 we were supposed to remove our internal admin transit officer which we did, so we have been one person down.”

- MSF coordination staff in Nigeria

The result is that the IATU exists in a state not planned for or intended. Instead of consolidating admin transit resources into one unit, the creation of the IATU resulted in the adding of one extra admin transit resource overall (into the IATU), albeit with a specific focus. The IATU is now only one staff member working on one visa type. The originally agreed plan was for a team of five staff supporting ODs on visas, internal and external flights and movement.

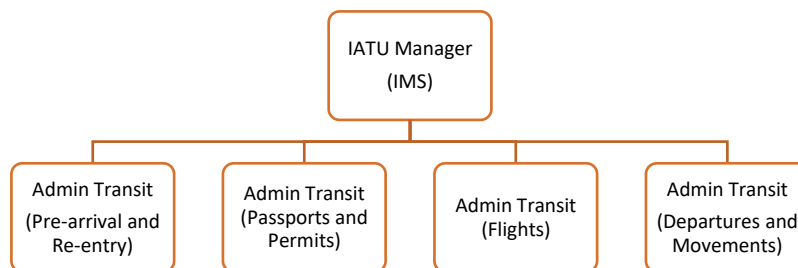


Image 1: Agreed structure of IATU¹⁵

REASONS THE IATU STALLED

There is a combination of factors that led to the erosion of support for IATU’s establishment against the agreed plan:

- The temporary workload increases resulting from the unstable digitalized Nigeria visa system.
- Rotation of HRCOs and HoMs who were not present when the agreements were made and so did not buy-in to the IATU.
- HR staff in some ODs advocating against the IATU with new HRCOs and HoMs, possibly because they were worried about their jobs.
- An absence of effective governance mechanism of the IATU that would give confidence to each OD that the function would operate effectively.
- Vested interests wishing to preserve their own control, administrative ease and ways of working from their own OD.
- Transition of desks in three different ODs at around the same time, which meant that the Interdesk was also not aligned on the IATU.
- The absence of an effective intersectional governance mechanism to ensure the IATU was implemented.

¹⁵ Final Report – Intersectional Transit Unit 202401

As it stands, further advancement of the IATU has been cancelled by the Interdesk as of February 2026 after being stalled for about one year. This is despite the IATU being identified as a quick win on mutualization in Nigeria, having been agreed between ODs and there being a movement mandate for mutualization in Nigeria.

“We are not asking to mutualize finance, we are looking more at things like flights, communications, IATU, data protection... It looks stupid to have six admin transit units... I don't know why the desks do not cooperate. Noone seems willing to compromise on anything.”

- MSF staff member from an OD headquarters

IATU MIS-INFORMATION FEEDS ANTI-MUTUALISATION NARRATIVES

The more important point is that the misinformation about the IATU's effectiveness contributes to a broader narrative advocated by many staff in Nigeria that further mutualization would be ineffective and administratively burdensome. The evaluation concludes the opposite – in the face of repeated mistakes by ODs, the IATU has solved problems and worked professionally to support ODs, in many cases being blamed for other people's mistakes.

This misinformation in turn is enabling ODs to violate established agreements on intersectional ways of working.

“I have been told by my desk and by ops that I can take the lead on engaging with the immigration authorities directly. It's not that I can't do it, but it would be bypassing what has been agreed and bypassing the intersectional office. I think the IATU is doing a good job considering it is only one person.”

- MSF coordination staff in Nigeria

“Why hasn't the IATU happened? Most of the ops people are not on board with this now. [To get progress it] has to be pushed from HRCOs and HoMs. In my understanding, ops are worried about the power dynamics. Perhaps they have this impression that if there is an intersectional office then they will lose control.”

- MSF coordination staff in Nigeria

EFFECTIVENESS OF INTERSECTIONAL ADVISER POSITIONS

The effectiveness of intersectional advisers is more mixed. These are all single person positions who either provide advice to ODs or are the focal point for interactions with Nigerian authorities. As these are single person positions, their perceived effectiveness appears related to two key factors: the length of time the role has been established (the longer the role has been established the more useful the role has become to ODs), and the varying levels of performance from individuals (a factor applicable to every role).

The intersectional pharma role and the intersectional legal roles are the two most effective. They have well defined roles, competent people in those roles and are delivering effective advice to ODs.

The Intersectional Customs Transport Adviser role is newer and feedback from ODs (supported by observations during the evaluation) is that this service needs further refinement to better meet each ODs needs.

The value of the intersectional procurement role by comparison is the least effective for reasons unrelated to the individuals occupying that role. Primarily this is because any individual occupying the intersectional procurement role needs to secure the agreement of every OD to many elements of a procurement framework and then needs to navigate the different technical standards each OD has established. These two factors result in extended delays to intersectional procurement frameworks to the point their value is questionable. Further progress on interoperability would make this role more valuable for MSF.

MSF GOVERNANCE ALLOWS PROBLEMS IN NIGERIA

The examination of MSF’s global governance systems was not a scoped focus of this evaluation. However, MSF’s global governance structures and tools are a direct enabler of the issues this evaluation has identified in Nigeria – it is a root cause. As such, the evaluation had to examine this (albeit with limitations).

MSF’s global governance mechanisms are ineffective for the types of challenges MSF is experiencing in Nigeria on cooperation, mutualization and governance.

MSF’s RIOD comprises the Directors of Operations (DOs) of each OD. They were all interviewed for this evaluation, along with many other stakeholders. The RIOD are doing their best to collectively oversee the growing number of ‘countries of concern’, one of which is Nigeria. However, the tools available to the RIOD are inadequate and essentially limited to one or two DOs becoming more involved in an Interdesk, and or asking for reports and updates. Relying on this ‘hands on’ approach means the RIOD is not only stretched but does not have the tools it needs to effectively govern and coordinate inter-OD operations at the scale it finds itself doing.

There also appears to be a reluctance to use additional governance tools such as internal/external reviews or KPIs, due to their perceived cost rather than understanding their added value to the RIOD. In addition, there are no dashboards or regular reporting requirements on intersectional issues and mutualization for countries of concern and uncertainty around jurisdiction with MSF International and MSF principles.

PRINCIPLES OF AUTONOMY & EFFECTIVE GOVERNANCE ARE OUT OF BALANCE IN NIGERIA

The RIOD is also constrained by MSF’s value of operational autonomy for each OD. Some members of the RIOD appeared genuinely unsure in which circumstances they were able to intervene – because the movement values operational autonomy so much.

