



To what extent is MSF-OCB reporting and monitoring contributing to the implementation of timely operations of high quality whatever the type of context? – Final Report *i.e. what is the right level of bureaucratisation?*

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This publication was produced at the request of MSF OCB. It was prepared independently by *Hélène Juillard, Evaluation Consultant, Marion Péchayre, anthropologist and Lauren Weiss, Junior Evaluation Consultant.*

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EXECUTIVE SUMMARY

MSF-OCB launched a review to assess the perception, by the field teams, of an increased organisational “bureaucratic” burden.

This evaluation consisted in three different phases. **Phase I**, encompassing visits to the Egypt mission and HQ in Brussels, served to identify the problem and break it down into questions that could be addressed through an evaluation process. The focus was placed on monitoring and reporting around the following evaluation questions:

1. Assess the relevance and the appropriate use of MSF-OCB reporting and monitoring at the mission and cell levels.
2. Evaluate if the mission and cell members are using monitoring and reporting in the most effective way to ensure quality and timely project implementation.
3. Identify the impact of the reporting requirements on other key responsibilities of the mission and cell members.
4. Determine if the decision making process is effective enough for a smooth use of the monitoring and reporting.

Phase II of this review built on Phase I preliminary findings and provided a more complete picture of the reporting and monitoring in OCB through two field missions (South Africa and Haiti) and two cells (Cell 1 and 5) assessment. Over the course of April 2015 to October 2016, the evaluators conducted a desk review and 91 semi-structured interviews.

Phase III took place between January and May 2017 and aimed at sharing the findings with all the field teams, cells and departments through a series of six webinars so as to ensure their relevance across contexts as well as create buy-in around the recommendations. This report provides the compilation of the five individual reviews and of the feedback received through the webinars. The findings include:

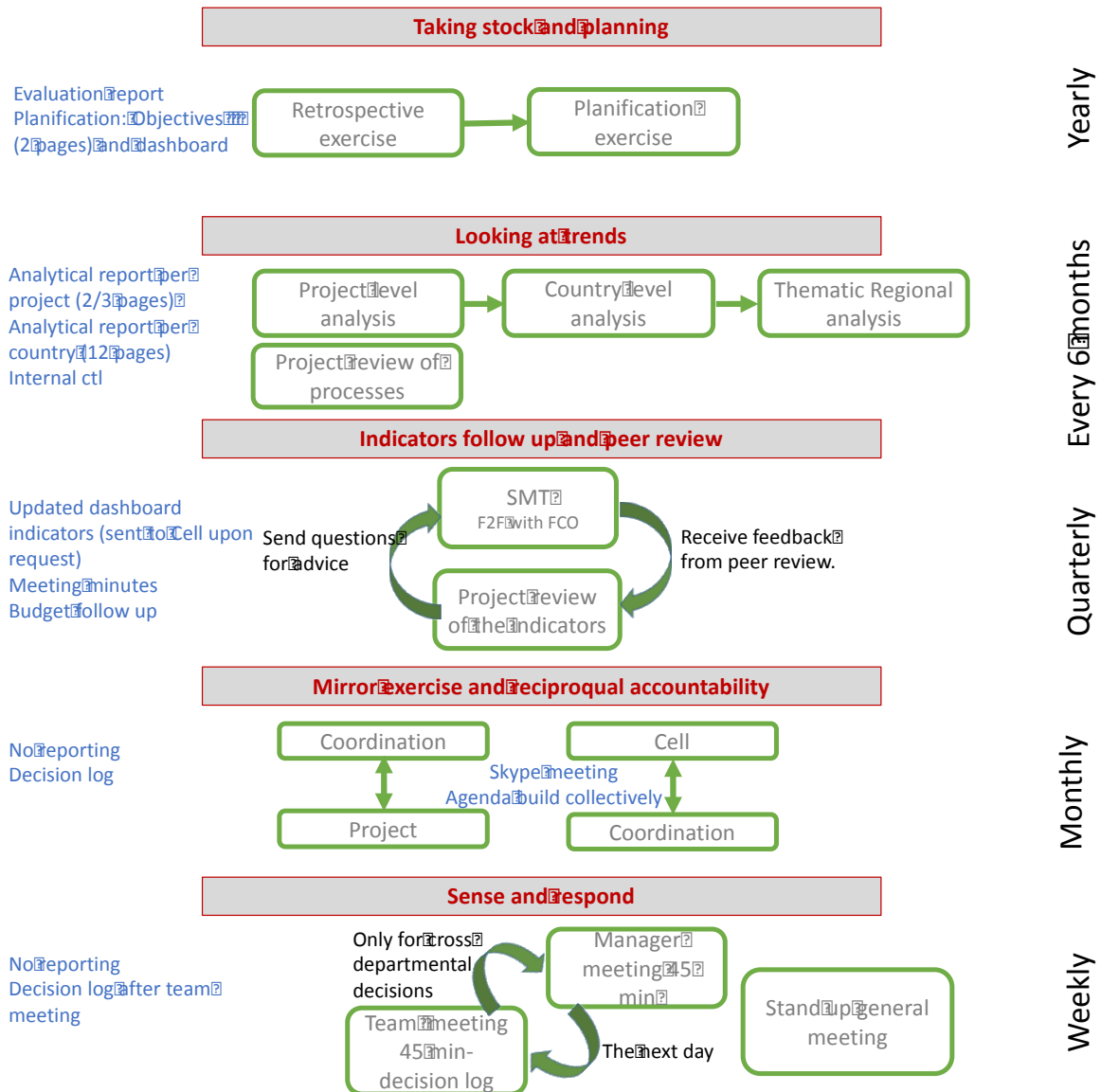
- In the field, the reporting *workload* does not seem to be problematic and could even be lightened as up to half the reporting done is self-imposed. At cell level however, the amount of reporting that arrives is unmanageable and cannot be processed.
- At all level there is a clear frustration revolving around *the way* reporting and monitoring is done and used.
- The coordination and cell’s role in terms of reporting and analysis is weak with only few examples of macro analysis (e.g. by SAMU or by Cell 4 on migration and torture). Instead they contribute to the project level reporting and analysis passing through multiple layers of validation, which may be perceived as being bureaucratic.
- Most of the data is produced at the project level, but the majority of decisions are taken at the coordination and the cell levels, i.e. by those who are further away from where these decisions have an impact. This overall finding is in contradiction with MSF overall subsidiarity principle.
- Most of the decisions are not made based on monitoring and reporting, and are taken vertically in a pyramidal system.
- MSF-OCB operates with in a fragmented way, in a “silo pyramid”. Management style is mostly top-down which encourages the tendency of micro-managing and create a pyramidal structure. Then, the functional silos further fragment decision-making.
- There is a lack of downward accountability, as evidenced by the scarcity of retrospective exercises (e.g. evaluations), the lack of discussion and feedback on the reporting produced at field level or even by the lack of complaint mechanisms accessible by patients.

Based on these findings, the evaluators propose general recommendations, as well as changes to the cycles of meetings and reporting, and to certain tools and documents.

