



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

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SHORT VERSION

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.*

DISCLAIMER

The author's views expressed in this publication do not necessarily reflect the views of **Médecins sans Frontières** or the **Stockholm Evaluation Unit**.

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:

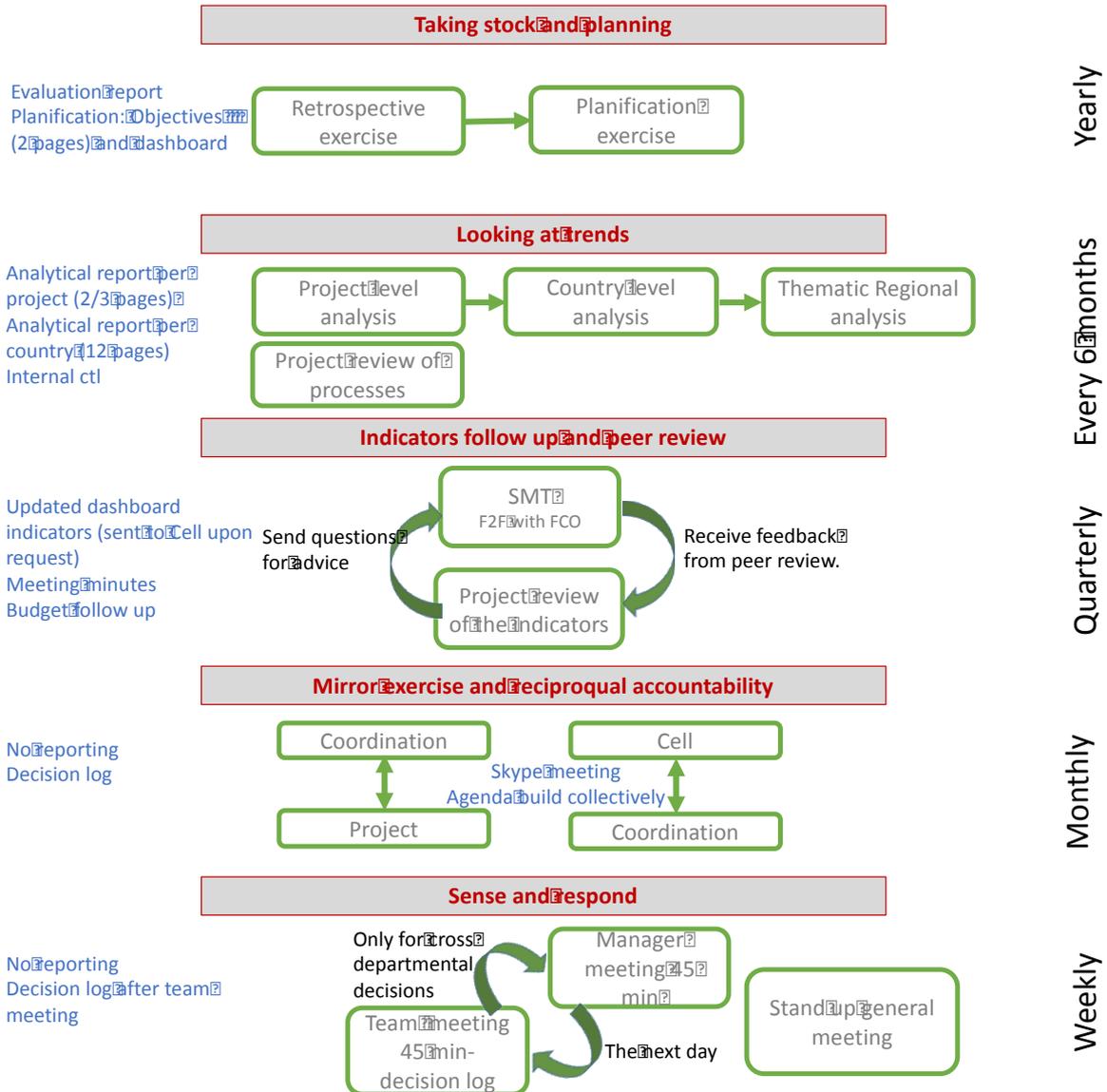
- In the field, the reporting *workload* does not seem to be problematic and could even be lightened as up to half the reporting done is self-imposed. At cell level however, the amount of reporting that arrives is unmanageable and cannot be processed.
- At all level there is a clear frustration revolving 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



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