This dynamic undermines good governance for MSF. Effective governance is a counterbalance to operational autonomy. When these are not in balance (as is the case in Nigeria), it creates the circumstances for bad faith actions in the name of autonomy. Balancing these two principles

(autonomy and effective governance) are essential for MSF and the principle of operational autonomy should be recognized as having limits when and where it harms MSF collectively.

“There is no incentive to mutualize if you want to maintain your decision-making power. Noone is holding people to account for driving cost efficiency and finding ways to mutualize.”

- MSF staff member from an OD headquarters

Nigeria is a case study in the imbalance of these principles.

“There are now movement wide discussions on interoperability of medical and supply, and some others on HR and so on. But the point is that any mutualization needs to come from a clear commitment and we don't see that in Nigeria at the moment.”

- MSF staff member from an OD headquarters

INADEQUATE GOVERNANCE TOOLS AVAILABLE TO RIOD

The only tool available to the RIOD is for each OD to speak to the head of their respective desk/cell. The RIOD did this for the Nigeria cells/desks following the Interdesks failure to respond to RIOD requests in December 2025. This example demonstrates two key issues: firstly, the RIOD does not have sufficient tools available to ensure intersectional governance; and secondly, that the principles of autonomy and effective governance in Nigeria are not in balance. To the latter point, it shows just how supreme the principle of autonomy has become when the RIOD is unable to receive an answer to a very simple request from an Interdesk.

The issue is one of ensuring movement objectives are achieved in a context where the principle of autonomy for achieving these objectives has failed, as in Nigeria.

MOVEMENT RESPONSIBILITY FOR LAGGING INTEROPERABILITY

At the same time, mutualization also needs to be enabled from outside country programs. To an extent it is unreasonable to expect country programs to mutualize without clear expectations being set and the interoperability of underpinning processes completed. People are busy and mutualization requires focused expertise – on top of busy day jobs. This point shows the delicate balance of autonomy and effective governance in the reverse frame, which is an equally difficult barrier to overcome.

“We expect [intersections] to mutualize and optimize the use of donor money which we are very lucky to have. But it is difficult to understand how to mutualize a supply setup. There is an imbalance where you have big pressure to mutualize, but then if you look at the movement there are three different supply centers and it is like why the hell are we trying to get the frontline teams to mutualize when you haven't made the change at the movement level? Interoperability is one of the biggest barriers to mutualization.”

- MSF staff member from an OC headquarters

OUTDATED GOVERNANCE STRUCTURES

The solution to all these issues is good governance at every level. The challenge is that the key MSF governance architecture was established when MSF was a much smaller movement with less complexity and dramatically smaller budgets where a light touch governance model may have been more appropriate. By comparison, the MSF of today is a €2.36 billion organization with a workforce of 45,000 people in 75 countries. MSF needs a governance system (and the right tools available to governance bodies) that matches this scale and level of complexity, while still ensuring that principles of operational autonomy are respected (provided they are in balance).

INSUFFICIENT ACCOUNTABILITY

Another underlying cause for the intersectional issues in Nigeria is the absence of effective accountability. The consequences for bad faith actions are too limited and this is widely known and taken advantage of.

“Greed and quest for power and control for resources drives the slowness of mutualization.”

- MSF staff member from an OD headquarters

“There are no consequences for anything. when you look at the Interdesk, they are reluctant to engage with the evaluation because people know they haven't done their job properly. It will be uncomfortable reading for some people.”

- MSF staff member from an OD headquarters

This means all of the following real issues are possible without consequence:

- A member of the Interdesk consistently does not respond to emails and requests from other members of the Interdesk.
- A coordinator in an OD in Abuja withdraws their support based on personal preferences for an intersectional initiative that has been in development for a long time and already agreed.
- An OD in Abuja does not provide data necessary for the CR to do their external representation role effectively.

This absence of intersectional accountability in Nigeria is an underlying cause of the lack of progress on mutualization in Nigeria. When respondents at all levels were asked about accountability mechanisms, most expressed frustration at this.

“There are no real tools available to the RIOD. It is all carrots and no sticks. What are we going to do if an OD does not do what has been agreed? Push them out of the Interdesk or out of the RIOD? There is a limit to what the Interdesk can achieve if they are following the working dynamics of their OD. So do we need to adjust the official mandate we provide to the Interdesk?”

- MSF staff member from an OD headquarters

The inference is that MSF governance in general drives the lack of progress on mutualization. It also enables dysfunction on security issues and creates relative impunity for unprofessional behaviour.

“The only sanction really that can be applied is the MSF logo and name can be withheld which is held by MSF International. What other sanctions are going to be imposed for bad faith actors? I think the governance is extremely weak at international level on accountability and there are not enough sticks - there is only one, the logo. There is nothing to encourage a higher level of accountability.”

- MSF staff member from an OD headquarters

EFFICIENCY

The examination of efficiency focused on a high-level value-add and duplication intersectionally in Nigeria. The evaluation has therefore made findings in three areas identified most consistently during the evaluation, which are:

1. the intersectional components;
2. structural efficiency in Nigeria; and
3. the number of ODs in Nigeria.

EFFICIENCY OF CR & CRO

The CR position on its own and with the Country Adviser is efficient. The roles bring a level of value to MSF that more than justifies their cost, including the accommodation and driver costs.

The physical CRO is less justified. Although the cost of the rent is low, the associated costs add up. In the absence of a consolidated office footprint of MSF in Nigeria, and where the scope of the CR role is focused on strategic external representation, these additional office costs are no longer justified.

The value of the CR to MSF would be increased if refocused on and making progress towards high level intersectional objectives at the federal level, such as securing further visa exemptions that directly reduce flight and travel costs for IMS.

EFFICIENCY OF IATU

The initial justification for the IATU was:

- To improve efficiency through the specialization of tasks, improving quality and consistency of output- (improve transparency) and reducing negative intersectional competition.
- Management gain through the reduction of time-consuming tasks for OD HR teams.
- Financial gain through de-duplication, single negotiation and cost sharing.
- Higher value for MSF through more cohesive representation and leverage externally.
- To fulfill an ethical obligation to the correct utilization of MSF financial resources.¹⁶

These justifications remain accurate and provide real cost savings in the form that the IATU was originally envisioned. Almost every respondent discussed the inefficiency of admin transit vehicles. As an indication of this inefficiency 80% of respondents in Nigeria and some in HQ made the same point about airport transit.

¹⁶ Ibid

“It is ridiculous that you arrive at the airport and there are six MSF cars waiting to take six people. Surely this can be organised? But the nature of cooperation in Nigeria means no one ever works on things like this.”