- ⇒ **Recommendation 1:** MSF-OCB reporting and monitoring should support subsidiarity, i.e. a type of decision-making that is devolved to those closer to the impacts of the decision and to those with skills related to that decision.
- ⇒ **Recommendation 2:** Encourage outcomes reporting on specific key performance indicators and discussion on challenges faced as opposed to input reporting that brings little added value or output reporting that does not focus on quality.
- ⇒ **Recommendation 3:** Take advantages of the different management levels: have different levels receiving different information and producing different level analysis for a different but convergent objective.
- ⇒ **Recommendation 4:** Promote retrospective exercises (e.g. evaluations) to build strong institutional memory and reinforce the response analysis process.
- ⇒ **Recommendation 5:** Encourage downward accountability throughout the red line: people are entitled to a certain level of information and feedback. This could however only be actioned if a manageable volume of reporting arrives at each level.

Those recommendations have been endorsed by the missions and cells attending the webinar, yet the key issue is not only to endorse them, but to use them to reach concrete and tangible improvement.

The proposed cycle of reporting monitoring can be presented as below



1 INTRODUCTION

1.1 BACKGROUND

Over the past ten years, the constant growth of the MSF-OCB operational volume has been associated with a willingness to structure and institutionalize its medical and non-medical practices. There is hence a perception that an exponential number of procedures, tools and reporting have been set up by the different Cells and HQ departments. This overall “bureaucratic” burden, or perception of it, in the field, has created frustration among the teams at different levels but also a feeling that it hampered the capacity of MSF-OCB to deliver quality programmes in a timely manner.

To better understand this phenomenon and offer solutions, MSF-OCB launched a review whose objective is to determine whether MSF-OCB tools, processes and practices related to reporting and monitoring are contributing to the implementation of timely operations of a high quality in various types of context.

It is important to note that there are several other on-going initiatives, such as the Field Co handbook, the roles and responsibilities project, the participative leadership project, the knowledge management project and the streamlining the management chain projects (see Annex A for a mapping of all initiatives). The monitoring and reporting review stands as an autonomous exercise under the hospice of the operations directors. Phase II of the review relies on the study of reporting and monitoring of two of the Brussels Cells and on two country case studies.

This review follows on from other MSF initiatives aiming at better organize work and improve efficiency by removing bottlenecks and encouraging a more horizontal approach. These include the Yalta process implemented in 2000 to promote delegating more responsibility to the field, and the 1997-1998 McKinsey Study that advised creating “multi-functional cells” that include all the functions of the other departments with people offering direct technical services from within a given cell.

This report presents the summary of the outcomes of the five evaluations undertaken under this initiative (Egypt, South Africa, Haiti, Cell 1 and Cell 5) as well as the subsequent six webinars.

1.2 GOALS AND OBJECTIVES

The overall objective of the evaluation is to determine whether MSF-OCB reporting and monitoring are contributing to the implementation of timely operations of high quality across contexts.

The evaluation is done for both learning and accountability (from HQ towards the field teams) purposes, with learning being the preeminent purpose. The conception and methodology have been designed accordingly.

More specifically, the objectives of the review are to:

1. Assess the relevance and the appropriate use of MSF-OCB reporting and monitoring at the mission and cell levels.
2. Evaluate if the mission and cell members are using monitoring and reporting in the most effective way to ensure quality and timely project implementation.
3. Identify the impact of the reporting requirements on other key responsibilities of the mission and cell members.
4. Determine if the decision making process is effective enough for a smooth use of the monitoring and reporting.

This report presents the final results of the evaluation processes. It focuses on the monitoring and reporting practices of three country missions and two cells as well as findings and recommendations

captured during the six webinars that were organised across all the cells and missions of MSF-OCB. It highlights common themes and draws comparisons when appropriate, before providing recommendations.

The evaluation matrix is available in Annex B of the present report.

1.3 EVALUATORS AND SCHEDULE

This work has been undertaken by H  l  ne Juillard, Lauren Weiss and Marion P  chayre, respectively independent consultants and anthropologist, under the management of Tim McCann, Evaluation Referent at Stockholm Evaluation Unit, and of Brice De Le Vingne and Bart Janssens, Operational Directors. The work was conducted between April 2015-June 2017, over a total of 96 days.

2 METHODOLOGY

2.1 APPROACHES AND TOOLS USED

This evaluation consisted in three different phases. The first phase of the review happened in April/May 2015 with a field visit to Egypt ([see report](#), Helene Juillard) and focus group discussions happening during the coordination week 2015 in Brussels. Phase I of the review served to identify the problem and break it down into questions that could be addressed through an evaluation process. A framework for the further review process was proposed in the aftermath (see [Inception report](#), Helene Juillard).

Based on the outcomes of this first phase a decision has been made in a meeting with the Operations Directors, the Deputy General Director and the Change and Knowledge Manager to continue the process and deepen the understanding of the reporting and monitoring done in OCB.

Phase II of this review built on Phase I preliminary findings and provided a more complete picture of the reporting and monitoring in OCB through two field missions: South Africa ([see report](#)) and Haiti ([see report](#)) and two cells (Cell 1 and 5) assessment. The sample of missions and cells included in this study was based on their willingness to participate, and variations in size and context (urban, rural, middle income/low income countries) to be representative of MSF-OCB.

Phase III took place between January and May 2017 and aimed at sharing the findings with all the field teams, cells and departments through a series of six webinars so as to ensure their relevance across contexts as well as create buy-in around the recommendations ([see webinars recording](#)). This report provides the compilation of the five individual reviews and of the feedback received through the webinars.

The review relied upon:

- a desk review of all reporting documents that the mission and cell members saw fit to share with the evaluators after they received the Terms of Reference and a list of reporting documents that would need to be included in the review. Annex C lists the type of documents used for this review.
- semi-structured open-ended interviews with mission and cell members in person (field visits to the missions or the HQ in Brussels for the Cells) and remotely between April 2015-October 2016. 91 interviews were conducted (18 for Egypt, 26 for South Africa, 34 for Haiti, 7 for Cell 1, and 6 for Cell 5). The topical outline used for the interviews is attached in Annex D.
- webinars and workshops with the Stockholm Evaluation Unit and the South Africa mission, Haiti mission Cell 1, and Cell 5 members to review the preliminary findings and get inputs on the recommendations.
- a series of six webinars implemented between January and May 2017 and aimed at sharing the findings with all the field teams, cells and departments so as to ensure their relevance across contexts as well as create buy-in around the recommendations.
- a final workshop during the Head of Mission/Medical Coordinator week in Brussels in May 2017 where the cycle of monitoring and reporting got presented. Over the course of the second half of 2017, it will be piloted in Zimbabwe and Egypt.

2.2 EVALUATION CONSTRAINTS

This review focused on a limited number of cells and missions. Considering the variety of contexts and set ups of MSF missions, it is difficult to ensure that these findings are truly representative of the entire organisation.

No emergency mission was included as part of the sample review. Afghanistan was originally included but it was later replaced by South Africa. However, several emergency missions were part of the webinars and could confirm the relevance of the findings and recommendations within their missions.

3 FINDINGS

As identified in Egypt, the data collected from Haiti, South Africa, and the Cells confirmed that three pillars are constituent of bureaucratisation: downward accountability, roles and responsibilities, and monitoring and reporting tools and processes. This study points at significant weaknesses in downward accountability including a lack of evaluation, the fragmentation of work, missed opportunities for added value from some senior positions, and confusion over certain reporting tools and processes.