- MSF coordination staff in Nigeria

In addition, visa issues can and do have a direct cost and effectiveness impact on MSF. At the moment many IMS staff are in Nigeria on short term visas and need to regularly leave the country for their visa to be renewed. This is costly and disruptive. Increased coordination of visas would likely enable a more strategic and/or tactical approach to managing visa issues across ODs.

EFFICIENCY OF INTERSECTIONAL ADVISERS

The Intersectional Legal Adviser and Intersectional Pharma Adviser provide value for money for MSF already. The Intersectional Legal Adviser is helping ODs to reduce contingent liabilities that most ODs did not realize they had. The Intersectional Pharma Adviser is coordinating pharma imports in order to reduce delays and restrictions in imports imposed by NAFDAC and Customs.

The justification for the Intersectional Procurement Adviser is less convincing due to the complexity of OD needs, interoperability challenges and the difficulty in intersectional communication that causes delays.

The Intersectional Customs and Transport Adviser position is relatively new and the perceived value of this role by ODs is limited. The service this role offers likely requires further refinement in order to maximize its value for MSF.

STRUCTURAL INEFFICIENCY

MSF has six ODs in Nigeria. All six ODs have their coordinations based in Abuja and each maintains their own separate offices, accommodation, transport, supply, logistics and warehousing. The CRO also now has a physical office with guards, cleaners, utilities, rent and maintenance.

Two ODs recently agreed to share a transport maintenance garage.

This level of duplication in Abuja (and Lagos for Customs warehousing) is inefficient and not serving MSF. Respondents across ODs and technical areas provided different opinions on what areas could and should be mutualized.

“We are one MSF but we don't want to be one MSF.”

- MSF staff member from an OD headquarters

“We need to be more accountable on the use of our resources and if we are not, then our donors are going to say to MSF, ‘what are you doing!’”.

- MSF staff member from an OD headquarters

The office and accommodation segregation also does little to address the entrenched lack of intersectional cooperation. The Afghanistan model of a shared office complex, shared transport and

shared accommodation at the coordination level is a model that can be adopted in Nigeria. Doing so would almost certainly reduce costs in areas such as security, cleaning, transport and rent. It would also open the opportunity for easier intersectional collaboration formally and informally.

LOW RISK OF EXPULSION REDUCES JUSTIFICATION FOR SIX ODS

Many respondents raised the issue of the number of ODS present in Nigeria, as one of the only countries in which all six ODS are present. While Nigeria is a big country with diverse needs, it cannot be justified from a value for money perspective because of duplication of coordination resources this creates.

MSF is not at risk of any ODS being asked to leave Nigeria any time soon, so operational redundancy is not a justifying argument that outweighs this.

Instead, many respondents reported that the presence of so many ODS is counter-productive and makes it much more difficult to secure agreement on any particular issue.

“If there are six ODS in Nigeria now, in future there will be seven or nine. We can't keep putting sections like this, it will be unmanageable, and we will have resistance from governments.”

- MSF staff member from an OD headquarters

IMPACT OF MSF FUNDING IN DRIVING BEHAVIOURS

MSF now has a €2.36 billion annual budget. The distribution of these funds to ODS are agreed every five years. Unlike other humanitarian actors, MSF funding is not facing large reductions.

In most OD coordinations in Nigeria there appears to be a disconnect between staff understanding the value of the funds entrusted to them, and those that are involved in fundraising who see the difficulty of it. As one respondent remarked:

“Many people are so distant from fundraising, they just think the money keeps coming. There are a lot of sections that are not close to the fundraising process. So there is some education needed about the value of donor money and what being a good custodian of it means.”

- MSF staff member from an OD headquarters

This is not all bad, everyone has their roles and areas of focus. However one of the consequences is that the relative abundance of resources available means there is little pressure on coordinators to find ways to be more efficient through mutualization.

In fact, it was clear to the evaluator that many senior staff in coordination roles prefer to avoid meaningful mutualization, in case it restricts their control over processes. This is no secret and many respondents raised this issue with the evaluator.

“It is frustrating. People will make a big show of saying they support mutualization but will then take every opportunity to undermine it practically.”

- MSF coordination staff in Nigeria

SUPPORTERS OF MUTUALISATION ARE FRUSTRATED

The result is that MSF staff who do support mutualisation and are willing to do extra work and give up control of some processes, repeatedly find themselves burnt by those MSF staff and ODs pursuing their own interests.

“Why should I keep putting so much effort into mutualisation and collaborating when everything we do is let down by one or two people all the time? You just give up because there is nothing you can do about it, you have no power to compel people to do this part of their job.”

- MSF coordination staff in Nigeria

Despite these dynamics being widely known, there appears to be little if any consequences for those undermining mutualisation and cooperation. Likewise, there is no budgetary pressure or penalty for not pursuing this. Multiple respondents cited the recent MSF International General Assembly in Sri Lanka as setting a movement level precedent upon which value for money motivations are undermined:

“The actual amount that actually goes to operations is just over 67% and is probably going to reduce to 65% which is ridiculous. Spending more money at HQ and less in the field in the context of every other actor having their budgets cut. Everyone seems okay with this. At the last International General Assembly there was a motion for the minimum operational funds to be 70% and it was rejected. That's MSF today.”

- MSF staff member from an OD headquarters

POWER IMBALANCES

The evaluation uncovered the normalization of some practices that signal power imbalances, abuse of power or mismanagement. This issue is a cultural and organizational one for MSF.

The absence of functioning whistleblowing policies and processes intersectionally that cover unethical practices reduces the likelihood of staff reporting issues. At least one OD does not have a whistleblowing policy, however that OD stated that they were developing a whistleblowing policy that complies with legislation in its HQ country. There are multiple problems with this, not least the lack of harmonization across ODs, but more importantly national legislation is usually limited to the ‘basics’ and is not comprehensive for the types of activities and programs of MSF. A harmonized whistleblowing policy that protects those making disclosures and extends whistleblowing protections to a wide group of issue types would increase the visibility of unwanted practices.

CONCLUSION – TYING THE FINDINGS TOGETHER

What do these findings mean in the aggregate for MSF, the intersectional setup in Nigeria and the role of the CR and CRO?

Firstly, there is strong evidence that further mutualization in Nigeria is in the interests of MSF, and that there is a mandate for greater mutualization from the RIOD and the movement (although there are some dissenting voices). At the same time, there is inefficiency in MSF's current coordinations in Nigeria with six OD's, six separate coordinations and six different footprints in Abuja. In an environment of high needs and shrinking humanitarian presence and resources, the level of this inefficiency at coordination level is indefensible to MSF's donors and patients.

However, MSF as a movement is currently unable to overcome the differences between ODs and swat away the vested interests to overcome the absence of accountability that would enable greater mutualization to happen.

Intersectional governance in Nigeria is ineffective and not aligned with RIOD or movement mandates on mutualization. Systemic weaknesses in MSF governance enable this and there are insufficient tools to overcome country-level intersectional governance issues, whether in Nigeria or across MSF's country programs globally. The tools available to the RIOD are limited to personal interventions by Operational Directors. This is inadequate for a movement the size and complexity of MSF and this contributes to an absence of effective accountability – enabling key personalities to disrupt intersectional mutualization based on personal preferences. These issues are global MSF weaknesses that go beyond Nigeria but nevertheless drive all of the issues this report identifies in Nigeria.

The intersectional governance issues are not just questions of efficiency. The absence of effective intersectional governance in Nigeria resulted in months long delays in sharing location data with the US Military. When it was finally agreed how to share the data, it was after the long-anticipated US strikes had already occurred. This is a failure of intersectional cooperation that is endemic in Nigeria. It also demonstrates that even where the safety of MSF staff and patients are concerned, the intersectional governance model in Nigeria failed. The absence of appropriate accountability and consequences for this also demonstrates the inadequacy of global MSF governance.

MSF values a counter-balance between top-down decision making and autonomy in the field. However, at least in Nigeria these two forces are out of balance, and it appears that the desire for operational autonomy has outweighed the need for effective intersectional governance. These two principles (of effective governance and operational/field autonomy) need to be in balance in order to serve MSF – when and if one is weighted more highly, then MSF as a whole loses.

Mutualization of coordination resources should not and does not, equate to the roll-back of operational autonomy in operational strategies. It is appropriate for projects to be autonomously run by ODs (albeit with coordination on intersectional issues). This is therefore not an excuse or barrier to mutualization and should not be treated as such.

At the same time, MSF's progress on interoperability has not yet harmonized all the systems and processes to make mutualization smoother. However, there are few cases where this lack of harmonization are genuine obstacles to further mutualization in Nigeria. The arguments against mutualization in Nigeria are therefore weak and outweighed by the need to further mutualize.

MSF does not need six logistics cells, six offices, six guest houses, six supply cells and six admin transit units in Abuja. However, the MSF movement is incapable of making further mutualization happen in Nigeria. The attempt to mutualize admin transit demonstrates that personal views, vested interests and ineffective governance are capable of killing intersectional mutualization initiatives in Nigeria.

That means that further meaningful mutualization in Nigeria is currently futile. The key MSF governance bodies in Nigeria are not aligned on the need for mutualization and neither are coordinators across ODs. Those that have pursued mutualization initiatives (or even just greater coordination in Nigeria) in the past are burnt-out and disenchanted from trying – and no longer see the benefit of pursuing such policies when they are so easily killed. Workload is a big factor, but more importantly the will to mutualize is not present in enough key personalities – many of whom wish to retain control and administrative ease. Rarely was what is best for MSF as a movement mentioned as a driver of mutualization and most respondents acknowledged this is rarely a factor influencing decisions on mutualization in Nigeria.

Before MSF can achieve greater mutualization in Nigeria, the intersectional governance at the Nigeria and global level must first be strengthened to such an extent that what is best for MSF as a movement (and therefore MSF's patients), becomes a priority principle for decision-making on mutualization.

This brings us to the role of the CR. The case for mutualization is separate although linked to the role of the CR. The CR is unlikely to be the solution to intersectional governance issues in Nigeria as they stand now. The role was created to provide intersectional representation to a government that had demanded this – the need for this service remains. Taking on the responsibility of managing additional teams is likely to reduce the CR's ability to advance MSF's strategic engagement agenda with federal authorities in Nigeria. However there does remain a need for greater intersectional coordination of a number of interfaces with the Nigerian government, such as with immigration, NAFDAC, tax authorities and customs. Coordinating these does not require direct supervision by the CR of those intersectional roles, provided the governance arrangements for coordinating them are in place.

RECOMMENDATIONS

It is recommended that:

NIGERIA SPECIFIC RECOMMENDATIONS

Formalizing Intersectional Setup

The Interdesk should prioritize the formalization through an MoU of detailed roles and responsibilities for the Nigeria CR, Interdesk, HoM Platform and Host OD. This should include:

1. Roles and responsibilities on representation, mutualization, meeting frequency, participants, chairing, decision making delegations, issue tracking responsibilities and governance accountabilities.
2. The governance and accountability mechanisms for every intersectional service to ensure they work for all ODs.
3. The relationship between each role and forum.

Interdesk Chairing

Chairing of the Nigeria Interdesk should move from MSF International to the Head of Desk of the Host OD, this includes preparation of the agenda and tracking of actions. This is to drive an increase in ownership and accountability of intersectional issues and dossiers amongst the Nigeria Interdesk's OD members.

Intersectional Accountability in Nigeria

Accountability for effective intersectional collaboration in Nigeria must increase in order to see meaningful intersectional mutualisation gains in Nigeria. The deficit in intersectional collaboration justifies the following steps to achieve this:

1. The implementation of an **intersectional** 360 feedback process every six months for the next two years for the Interdesk, HoMs and all coordinators. For the Interdesk this should be focused on feedback from other Interdesk members (including the CR and MSF International representative). For HoMs this should be rated by counterpart HoMs, their cell/desk, their direct reports and all intersectional staff. Coordinators should be rated by their counterparts in each other OC and relevant intersectional staff. These 360s should be custom designed to assess intersectional cooperation levels, intersectional participation levels, orientation to collaboration and the extent that each person has engaged collaboratively intersectionally. A report summarising the 360 results for each OC should be reviewed by each OCs Operational Director who is responsible for ensuring appropriate coaching and feedback and/or overseeing performance improvement. Each six months a dashboard should be presented to the RIOD showing the summarised scores of all positions in scope along with a summary by OD and role type – as a demonstration of seriousness of the required cultural change.
2. The establishment of monthly intersectional coordination meetings for HRCOs, SupplyCOs, LogCOs and MedCOs. The primary purpose of these meetings is to agree and review progress on decisions made by the Interdesk for each service; share lessons; and serve as an oversight function of intersectional services such as visas, flights, procurement and imports.
3. The Interdesk should increase its meeting frequency until outstanding intersectional dossiers are resolved.