3.1 RELEVANCE OF REPORTING AND MONITORING TOOLS

3.1.1 GENERAL FINDINGS

Monitoring and reporting practices present a fascinating entry point into the overall structural work dynamics of MSF-OCB, as in general reporting and monitoring promote and perpetuate a **silos and pyramidal way of working**. This encourages the tendency of **micro-managing and fragments decision-making**. In addition, imposing too much control creates the feeling that people lower down in the chain of command are less responsible for the outcomes of their work, and thus, in turn, feel less accountable. Unlike in many other organisations, the reporting workload does not seem to be problematic and could even be lightened as up to half the reporting done is self-imposed. At all level though, there is a clear frustration revolving around the way reporting and monitoring is done and used.

The **reporting content** is mainly **activities related information** as opposed to information related to outcomes or challenges. Furthermore, there is **no stock-taking exercise**: quarterly reporting is not translated into a yearly analysis, and there are almost no evaluations conducted. As a result MSF-OCB institutional memory is mostly based on prospective exercises (i.e. on intentions but not facts) or spread thin across SITREPs. This is one of the main missed opportunity identified: to include external analysis on the relevance, effectiveness and efficiency of operations.

Some of the **reporting requirements** are illustrative of micro-management or **over-controlling tendency** that occurs between different levels. Most of the Cells receive project-level SITREPs, meaning that they receive the same level of information on the project as the coordination level. This volume of information is impossible to manage but Cell members still wanted to keep this system for “transparency” purposes and to ensure the coordination team is adequately supporting the field team. The cell and the coordination levels miss the opportunity to add further value to the information produced in the field: most of the analysis is done at project level, per project.

Certain positions, and specifically medical ones (such as PMR) can spend an hour a day just on signing documents¹ (i.e. the time to read the documents is not included in this hour). Sometimes the PMR has assistants to sign on his or her behalf, but in both cases this defeats the purpose of having a signature.

In addition, **none of the missions or cells surveyed had framing documents that capture the different requirements** in terms of reporting and monitoring. This allows each new person who arrives in the team to “reinvent the wheel.” The existing overall procurement or finance policies are not systematically known and used at country level.

When staff members do not understand the purpose of the reporting they are required to do, **they tend to misuse the tool and hence waste their time**, become frustrated and potentially create other (more useful) tools. A contributing factor to this issue is that most of the financial and medical tools being used

¹ PMR at project level are supposedly in charge of signing: medical certificates, requests for external consultation, death certificates, consent certificates, pharmacy orders and logistic orders for all their teams (this can be up to 50 people, such as in Haiti, who all need medicines and medical material, but also pens, etc.), internal requests and purchase orders if the item is not in stock, requests for biomed interventions and request for logistics interventions on medical materials, and HR documents: leave requests (that are previously signed by the supervisor and the head of department), replacement requests, payment requests, and advance requests.

are developed by the different HQ departments without the participation of the mission. This has improved recently, but some tools that are still used are not field oriented (e.g. the budget follow-up).

3.1.2 THE ARO

The ARO process lacks a response analysis, and does not completely fit any of its potential uses. The documents are too long and heavy for field planning purposes, but they are also too incomplete to be briefing documents and irrelevant as a tool for creating institutional memory.

Across all the missions and cells studied, there is a lack of evaluation, or internal review of operations on an annual basis. That is what the ARO claims to do, but in fact the process does not capture this crucial step. For instance, the CPPs **do not provide clear linkages between the analysis of the situation, the scenario for the new year and the proposed activities**, and instead largely contains generic information. Thus, the title “Annual Review of Operations” (or Annual Review of Objectives, as it seems the meaning of the acronym is not consistently agreed upon) does not in fact match what the documents of the ARO cover.

The Country Policy Paper is the only document that demonstrates country level analysis in the ARO process or in the reporting in general, as the others focus on the project level. For those documents the coordination comments and provides inputs on the work done at project level. Similarly, **the cell does not produce a regional or country-level analysis during the ARO process and instead also comments and provides input on the same work done at the project level. This is what may be perceived as being bureaucratic by the project level team**: requiring multiple layers of validation on each document produced whereas those other layers do not produce analysis themselves. The lack of further analysis at higher levels also questions the added value of monitoring and reporting at the various steps along the red line.

3.1.3 REPORTING ON ACTIVITIES AS OPPOSED TO OUTCOMES

The project follow-up tool, which is the logical framework in most cases, is not well understood. It can have over 70 indicators. Even missions such as South Africa that have started to use dashboards contain a high number of indicators. Those are not time bound and focus on activities rather than outcomes.

Even beyond the logical framework, most of the reporting content is activity oriented, as individuals report on the achievement of their regular tasks as opposed to the achievement of intended outcomes or potential difficulty they face. For example, the indicators used in Homère (the HR database) are almost entirely quantitative (i.e. there are no qualitative indicators): the quality of the staff evaluations uploaded are not assessed, just their numbers. As a result, even when staff members upload empty evaluations, the indicator is considered as completed.

Collecting data on a smaller number of time bound outcome indicators would be more effective for informing decision-making and promoting quality work.

3.1.4 SITREP

SITREPs have the potential added value of being a reflective exercise where the project team comes together to write up a narrative of the project activities and follow-up. However, this is not being exploited, as SITREPs are mainly filled in separately by each department reporting on their own activities. There is a missed opportunity here to fill the report as a group from time to time and to discuss in the SITREP cross department issues. Furthermore, coordination does not provide any added value in terms of analysis on the project SITREPs before they are sent on to the Cell .

Some participant interviews highlighted a contradiction among Cell members' perspective of the SITREP: while most of them stated they would not miss the SITREP if it disappeared, they also claimed to want to keep it. They feel that it serves important non-management functions, including building institutional memory, communication, and providing the field team with a reflective exercise. However, Cell members do not often use the SITREP, so they are receiving information that they may occasionally refer to at a later date. Each different level receiving more or less the same level of information seems more like a way for the upper levels to **retain control**.

On the other hand, both Cell 5 and South Africa have gotten rid of the SITREP, as the monthly report is not the correct frequency for analysing trends, and many people were not reading them anyway.

3.1.5 SECTORAL REPORTING

One obstacle to sectoral reporting is the lack of alignment between the reporting frequencies, since medical is quarterly while support [logistics, admin and supply] occurs on a monthly basis. This makes it difficult to align and compare the data. In addition, the information presented in the new monthly logistics report overlaps with the one presented in the quarterly Internal control and there has been little coordination at department level to avoid that.

While there is a recognized need to share functional information on a monthly basis, the relevance of having it formalised is questionable because by the time the information is written in a formal report it has become old and outdated.

Country Management Team and Cell meetings generally work well, although some interviewees noted that inter-departmental decisions actually occur outside of the cell meetings, thus **reducing the effectiveness of these meetings**. Furthermore, while the quarterly monitoring meeting with DO presents an opportunity for cross-functional discussion, it is not currently reaching its potential because it is mostly descriptive.

3.1.6 UNDERRATED INTERNAL CONTROL

Most of the interviewees at field level found this tool useful, and it is one of the sole self-assessment tools that exists within MSF. It allows the field to be more autonomous in improving its practices, it can serve as a basis to define an action plan across departments and it can help highlight where the rules are not adequate for the local context. The name and finance ownership of it should however be questioned, since it creates the perception that the tool aims to "control" and ensure that people are respecting internal processes. The operation department need to make a clearer stand on this, as having the Internal control under the finance department masks the fact that it is meant to be a cross-department tool.