Role of CR

During revision of the CR role, the Interdesk should consider the following:

- Prioritising focus on strategic external representation, only supporting on day-to-day visa, import and pharma issues where absolutely needed. The inclusion or not of advocacy in this will depend on whether the strategic goals include intersectional goals on advocacy.
- Ensuring the CR is a standing attendee at both the Interdesk and HoM Platform to maximise the value of the role for all stakeholders.
- Reducing CR line management responsibilities that do not contribute directly to strategic external representation.
- Changing the CR's title to avoid future confusion with programs where the CR role has different responsibilities.

Intersectional Coordination at the HoM Platform

The HoM platform should continue meeting monthly and more frequently as required. The CR should be a standing participant at these meetings. A standing agenda item on intersectional coordination should be added and the CR should lead this agenda item, coordinating with intersectional advisers on issues of importance on behalf of the HoMs.

Abuja Footprint & CRO

MSF should develop a 3-year plan to reduce office and guest house duplication in Abuja by combining all ODs and the CRO into no more than two (or three at absolute most) office complexes in that time and no more than two or three guest houses.

IATU

Transit admin across ODs should be fully mutualized and resourced according to the previously agreed plan for the IATU including the combining of existing human resources to achieve this.

GLOBAL RECOMMENDATIONS

Global Governance

This report is shared with the International Board of MSF (IB). The IB should commission an examination of MSF's global governance structures at all levels from the general assembly down to intersectional cooperation. The purpose of this examination is to assess to what extent governance in MSF is fit to deliver SPARC objectives while maintaining MSF core values.

Mutualization

The RIOD needs to provide greater clarity of expectations of mutualization, including a set of models that intersectional missions must choose from, both with low levels of interoperability and a set of options for when greater interoperability is achieved. The RIOD and ExCom must set a global timetable for the interoperability of key systems to be achieved by.

Collaborative Leadership Training

The RIOD should commission the development of a full day leadership training course focused on increasing collaborative practices across ODs. This course should be piloted with the Nigeria

Interdesk, intersectional staff, HoMs and all coordinators. The completed course should be mandatory for all coordinators in intersectional missions globally. The course should help participants to:

- understand their own working styles and preferences and how these both help and hinder colleagues.
- become principled-based decision makers.
- understand MSF movement expectations of senior leaders in country programs.
- understand the strengths and weaknesses of MSF's operating model, how this can impact intersectional collaboration and ways to overcome these issues.
- identify participants that require follow-on coaching, along with the tools for supervisors to provide effective coaching.

RIOD Tools

The RIOD requires:

1. A clear mandate to ensure good governance of intersectional missions on behalf of MSF and to be the accountability mechanism for mutualization in intersectional missions.
2. Training and exposure to good governance tools and techniques of effective boards from organizations outside MSF, in order to better utilize governance tools and techniques that can help RIOD manage an ever-increasing pool of countries of concern.
3. A toolkit to enhance good governance of intersectional missions, including the development of KPIs for intersectional missions, dashboard visualization of KPIs, a program of deep dives/reviews/evaluations and training packages for intersectional leaders.

Professional Standards

An intersectional professional standards investigation should be appointed and resourced to conduct a detailed investigation into the *extent* of unwanted practices happening in MSF structure in Nigeria. The investigation should **focus on organizational culture, the organizational drivers and prevalence, using an amnesty process** in exchange for whistleblowers to report specific instances. This will assist MSF in understanding the scale of the problem and how best to address it. To be clear, an investigation focused on specific instances of mismanagement is inadequate (unless those cases meet a high threshold), this recommendation is about identifying and addressing the internal root causes including power dynamics, reporting, organizational culture, awareness, over-exposure and related enabling behaviours. This investigation should be combined with a similar investigation into power dynamics and verbal abuse. This joint investigation should focus on identifying real solutions to both reporting of safeguarding issues and cultural change in senior levels of the workforce in Nigeria and HQ.

Whistleblowing

All ODs require a whistleblowing policy. These should be **harmonized across MSF to maximise the issues under which someone can be classed as a whistleblower** as well as define and maximise the protections available to whistleblowers. This harmonized whistleblowing policy should then be resourced appropriately to ensure it is widely disseminated and that the procedures to identify wrongdoing and protect whistleblowers across MSF works.

ANNEX A – EVALUATION MATRIX

Evaluation Questions

The evaluation questions (EQs) have been designed to achieve the evaluation's objectives and were used as a loose guide for the investigatory approach adopted. The EQs were therefore not asked during interviews per se. Instead, each EQ had many sub themes and individual respondents had different levels and types of knowledge on each topic. As such, the EQs served as a guide for the evaluator of the answers needed and so were dynamically adjusted for each respondent and method to ensure full coverage of the EQs.

The evaluation matrix on the next page also explains how each EQ fits into the overall objectives of the evaluation, how they relate to each other and the analytical approach for answering each EQ.

EQ No.	Evaluation Question	Question Justification	Analytical Approach
1	What (and why) did the Nigerian government ask of MSF in terms of representation and what has MSF then established? What other (unique to Nigeria) factors drove the creation of a CR and mutualised setup in Nigeria? Are there new driving factors for mutualisation in Nigeria and if so, what are they?	The purpose of this question is to set the foundational expectations of the national authorities that have driven the mutualised setup in Nigeria. The purpose of this question is more about testing the underlying assumptions for mutualisation/CR etc in Nigeria. The evaluation makes no assumption that a mutualised/Interdesk setup should exist - instead underlying logic, assumptions and (given the lack of documentation) potential myths will be tested to understand what is driving mutualisation and representation in Nigeria and how solid those foundations are.	This EQ is a reconstruction of the drivers of the setup in Nigeria, triangulating data from KIIs and MSF documentation.
2	What is the MSF setup in Nigeria, including the structures, governance, reporting lines and mutualised functions? Do the actual operations match the drivers of the setup?	This sets the understanding of what the setup is and how it currently operates. It is envisaged the answer to this question will include an organigram that makes clear reporting lines and mutualised functions. This question should also make clear what MSF has since put in place (including defining the agreed roles and responsibilities across the intersection and CR Office) and compare that to the originally (and since) stipulated justifications - effectively setting a baseline of what was/is needed and what has happened.	This EQ will combine direct observation of how the setup is actually working (through Nigeria visit to each OC and CR Office and Interdesk meetings) with data from KIIs. Documentation will assist where available.
3	What are the risks facing MSF in Nigeria that require a more integrated and strategic approach and how likely are they to be realised?	The purpose of this question is to understand the 'stakes', in order to inform analysis on current setup and optimal setup. This is different to EQ 1, which looks at drivers but not the higher-level analysis of the stakes if MSF 'gets it wrong'.	This EQ will triangulate KII responses to catalogue these risks and then conduct follow-up interviews (where needed) to inform the assessment of each risk's likelihood.
4	Are MSF's current structural, representational, governance and intersectional processes in Nigeria	This is to understand overlaps, gaps and inefficiencies in the current setup in Nigeria and to examine mutualisation more closely.	Observations and KII responses will enable triangulation of gaps and overlaps. An assessment will then be made about the