3.1.7 FINANCIAL PILOTING TOOL

The budget forecast is supposed to be the budget follow-up of the mission. It could be a critical piloting tool to serve making operational decisions, however many interviewees at mission level felt that **the template is still too complex and that the tool lacks relevance**. It does not offer the possibility to produce a simple analysis per budget line. In addition, the forecast is done in bulk for all the months to come, requiring the team to send a separate document to request funding for a single upcoming month.

The terminology is also very confusing, as the budget follow up is now called the budget forecast, and the forecast is now the checklist .

3.2 THE EFFECTIVE USE OF REPORTING AND MONITORING TO ENSURE QUALITY AND TIMELY PROJECT IMPLEMENTATION

3.2.1 MONITORING AND REPORTING MAPPING

The coordination and cell’s role in terms of reporting, and more importantly the analysis of the reporting, is weak. The SITREPs, particularly in Egypt, Haiti and Cell 1, lack a compilation or mission-level analysis. As the graphs below show (drawn from the evidence compiled in Annexes F and G), the majority of report production occurs at the Field level.

Chart 1: Monitoring and Reporting by Level

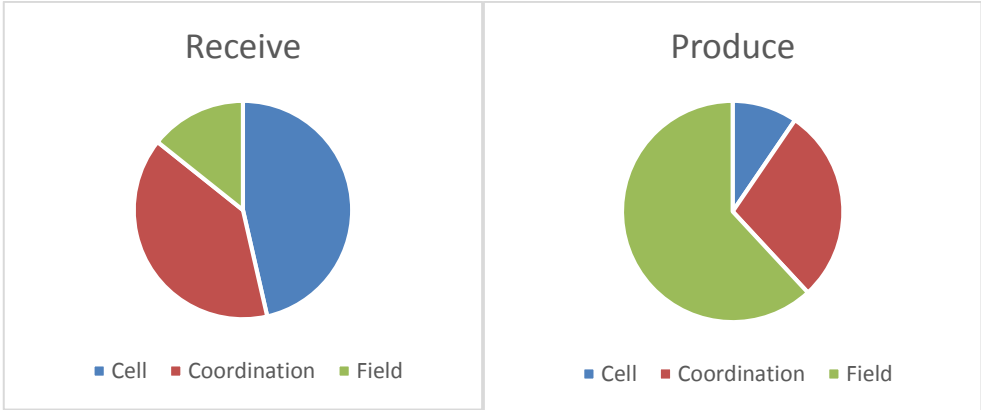


Chart 2: Receive and Produce Tools and Reports by Level

Cell	RRRRRRRPPRRRRR
Coordination	RRRRRRPPPPRRRRR
Field	RR PPPPPPPPPPP RR

*R = Receives, P = Produces

An exception is in South Africa, where the SAMU unit focuses on HIV and has the potential to produce regional and thematic analysis. On the other hand, since Cell 1 lacks regional coherence among its missions, it is unable to conduct such a regional analysis.

Another finding is that most of the data is produced at the project level, as they are responsible for the majority of the reports. However, **the majority of decisions are taken at the coordination and the cell levels, i.e. by those who are further away from where these decisions have an impact.**

Another issue is that **self-imposed reporting is high**. The evaluators found that across the three missions and two cells surveyed, there are over 20 monitoring and reporting tools and documents used that are not MSF requirements (see Annex E). Having the flexibility to use tools that one feel comfortable with could be seen as an asset but this self-imposed reporting was mostly push down by the coordination teams to the project teams or by the Field Coordinators to the project team members.

Lastly, there is the issue of reporting *mille feuille*, i.e. when a tool is not appropriate for the needs in the field, a new one is created. However, the old one is not necessarily removed, which therefore create a multi-layered system. Similarly, some tools such as the budget forecast have been constantly changing in an effort to improve it, but this appears to confuse the team in the field.

3.2.2 A PYRAMIDAL AND SILO DIVISION OF THE WORK

As previously discussed, MSF has a fragmented way of working, as illustrated by the way its tools are being filled in and used. At the field level each department individually fills in its relevant information for the SITREP. While documents such as the SITREPs, Internal control, EoM reports and others are shared within the cell across functions, each person reviews the information to see what is directly relevant to his/her work. There are on the other hand some examples of horizontal work, such as the fact that Cell 5's members on a biannual basis prepare the quarterly monitoring meetings together.

MSF's fragmented approach in decision making is also evident in how the Cells and missions operate. There are no meetings between different levels across functions: for example, Cell 1 does not have meetings with the coordination teams, and the same applies to the coordination team and the project team. While interviewees expressed an interest in delegating and encouraging the field to make decisions, they also wanted to **retain the vertical decision-making structure which is seen as being the most effective**. This top-down culture is well ingrained across the organisation. As it is seen as the most relevant and effective way of working, there is not a strong will to replace it with participatory and horizontal decision-making. However, the lack of flexibility means that necessary changes to adapt to conditions on the ground, such as altering a supply order, can become a lengthy and time consuming process for those involved, which is not an efficient nor effective use of Cell members' and field teams' efforts.

However, there are exceptions. South Africa for instance does have meetings between project and coordination teams. It has also adjusted the reporting requirements to fit its needs, encourage autonomy and joint decision-making. However, it seems to rely on certain people with significant (enough) MSF experience who dare to challenge the system and decide to do things differently. Flexibility should not require boldness; it should be promoted by the structure.

3.2.3 LACK OF ACCOUNTABILITY

Interviewees and evaluators noted that MSF does not possess a culture of accountability. This is evidenced by the fact that across all the missions and cells surveyed, the practice of evaluation is not common, be it internal (even though some Cell field visits could serve that purpose) or external. This could greatly benefit the quality of future operations, inform the ARO process and contribute to greater accountability towards the funding bodies of MSF.

The cells and missions surveyed (and MSF more generally) **lack downward accountability**, due to the vertical work structure. There is no formal and systemic feedback on most of the reports sent up the management line, most probably due to the volume of information which is channelled. This was noted at all levels: between Cell and country levels, between coordination and project level and between managers and supervisors' levels. For instance, there is no formal feedback from HQ on the quality of logical frameworks' indicators, as Cell members explained that they do not have time. When feedback does occur it is often provided through informal communication channels on an ad hoc basis. In addition, there are examples of instances (e.g. communication documents) when different departments demand data from the field but then do not share the final product for which the data was used.

The lack of feedback seems to suggest that the **reports only serve an informational purpose**, but even then it is surprising that it does not raise curiosity and initiate further discussion (oral or written) more frequently. Most of the time interviewees assumed, quite legitimately, that their reports were not being read. The impact is sometimes expressed as a loss of trust that this work is worth it, or that the higher levels have any interest in their work. It could eventually give them reasons not to meet their own deadlines or responsibilities.

The accountability seems to be unilateral from the bottom to the top: individuals feel that can be held accountable by their managers to a certain extent, but that does not necessarily encompass the fact that they should be accountable to their teams or the persons for whom they work. For example, there is no accountability mechanism put in place and accessible to the project's direct or indirect beneficiaries (i.e. a patient satisfaction survey). Only one example of this good practise has been encountered in Haiti.

3.3 THE IMPACT OF THE REPORTING AND MONITORING REQUIREMENTS ON OTHER KEY RESPONSIBILITIES OF MSF-OCB STAFF

Unlike in many other organisations, the reporting *workload* does not seem to be problematic for people in the field (as some positions such as the HoM and Field Co produce almost no reports). Most cited that reporting and monitoring accounts for 10-25% of their time on a weekly basis. Yet there is a clear frustration revolving around *the way* reporting and monitoring is done.

At the cell level, there is almost no reporting produced, but the volume of reporting that arrives is unmanageable. For example, Cell 1 receives about 300 pages per month to read in addition to about 70 end of mission reports. As a result, cell members either do not read the reports (SITREPs and quarterly reports), or they read the documents outside of office hours, so this time is not accounted for in the given percentage (10-25%). Cell interviewees requested that the reports be more concise, as many of them contain too much detail that is not necessary at the cell level.

The interviewees both in the field and in the cells did not mention that the reporting and monitoring requirements hampered their capacity to deliver on other tasks. However some did recognize that the quality of data collection impacted the quality of the reports. Indeed cell interviewees noted a variation in quality of monitoring and reporting products. Both field and cell interviewees mentioned that the monitoring and reporting requirements added to their levels of stress.

3.4 THE EFFECTIVENESS OF THE DECISION MAKING PROCESS

Most of the decisions are not made based on monitoring and reporting. Instead, the monitoring and reporting documents are used for other purposes. These include surveillance of the projects, creating institutional memory, and sharing information with other departments or externally.

The reporting and the decision-making process illustrate the functional silos and vertical decision-making, but also the capacity of MSF to make swift decisions. The monitoring and reporting should not be seen as slowing down the capacity to make decisions but rather to be at hand, available and trustworthy information to support effective decision-making.

Decisions are mostly made bilaterally or during meetings with the same level team (i.e. project team meeting or coordination team meetings). Thus, decisions are taken vertically, in a pyramidal system. The pyramidal system can work in non-complex situations and organisations, but reaches its limit in complex situations.²

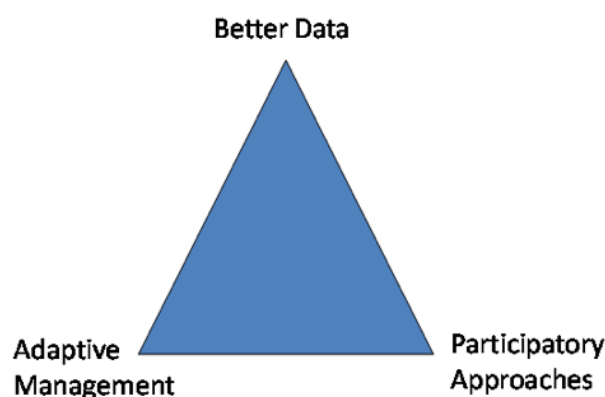
As the next section on recommendations will discuss, it is important for MSF to return the decision-making power to those closest to the impact the decision will have, as such aligning with the subsidiarity principle which is already endorsed by MSF-OCB. The pyramidal system can be turned into one of concentric circles where different hierarchical levels receive different information and where the different knowledge of each level is maximised.

² e.g. from Frederique Laloux's book "Reinventing Organizations – A Guide to Creating Organizations" (2014): see the examples of the market economy (auto managed) versus the old Soviet Union planification bureau (pyramidal).

4 RECOMMENDATIONS

Overall, the system in MSF-OCB should break out of the ‘traditional management’ style, starting by assuming that senior management does not have all the answers. Thus, it needs to create a system that will generate the answers as needed in any given context. In addition, it should be a mix of people who are closer to the issues that make decisions³ and people who have specific related expertise. Monitoring and reporting should mirror this organisational willingness.

Ultimately, the figure below demonstrates where MSF could go:



Source: From Poverty to Power Oxfam blog

Each of the three points of the triangle compensate for the weaknesses of the other – participatory approaches ensure data is bottom up and relevant to people on the ground, not an exercise in extraction; and that adaptive management approaches don’t revert to top down management. Strong and reliable data enhances both management and participation; adaptive approaches prevent rigidity creeping into data systems or participatory methods.⁴

Since MSF is a pyramidal organisation with vertical silos,⁵ meetings and reporting cannot just emerge spontaneously on a need-to-meet basis. In the current organisational framework, the consultants propose a few general recommendations and advise establishing a cycle of meetings/reporting practices to improve project monitoring.

4.1 GENERAL RECOMMENDATIONS

In line with the trend already adopted by the SA mission, reporting and monitoring should support a type of decision-making that is devolved to those closer to the impacts of this decision (subsidiarity principle) and to those with skills related to that decision.

³ Duncan Green, “Doing Development Differently: a great discussion on Adaptive Management (no, really).” From Poverty to Power Oxfam Blog, 4 November 2015, <http://oxfamblogs.org/fp2p/doing-development-differently-a-great-discussion-on-adaptive-management-no-really/>.

⁴ Ibid.

⁵ MSF could be classified as a mix of orange and green organisation according to Frédéric Laloux classification in his book “Reinventing Organizations – A Guide to Creating Organizations” (2014). Even though it is out of focus for this sub-study to make recommendations on the overall MSF organisational model, many elements gathered in Haiti (as well as South Africa) pointed at the necessity for MSF to transition towards becoming a “teal organisation” as illustrated by some [comments made on the Bureaucratisation Samepage](#).

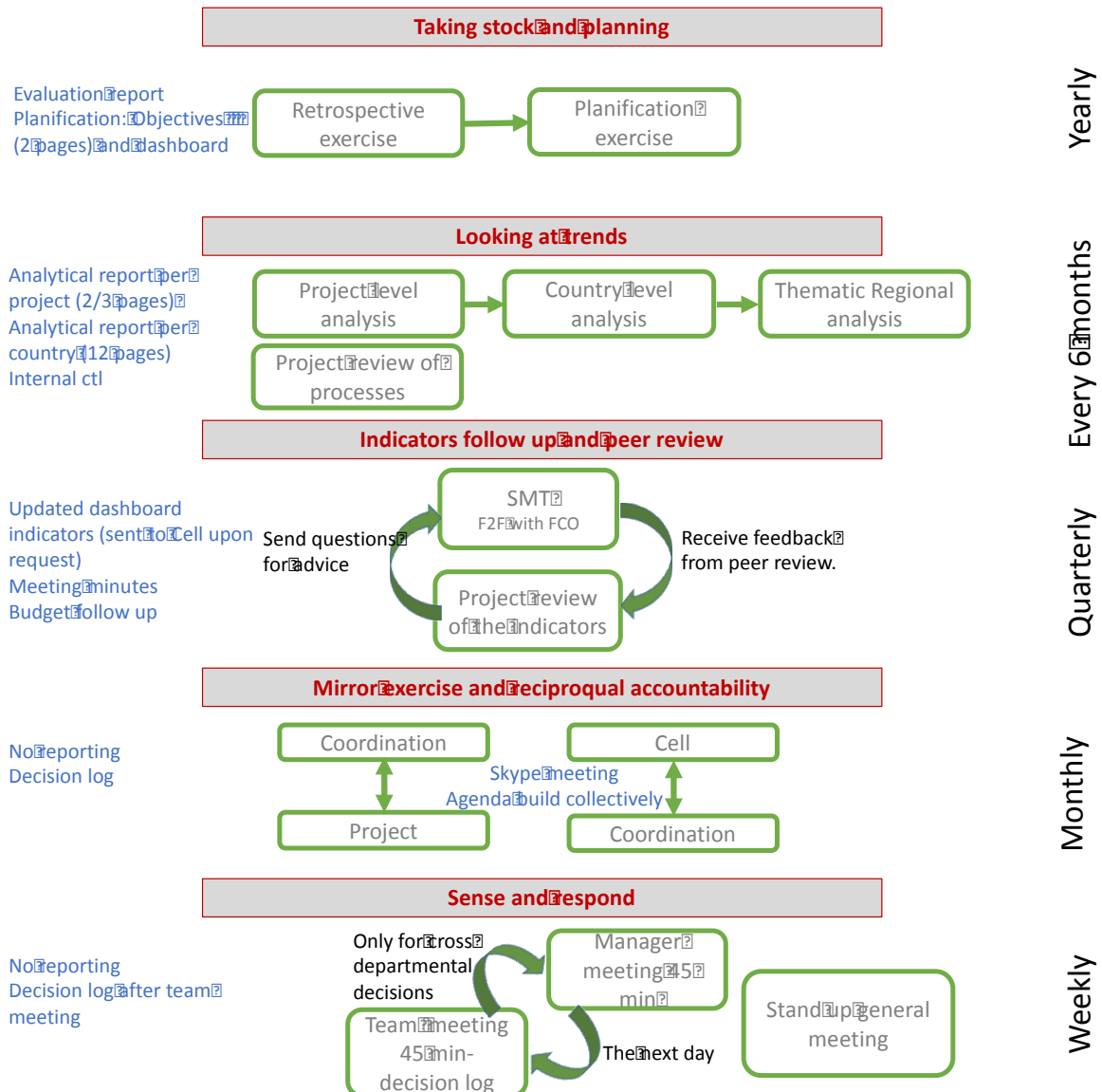
As much as possible, meetings or reporting should involve a team with various functions to prevent the silos' effects. Reporting tools have historically been created with the underlying assumption that the overall quality of the projects would be derived from the total of the quality of each department's work, which in practice is not confirmed as the various department's objectives may sometimes compete. Therefore, the overall quality of the projects should be sought collectively and involve negotiating operational compromises among the various departments on a case-by-case basis, rather than mechanically following organisational processes.