	efficient? Are there gaps and/or overlaps?		efficiency of individual activities and overall.
5	What are the expectations of the CR and CR Office among OCs and stakeholders in Nigeria? Taking this and other important factors into account what are the realistic opportunities and unavoidable constraints for common representation and mutualisation in Nigeria?	The purpose of this question is to identify opportunities for deeper cooperation and be clear on what constraints are unavoidable, in order to answer the following evaluation questions.	The first part of this EQ requires a mapping to identify common and divergent expectations – achieved through KIIs. The second part of the EQ requires assessing these answers <i>and</i> taking account of the answers to EQs 1-4 to make an evaluative judgement.
6	Are there factors present in other setups in the South Sudan and Somalia setups that would be appropriate and beneficial for the Nigeria setup to adopt?	Comparisons have been made to these two setups in particular during scoping interviews. The purpose of including this question is therefore to objectively assess whether ways of working (in its widest possible sense) in those countries could and should be adopted in Nigeria. It also makes no assumption that those setups are appropriate models for Nigeria.	The analysis for this EQ will rely on an interpretation of KII data and documents, alongside data from EQs 1-5 in order to make a triangulated evaluative judgement of how appropriate (and implicitly effective) elements of those setups are for Nigeria.
7	Is the MSF setup in Nigeria effective and meeting the needs of MSF? Why/not?	The purpose of this question is to make an evaluative judgement on the effectiveness of the current setup in Nigeria and analyse the reasons for that judgement. As part of this, it will explicitly examine coherence across OCs and whether MSF is benefiting from the current setup.	KIIs and observation will be equally important for these two EQs. The analysis will set a nuanced common understanding upon which the remaining evaluation questions can be answered. The definition of ‘effective’ will be broad, comprehensive and not limited - but likely focused strategically. Observation and document review will be particularly important for understanding how MSF’s values and culture influence the setup’s effectiveness.
8	Which factors have contributed to success and are there any factors undermining success in the Nigeria setup? How does MSF’s culture and values exist across these factors?	The purpose of this question is to prioritise the factors resulting in the answer to the previous question. In addition, MSF’s values and culture are likely fundamental in the examination of this question so it is specifically listed to ensure MSF understands how they interact with the issues identified.	
9	What is an optimal setup for MSF in Nigeria and why and what objectives should be set for any mutualised functions and CR/Office roles?	This is the primary question of the evaluation. Its inclusion as a question does not assume the current setup is working, nor whether a different model should be adopted. It does however, set out to answer that question as well as examine common representation and mutualisation as part of this answer.	Making an evaluative judgement on this EQ requires examining all of the other EQ answers to triangulate what the setup needs to be while also taking into account unavoidable constraints. KII responses will provide guidance on stakeholder perspectives as well as what is and is not feasible. Observations of technical processes will also influence. The primary recommendations for this evaluation will be made based on this EQ’s and will consider objectives for common and/or mutualised roles and functions.

ANNEX B – NIGERIA CR JOB DESCRIPTION 2020

Profession category	Operations	Level	Heads of Mission (HoM)
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Family Name	Country Representative (CR)	Job location	Abuja, Nigeria
Start date	ASAP in 2020	Length	2 years minimum
Supervision	All intersection positions	Travel	<p>National: MSF coordination meetings, field visits, HoM meetings</p> <p>International: Desk meetings, special international events</p>
REFERENCE PERSONS		RELATIONS	
<u>Hierarchical</u>	The CR will have a functional relation with the HOMs and a hierarchal relation with the desk of the lead section (on a rotation system).	<u>Internal</u>	HoMs present in Nigeria InterDesk International Office (HRT) Intersectional Legal Department (ILD)
<u>Technical</u>	Intersectional Legal Department HRT Interdesk focal point	<u>External</u>	Nigeria Federal Government, National assembly, Senate, highest level contacts of MOFA, Ministry of Health, and any other ministry; civil and military authorities in capital; Humanitarian Country Team, Humanitarian Coordinator, SRSG; Other IOs, ICRC, NGOs, Institutional Donors, Private Foundations, Civil society, Diplomatic Missions; Lawyers, advisors.
<u>Functional and administrative</u>	Lead section		

Scope of responsibilities

General Framework

The Country Representative (CR) position is created to develop dedicated representation capacity with the objective of improving MSF's leverage towards the Federal government of Nigeria, the UN and diplomatic missions in order to improve MSF's operations space.

The CR position aims at developing and implementing, in relation with the HOM's platform and other relevant intersection positions, a solid engagement plan and a coherent MSF positioning towards external actors.

The CR represents MSF in the country where s/he is accredited. S/he will be authorized by all operational centres to

act on behalf of all MSF heads of mission in relation with the unity and coherence of MSF representation.

The Country Representative position will ensure the one single MSF voice

- The CR will be the primary MSF interlocutor for the Nigerian Federal government, the UN representatives and the diplomatic missions in Abuja.
- The CR oversees representation for bilateral advocacy. Representation regarding operations, security and funding remains the responsibility of the HoMs but the CR should be leading all senior Federal level meetings.
- At state level, each OC Field Coordinator / Head of Mission will be responsible for representing MSF with local authorities and other humanitarian actors within their area of activities. Relevant information will be regularly shared with the CR. The Intersectional Advocacy Representative in Borno will represent MSF in this state and report to the CR and HoM platform.
- The CR is a member of the HoM's platform. He/she will facilitate and chair the meetings and also report to it. When relevant for representation purposes, the CR can also attend meetings of the MEDCO platform.
- The CR is regular participant of the interdesk platform, thus ensuring connectedness and proper interaction between the 6 HQs and the 6 missions.
- The CR does not have operational responsibilities for any of the sections.

Specific responsibilities

The specific responsibilities are:

1. Lead the Host Country Agreement (HCA) negotiation process on behalf of MSF, and its implementation once signed.
2. Ensure coherent and stable representation of all OCs interests towards the external high level actors including Federal government authorities, the diplomatic missions, the UN and other key stakeholders
3. Spokesperson for MSF in collaboration with the OCs spokespersons. Also, assures coherence on public representation by searching common positions or by limiting conflicting ones through the decision making by consensus amongst the HOMs.