Peer review and discussions should be favoured as much as possible, as it multiplies the potential for ideas and decisions to be taken together.

4.2 CYCLE OF MEETINGS AND REPORTING PRACTICES FOR AN IMPROVED MONITORING OF PROJECTS

This cycle is inspired by some of the practices already initiated on the SA mission. It is general and may not cover all types of reporting needs in detail, but it can act as a starting point to be adapted on a case-by-case basis depending on the needs of each mission/project/team. In any case, the success of this proposition will not lay in the new proposed cycle itself, but in the way MSF-OCB create an environment that supports the subsidiarity principle and where the link between the reporting/monitoring tools and their use/objective is clear. It is critical that if a new cycle is adopted it replaces the old one, as opposed to being added to the original routine.

The overall cycle can be presented as below.



On a yearly basis

Project documents are replaced by an annual review of operations whose objective is mainly based on a retrospective exercise, i.e. a meeting and document that tells the story of the project over the past 12 months (July-July period for example). It explains what happened and why the projects were adjusted. This process should ideally be accompanied by a MSF peer, whether from another project or from another mission (or by an external consultant). Only when the annual review document (equivalent of the PD but retrospective instead of prospective) is produced can the team start to define its objectives for the following 12 months (the prospective exercise). Some objectives and an approximate plan and budget are formalised in a very short narrative: it is a 2-page document that has a dashboard of results indicators as an annex. This way the annual review document serves as institutional memory of what actually happened, while the 2-page document, dashboard and budget serve as the basis for project monitoring.

Every six months: looking at trends

Trends and results analysis can be better done on a six-monthly basis (except for emergency projects). For such a trends analysis report, each project produces an analytical report of the main trends of the

project with indicators updated in an annex (in Excel). The narrative analysis is no more than 2-3 pages per project and is only results oriented: there is no description of activities undertaken to reach these results. Such reports are then collated at the coordination level so that the six-monthly mission report sent to the Cell and back to all projects is no more than 12 pages + Excel annexes.

On a six-month basis, internal processes and activities are also monitored thanks to the Internal control tool update (renamed self-management tool). The field and coordination levels update the outcomes of the self-management tool, which all levels can access transparently, so that it does not act as a top-down control tool but rather it can serve as the basis of peer debates.

Quarterly – indicators follow-up and project peer review

At the project level, the dashboard indicators are informed and discussed/analysed in a project management meeting. The minutes of the meeting, together with the updated dashboard, are circulated to all managers and to the coordination team for information and comments. This replaces the current quarterly monitoring report. These minutes are sent to the Cell upon request only; the cells may not regularly need that level of information, as they will be kept in the loop on a monthly basis (see below).

At the coordination level, Country Management Team meetings (following the format of SA) include different field coordinators to provide a peer review. Every three months each the project teams submit certain decisions to peers working on other projects to get their opinion. As things have already been discussed at the project level and sought approval, the idea is to get challenges or additional ideas from other projects. The final decisions are left to the projects, ideally enriched by their peers' ideas. All managers are accountable to the peers at the next CMT meeting. The Decision Log Excel document is circulated to all participants and to the Cell members for information and comments.

Monthly: mirror exercise and reciprocal accountability

There is no written reporting on a monthly basis, there are just meetings with minutes.

Each team decides according to its own needs whether to meet on a monthly or weekly basis, and there should not be any request for documentation on a monthly basis. Similarly, on a monthly basis there is no formal, written request for support to coordination or the Cell, as this can be handled through informal channels.

At the **Coordination/Project interface** level there is a skype meeting (two hours max), serving mutual accountability. During the first 15 minutes each participant offers a list of the points he/she wants to discuss and the agenda is built collectively (instead of being centralised by the HoM in advance with a potential lack of transparency). All points are discussed, some decisions made and some minutes are taken (bullet points or excel table - maximum two pages) and circulated to all participants and the Cell members.

At the **Cell/Coordination interface** level, the same process is replicated one or several days later: i.e. a skype meeting with a collaborative agenda which can use the minutes of Project/Coordination minutes. The importance of doing it after but close to the date of the **Coordination/Project** meeting is that one feeds into the other, with the possibility to then feed into decision-making at the project level more quickly.

Weekly project level: “sense and respond” instead of “predict and control”⁶

⁶ Laloux 2014.

- Weekly (stand-up or seated) general meetings – no agenda, no minutes, stays informal.
- Weekly sub-team meetings cascading into a weekly managers meeting the following day.
 - o Sub-team meeting: no necessary agenda, but should not last more than 45 minutes. There should be minutes for what is relevant to the managers meeting only: the majority of the decision-making remains at this level except when it impacts another department.
 - o Managers meeting: mainly deals with sub-teams questions/requests, and in particular when there is the need to involve another department.
 - o Facilitators of each sub-team have to provide feedback on the same or following day.

On a need-to-meet basis:

- Support should be requested on an ad hoc basis, not through reporting.
- Briefings: Pre-departure phone calls with HoM and HR Co.
- Increase the number of external project evaluations (either through peer evaluations or consultants).