Key skills

Experience:	Minimum 5 years of successful experience as MSF HoM, or senior leadership positions in the movement, or senior advocacy managers. Essential requirements are expertise in the analysis, advocacy, negotiation, networking, humanitarian diplomacy with high level actors in highly politicized environments. Experience and interest in medical, social, economic, administrative, legal, political (particularly counter-terrorism measures and violent extremism) issues in countries/contexts undergoing humanitarian crises or in the process of development are a plus.
Languages	English.
Professional competences	An aptitude for analyzing political and humanitarian contexts; familiar with medical issues and MSF's intervention strategies; a capacity for setting up a network, negotiating; consensus building, aptitude for coherence and trust building, good document drafting skills.
Personal qualities	Highly autonomous, diplomatic and a strong aptitude for negotiation; dynamic and flexible; a capacity for analysis and summarizing; a sense of priorities; ease of communication and public speaking.
Training:	University-level degree in international relations, political science, business and administration or relevant experience.

Responsibilities of the role:

1. Drives the Host Country Agreement (HCA) process – the negotiation, signature and implementation. The CR will lead the negotiation talks, liaising with the HOM platform and the Legal department to ensure the final agreement respects MSF's charter and principles and improves MSF's operational space.

Specific roles:

- Delegated power of attorney for HCA (e.g. registration process)
- Once the agreement is signed, supports effective application of HCA privileges and exemptions.
- Assists the OCs to ensure compliance (mandatory) with regulations legal, administrative, tax and financial reporting.
- Consolidates all OCs reporting to authorities and provide support to auditors.
- Coordinates the agreed intersectional support team ("IST") to ensure the correct negotiation and implementation of the HCA.
- On behalf of the HOM's platform, the CR coordinates the Intersectional Advocacy Representative and Field Communications Manager.
- Advises the HOM platform on the mutualization requirements for visas, cargos, National Agency for Food and Drug Administration and Control (NAFDAC), Economic and Financial Crimes Commission (EFCC), administrative bottlenecks/constraints, etc.

2. Ensures coherent and stable advocacy and representation of all OCs interests towards the Federal government authorities, the diplomatic missions, the UN and other key stakeholders. This includes the following aspects.

Reinforcing networking

- Develops with the HOM platform, a representation/engagement strategy targeting key level contacts and a broader network in the civil society, academics, intellectuals, businesses in Nigeria.
- Develops and maintains a high-level network of contacts with the Nigerian government authorities in Abuja, UN, diplomatic community and any other relevant actor.
- Supports HOMs and OCs with high level Government contacts when necessary to respond to emergencies when access is difficult or denied, to solve common security issues, etc.

Reinforcing analysis

- In collaboration with the HOM platform and relevant units in the OCs, reinforces the analysis on national and regional politics and power dynamics which can impact our capacity to operate.
- Improves knowledge on Nigeria key stakeholders.
- Liaise with the Intersectional Advocacy Representative to refine analysis on key advocacy dossiers (humanitarian access and assistance, protection of civilians, and displacement) in the country and in connection with the wider MSF movement.
- Supports the HoMs and, if relevant, the medcos in anticipating new trends, dynamics and regions which might require a medical humanitarian response.

Reinforcing coherence

- Through the HOM platform, the CR will drive/coordinate with the desks and the IAR- the development of a positioning paper on Borno and will support the implementation of the intersectional advocacy strategy in NE Nigeria.
- Through the HOM platform, the CR will identify areas of work/priority topics to be supported at intersectional level and contribute to shape the advocacy targets and key common messages that could bear an influence on decision makers.
- Through the guidance of the HOM platform, and in collaboration with MEDCOs, the CR will support medical advocacy priorities, aiming at influencing the Ministry of Health on relevant medical priorities/medical protocol.

3. Spokesperson for MSF in collaboration with the OCs spokespersons.

- Through the HOM platform the CR will work with the field communications officers (potentially with the field communications manager) to develop and implement a communication strategy that will strengthen the positioning of MSF within Nigerian officials, society, media and the international actors.
- Launch mitigation measures initiatives, in cooperation with HoMs, in order to minimize potential negative consequences related to speaking out initiatives.

4. Reporting

- Provides timely updates to the HOM platform and to the Intersectional Advocacy Representative on engagement plans and opportunities.
- Writes quarterly reports regarding the perceived trends or focus in respect to the macro level context and the global humanitarian situation.
- Maintains records of all meetings, compiles a matrix of contacts (non-Inter Security Agreement contacts), detailing who/when meetings have been conducted, relevance of contacts for MSF, recommendations for follow up action/contact by MSF.
- Coordinates the elaboration of the intersectional annual report and communication tools, in collaboration with Comms Officers/team.
- Is empowered to request to the OCs relevant operational, security, medical, financial, logistical and human resources information required for its representation role and to ensure compliance with the HCA legal requirements.

ANNEX C – NIGERIA CR JOB DESCRIPTION 2025



Nigeria Country Representative W/M

28 mars 2025

Médecins Sans Frontières (MSF) is an international, independent, medical humanitarian organization created in 1971 that delivers emergency aid to people affected by armed conflict, epidemics, healthcare exclusion and natural disasters.

The Country Representative (CR) position is created to ensure dedicated representation capacity to improve MSF's leverage towards the Federal government of Nigeria, the UN, and diplomatic missions, in order to improve MSF's operational space.

The CR position aims to develop and implement a solid engagement plan and a coherent MSF positioning towards external actors, in discussion and agreement with the HoM's platform.

The CR represents MSF in the country where s/he is accredited. They will be authorized by all operational centres to act on behalf of all MSF heads of mission, aiding the unity and coherence of MSF representation.

The Country Representative position will ensure that MSF in Nigeria speaks with one voice.

- The CR will be the primary MSF interlocutor for the Nigerian Federal government, the UN representatives, and the diplomatic missions in Abuja.
- The CR oversees representation for bilateral advocacy. Representation regarding operations, security, and funding remain the purview of the HoMs, but the CR should be leading all senior Federal level meetings, where relevant joined by one or more of the HoMs.
- At the state level, each OC Field Coordinator / Head of Mission will represent MSF with local authorities and other humanitarian actors within their area of activities. Relevant information will be regularly shared with the CR.
- The CR is a member of the HoM's platform. He/she will facilitate and chair the meetings. The CR should also attend meetings of the MedCo platform regularly, in order to remain up to date on the medical side and to continue engaging MedCos in advocacy and representation.
- The CR is a regular participant of the interdesk platform, thus ensuring connectedness and proper interaction between the 6 HQs and the 6 missions. The CR commits to reporting back important action points and updates to the HoM platform .
- The CR is in charge of deploying the mutualization process that was agreed among intersection and will be accountable on the next steps to process
- The CR does not have operational responsibilities for any of the sections.

Specific responsibilities:

1. Ensure coherent and stable representation of all OCs interests towards the high-level external actors, including Federal government authorities, the diplomatic missions, the UN, and other key stakeholders
2. Spokesperson for MSF in collaboration with the OCs spokespersons. Also, assures coherence in public representation by searching for common positions or limiting conflicting ones through decision-making by consensus amongst the HoMs.

Responsibilities of the role:

1. Drives the mutualization dynamics

- Assists the OCs, in conjunction with the intersectional team (legal advisor, pharmacist, procurement manager, and others) to ensure compliance (mandatory) with regulations legal, administrative, tax and financial reporting.
- Consolidates all OCs reporting to authorities and provide support to auditors.
- On behalf of the HoM's platform, the CR coordinates the Intersectional Advocacy Representative and Field Communications Manager.
- Advises the HOM platform on the mutualization/optimization requirements for visas, cargo, National Agency for Food and Drug Administration and Control (NAFDAC), Economic and Financial Crimes Commission (EFCC), administrative bottlenecks/constraints, etc.
- Follow the deployment Of the admin transit team

2. Ensures coherent and stable advocacy and representation of all OCs interests towards the Federal government authorities, the diplomatic missions, the UN, and other key stakeholders. Establishing contacts with the newly elected Federal Government and providing clarity to HoMs where the strengths, weaknesses and negotiation opportunities will lay with the new government.

This includes the following aspects:

- Reinforcing networking
 - Develops, with the HoM platform, a representation/engagement strategy targeting key-level contacts and a broader network in Nigeria's civil society, academics, intellectuals, and businesses.
 - Develops and maintains a high-level network of contacts with the Nigerian government authorities in Abuja, the UN, the diplomatic community, and any other relevant actor.
 - Supports HOMs and OCs with high-level Government contacts when necessary to respond to emergencies when access is difficult or denied, to solve shared security issues, etc.
- Reinforcing analysis
 - Collaborating with the HoM platform and relevant units in the OCs reinforces the analysis of national and regional politics and power dynamics, which can impact our capacity to operate.
 - Improves knowledge of Nigeria's key stakeholders.
 - Liaise with the relevant advocacy persons, HoMs and MedCos to refine analysis on key advocacy dossiers in the country and in connection with the broader MSF movement.
 - Supports the HoMs and, if relevant, the MedCos in anticipating new trends, dynamics, and regions which might require a humanitarian medical response.

- Reinforcing coherence
 - Through the HoM platform, the CR will identify areas of work/priority topics to be supported at intersectional level and contribute to shaping the advocacy targets and key common messages that could influence decision-makers.
 - Through the guidance of the HoM platform and in collaboration with MedCos, the CR will support medical advocacy priorities, aiming at influencing the Ministry of Health on relevant medical priorities/medical protocol.

3. Spokesperson for MSF in collaboration with the OCs spokespersons.

- Through the HoM platform, the CR will work with the intersectional comms team to develop and implement a communication strategy that will strengthen the positioning of MSF within Nigerian officials, society, media and the international actors.
- Launch mitigation measures initiatives, in cooperation with HoMs, in order to minimize potential negative consequences related to speaking out initiatives.

4. Reporting and organizing

- Provide timely updates to the HoM platform and the Intersectional Advocacy Representative on engagement plans and opportunities.
- Together with the HoMs, develop a proper short- and longer-term intersectional set-up/structure in the country, based on the outcomes of the mutualization/optimization report currently being drafted.
- Writes quarterly reports regarding the perceived trends or focus in respect to the macro level context and the global humanitarian situation.
- Maintains records of all meetings, compiles a matrix of contacts (non-Inter Security Agreement contacts), detailing who/when meetings have been conducted, relevance of contacts for MSF, recommendations for follow up action/contact by MSF.
- Coordinates the elaboration of the intersectional annual report and communication tools, in collaboration with Comms team.
- Is empowered to request to the OCs relevant operational, security, medical, financial, logistical, and human resources information required for its representation role and to ensure compliance with the HCA legal requirements.

?Reference persons:

Hierarchical:

- The CR will have a functional relationship with the HoMs and a hierarchal relationship, with the desk of the lead section (on a rotation system – for the period to come it will be OCP).

Functional and Administrative:

- Intersectional Legal Department, HRT, Interdesk focal point from mission Lead section.

Supervision:

- intersectional positions (for now: Intersectional Legal Advisor and CR Advisor, transit coordinator and communication coordinator, other intersectional positions fall under different OCs)

Travel:

- National: MSF coordination meetings, field visits, HoM meetings
- International: Desk meetings, special international events
- External: mainly HCT (Humanitarian Country Team) meetings, but also travels for government engagement (e.g. NAFDAC)

Internal Relations:

- HoMs present in Nigeria, InterDesk, International Office (HRT), Intersectional Legal Department (ILD), Intersectional positions (Pharmacist, legal advisor, mutualization manager, and other intersectional positions, ref mutualization/optimization report)

External Relations:

- Nigeria Federal Government, National assembly, Senate, highest level contacts of MOFA, Ministry of Health, and any other ministry; civil and military authorities in the capital; Humanitarian Country Team, Humanitarian Coordinator, SRSG; Other IOs, ICRC, NGOs, Institutional Donors, Private Foundations, Civil society, Diplomatic Missions; Lawyers, advisors.

Profile required

Education: University-level degree in international relations, political science, business and administration or relevant experience.

Experience: Minimum 5 years of successful experience as MSF HoM, or senior leadership positions in the movement, or senior advocacy managers. Essential requirements are expertise in analysis, advocacy, negotiation, networking, and humanitarian diplomacy with high-level actors in highly politicized environments. Experience and interest in medical, social, economic, administrative, legal, and political issues in countries/contexts undergoing humanitarian crises or in the process of development are a plus.

Languages: English C1 minimum.

Professional competences: An aptitude for analyzing political and humanitarian contexts; familiar with medical issues and MSF's intervention strategies; a capacity for setting up a network, negotiating; consensus building, aptitude for coherence and trust building, good document drafting skills.

Personal qualities: Highly autonomous, diplomatic and a strong aptitude for negotiation; dynamic and flexible; a capacity for analysis and summarizing; a sense of priorities; ease of communication and public speaking; management skills.

Specificities of the position:

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