4.3 SPECIFIC TOOLS & DOCUMENTS

The objective of this review is not to create any additional documents or tools, but rather to define the sufficient level of reporting and monitoring. As such, several recommendations can be drawn:

- The need for framing documents. For each country there is no framing document that gives an overview of the different requirements and of the intended use of reporting and monitoring. Such a document may support continuity. At the organisational level, MSF-OCB should decide what type of organisation it wants to be, and use this strategic document to inform the type of monitoring and reporting it wants to implement.
- Internal control: the finance ownership of the tool dates back to its origins, when the tool was designed by the finance department in HQ. The operation department needs to decide whether they find it relevant or not and if so, to start promoting it.
- Budget follow-up: the purpose of the tool should be clarified, the template simplified and it should allow for an analysis of the project budget per budget line and not per accounting code.
- Beyond the tools themselves, their content should be re-oriented to be less activity focus and more outcomes and process focused: i.e. did we achieve what we were aiming for? Did we do it in a way that promotes the dignity and choice of beneficiaries?
- Quarterly meetings with the DO should be less descriptive and instead focus on deviations in the projects and other important findings to get feedback. This could be accomplished by changing the frequency of reporting on projects, i.e. rather than discussing each project in each meeting, the focus is on the ones that need input from the DO. Cell members also suggested in the future to change the unit of analysis for the meetings to focus on the country level rather than project level. Interviewees also expressed a desire to use the meetings as a way to get guidance from the DO on selecting indicators for the logical framework. They currently appreciate the freedom to choose the indicators from a pre-existing list of options, but they would welcome having an exchange on the selection, as the indicators are fixed over the course of a year (until the next ARO process).

ANNEX A: MAPPING OF OCB CURRENT ORGANISATIONAL EVALUATION INITIATIVES



ANNEX B: EVALUATION MATRIX

The below evaluation matrix summarises the questions to be answered, how judgement will be formed to answer them, as well as the expected information sources and methods.

EVALUATION QUESTION	HOW JUDGMENT WILL BE FORMED	LIKELY SOURCES AND METHODS
Are MSF processes and tools relevant?	<ul style="list-style-type: none"> - Knowledge of MSF processes and tools at the different levels - Understanding of MSF processes & tools at the different levels - Evidence of when processes have rightly been by-passed/adapted 	<ul style="list-style-type: none"> Desk Review Access to OOPS Interviews of mission and cell members
Are MSF staff using monitoring and reporting in an effective way for the implementation of quality operations?	<ul style="list-style-type: none"> - Evidence of operational decisions taken using monitoring data - Number of indicators in MSF logical framework - Time allocated to managing reporting 	<ul style="list-style-type: none"> Desk review Interviews of mission and cell members
What is the impact of the reporting requirements on other key responsibilities of mission and cell members ?	<ul style="list-style-type: none"> - Time spent to fill those requirement - Perception of the relevance of the reporting requirements 	<ul style="list-style-type: none"> Interviews of mission and cell members
Is the decision-making process effective enough for a smooth use of the non-medical SOP?	<ul style="list-style-type: none"> - Time for decisions to take place - Key decisions pending - Number of persons/of layers involved in decision making processes 	<ul style="list-style-type: none"> Interviews of mission and cell members

ANNEX C: DOCUMENTS REVIEWED

- MSF-OCB Who's who 2015
- C. Fournier, C. Stokes August, *Will the elephant still dance in 2020?*, MSF, 2008
- F.Laloux, *Reinventing organisations – A Guide to Creating Organizations* (2014)
- Duncan Green, "Doing Development Differently: a great discussion on Adaptive Management (no, really)." *From Poverty to Power Oxfam Blog*, 4 November 2015
- MSF Internal Newsletter Contact, January 1998 including an article about the McKinsey audit.
- Winterton, Laura, Home for December: Drug Resistant Tuberculosis Patients' Linguistic and Therapeutic Landscapes, 2011, Department of Social Anthropology University of Cape Town
- Senthilingam, Meera, Elize Pietersen, Ruth McNerney, Julian Riele, Pat Sedres, Ruth Wilson, and Keertan Dheda. "Lifestyle, Attitudes and Needs of Uncured XDR-TB Patients Living in the Communities of South Africa: A Qualitative Study." *Tropical Medicine & International Health* 20, no. 9 (2015): 1155–1161
- Comments on the proposal "Qualitative assessment of a pilot programme for providing community-supported, self-administered treatment to patients with rifampicin-resistant tuberculosis in Khayelitsha, South Africa", (no version number), dated 26 April 2016, MSF Ethic Review Board
- Mission reporting overview
- Access to OOPS for guidelines and manuals
- Welcome pack
- Country Policy Paper Year 2015 – 2016
- Project Documents, including CoPros
- Annual departments strategic plans
- Logical framework
- Budget and budget follow up
- Monitoring framework
- Quarterly monitoring reports, sheets and dashboards
- Quarterly monitoring HQ presentations (for monitoring meetings)
- Internal Audit reports
- SITREPs
- Field Visit Reports
- Coordination meeting minutes
- Job Description of the mission and/or cell members
- Accounting/finance manual
- Logistics manual
- Coordination SLAF meeting minutes
- 1 hand over report
- 1 example of the expat tracker
- HR Agenda and action plan for annual retreat
- 1 example of MSF HR quarterly newsletter
- Monthly or quarterly supply activity reports
- List of detachable staff in key positions 2015
- 1 example of Skype supply meeting minutes
- Monthly medical reports
- HP monthly and weekly planning & team meetings minutes
- HP database
- Examples of equipment inventories
- Examples of supply reports
- Examples of vehicle inventory-calculations

- Examples of vehicle follow-up sheet
- Table of KPIs
- HR manual
- Example of Service Level Agreement (SLA) follow up
- One example of training forecast (HR)
- One example of HR Net recap May 2016
- Expatriate and national staff budget sheet
- Blog and other media work and advocacy produced about missions
- MSF Egypt mission 2015 Field Associative Debate Report
- OCB HIV data template (2015)
- OCB DRTB outcomes 2016-09-06 OCB Typology data 2015
- OCB typology medical data South Africa 2015
- HIV Eshowe data 2015
- PMTCT Lesotho 2015

ANNEX D: INTERVIEW QUESTIONNAIRE

The interview is meant to last between 45 to 60 minutes and will begin with an explanation of the interview's purpose and the interviewee's rights, including confidentiality.

1. Describe your professional path? (How long have you worked for MSF for? And other organisations at all?)
2. Describe your work in practice (daily, weekly, monthly rhythm)?
3. Where or how do you collect the information you need to do your job?
4. Which monitoring and reporting tools (daily, weekly, monthly) do you use? How do you use them (practice versus theory)?
 - a. Do you produce reports? For whom? How long do you spend on them?
 - b. What are the documents you request directly to the field? Do you provide feedback to those sending them? How often? How systematically?
 - c. Are there any tool you don't understand the purpose of? please expand?
5. How stressful do you find reporting and monitoring activities are?
6. How long do you think you spend on monitoring? And on reporting?
7. Recommendations

ANNEX E: OVERVIEW OF MONITORING AND REPORTING

Reports/Docs		Frequency	Produced by Whom	MSF requirement
OPERATIONS				
Coordination SITREP	Operations	Monthly	HoM	Yes
Project SITREP	Operations	Monthly	FC	Yes
Field visit report (FVR)	Operations	Ad hoc	Visitor	Yes
Handover report	Operations	Ad hoc	EoMissioner	Yes
EoM report	Operations	Ad hoc	EoMissioner	Yes
Internal control report	Operations	Quarterly	Coordination	Yes
CMT meeting minutes	Operations	Weekly or bi-weekly	HoM	No
Weekly mission update	Operations	Weekly	HoM	No
CMT Action and Decision Log	Operations	Quarterly	Coordination	No
MEDICAL				
Project Monitoring Sheet	Medical	Quarterly	PMR+FC,MedCo	Yes
Project Monitoring Narrative	Medical	Quarterly	PMR+FC	Yes
Project narrative	Medical	Quarterly	MedCo	No
Monthly Medical report	Medical	Monthly	PMR	No
Mission Monthly Medical SITREP	Medical	Monthly	Med	No
Emergency				
E-response database	Emergency	Ad-hoc	HoM Asst	No
LOGISTICS / SUPPLY				
Monthly Logistics Report	logistics	Monthly	CoTL	Yes
Monthly Supply Report (integrated in the Monthly Logistics Report)	logistics	Monthly	SO & CoTL	Yes
Fuel Consumption	logistics	Monthly	Log Mgr & CoTL	Yes
MSF Supply extranet order follow-up	logistics	Ad hoc	Supply	Yes
MSF Supply extranet transport history	logistics	Ad hoc	Supply	Yes
HR/ADMIN				
Admin/HR SITREP	HR/Admin	Monthly	HRCO	Yes

HR/Admin Report	HR/Admin	Monthly	PM	Yes
Expat updates	HR/Admin	Monthly	HRCo	Yes
Homère	HR/Admin	Monthly	HRCo	Yes
Training plan	HR/Admin	Yearly	HRCo	Yes
Movements table	HR/Admin	Monthly	Admin asst	Yes
Holiday & evaluation follow up	HR/Admin	Monthly	HRCo	Yes
KITSCH update	HR/Admin	Quarterly	HRCo	Yes
Mission policy and procedure overview	HR/Admin	yearly	HRCo	No
Medical insurance follow-up	HR/Admin	Monthly	HRCO	No
Office inventory	HR/Admin	Monthly	Admin asst	No
Contact list	HR/Admin	Monthly	Admin Asst	No
Organigramme	HR/Admin	Monthly	HRCo	No
Mission contracts follow-up	HR/Admin	Monthly	Admin asst	No
List of detachable staff in key positions	HR/Admin	Yearly	HR Cell	No
HR Net for job openings	HR/Admin	Ad Hoc	HR Cell	Yes
FINANCE				
Fin SITREP	Finance	Quarterly	FinCo	Yes
MBFU	Finance	Monthly	FinCo	Yes
Accounting feedback	Finance	Monthly	AM	No
Accounting SITREP	Finance	Monthly	AM	Yes
Field Fin SITREP	Finance	Monthly	Field Fin Manager	Yes
Fin Strategy	Finance	Yearly	FinCo	Yes
Incident reports	Finance	Ad hoc	FinCo	Yes
Fraud reports	Finance	Ad hoc	FinCo	Yes
Security Checklist	Finance	Bi-yearly	FinCo/HoM/FC	Yes
Financial Contract Report	Finance	Yearly	ACMA	Yes
CoPro Follow Up	Finance	Ad hoc	Finance Cell	No
Checklist bank transfers	Finance	Monthly	Finance Cell	Yes
COMMUNICATION & ADVOCACY				
Communications strategy	Comm & Advocacy	Yearly	HoM	Yes

Advocacy (project)	strategy	Comm & Advocacy	Yearly	FC	No
Advocacy (mission)	strategy	Comm & Advocacy	Yearly	HoM	Yes
Security					
Risk Analysis (mission)		Security	Bi-yearly	HoM/LogCo	Yes
Risk Analysis (project)		Security	Bi-yearly	FC	Yes
Security Plan (mission)		Security	Bi-yearly	HoM/LogCo	Yes
Security Plan (project)		Security	Bi-yearly	FC	Yes
Specific security analysis		Security	Ad hoc	HoM/HoM Asst	No
Incident Reports		Security	Ad hoc	FC/Coord/HoM	Yes
SINDY		Security	Ad hoc	FC/LogCo/HoM	Yes
Strategic planning					
Country Policy		Strategic planning	Yearly	HoM	Yes
Project document		Strategic planning	Yearly	FC	Yes
Logical framework		Strategic planning	Yearly	FC	Yes
HR strategy		Strategic planning	Yearly	HRCO	Yes
Legal					
Legal overview	documents	Legal	6-monthly	HoM	No
Others					
Mission Memory report		Others	Yearly	HoM Asst	No
Activity Report (external)		Others	Yearly	HoM	No

ANNEX F: MONITORING AND REPORTING IN CELLS

Reports/Docs	Cell 1	Cell 5
OPERATIONS		
Coordination SITREP	Receives irregularly	Does not receive
Project SITREP	Receives	Does not receive
Bi-weekly CMT meeting minutes	Receives	Does not receive
Field visit report (FVR)	Uses	Uses
Handover report	Receives	Uses
EoM report	Receives	Uses
HQ Quarterly Monitoring Presentation	Produces/Uses	Produces/Uses
Cell Minutes	Produces	Produces
MEDICAL		
Project Monitoring Sheet	Receives	Receives
Project Monitoring Narrative	Receives	Uses
LOGISTICS/SUPPLY		
Monthly Logistics Report	Receives	Does not receive
Monthly Supply Report	Does not receive	Receives quarterly
HR/ADMIN		
HR/Admin Report	Does not receive	Does not receive
Homère	Uses	Uses
FINANCE		
MBFU	Uses	Uses
Internal control	Only finance uses	Only finance uses
Country Policy Paper	Receives	Uses but less frequently
Project documents	Receives	Uses
Logical framework	Receives	Uses

*Uses assumes entity has received the document

ANNEX G: MONITORING AND REPORTING IN COORDINATION AND FIELD

Reports/Docs	Coordination Egypt	Coordination South Africa	Coordination Haiti	Field Egypt	Field South Africa	Field Haiti
OPERATIONS						
Coordination SITREP	Produces	Does not produce	Does not produce	Receives	Does not receive	Receives
Project SITREP	Forwards	Does not receive	Forwards	Produces	Does not produce	Produces
CMT meeting minutes	Produces	Does not produce	Produces	Receives	Does not receive	Receives
Field visit report (FVR)	Does not produce	Produces	Does not produce	Does not receive	Receives	Does not receive
Handover report	Forwards	Forwards	Forwards	Produces	Produces	Produces
EoM report	Forwards	Forwards	Forwards	Produces	Produces	Produces
MEDICAL						
Project Monitoring Sheet	Forwards	Forwards	Forwards	Produces	Produces	Produces
Project Monitoring Narrative	Forwards	Forwards	Forwards	Produces	Produces	Produces
LOGISTICS / SUPPLY						
Monthly Report Logistics	Forwards	Forwards (some locations)	Does not produce	Produces	Produces (some locations)	Does not produce
Monthly Report Supply	Forwards	Forwards	Produces	Produces	Produces (some locations)	Does not produce
HR/ADMIN						
HR/Admin Report	Forwards	Forwards	Forwards	Produces	Produces PPT	Produces
Homère	Forwards	Forwards	Forwards	Produces	Produces	Produces
FINANCE						
MBFU	Produces	Produces	Produces	Produces	Produces	Produces
Internal control report	Produces	Produces	Produces	Produces	Produces	Produces
Strategic planning						
Country Policy Paper	Produces	Produces	Produces	Receives	Receives	Receives
Project documents	Forwards	Forwards	Forwards	Produces	Produces	Produces

Logical framework	Forwards	Forwards	Forwards	Produces	Produces	Produces
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*Uses assumes entity has received the document

*Forwards assumes entity has received the document

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