Evaluation Management Response (MR)

- by Jakub Hein and Jesse Verschuere on November 8, 2021

Purpose

The management response (MR) aims to gather reflections and points for follow up once an evaluation has been completed. The commissioner is responsible for the MR and may consult or delegate as needed. The level of detail is determined by the needs of the author (i.e. bullet points or narrative). The management response will be published together with the evaluation by default.

Audience/Validation

This document is intended for all relevant stakeholders involved in the project/Mission. It is expected to be shared with the following: project coordination, HoM/MedCo, Cell, DirOps, MedDept, SEU Steering Committee and other stakeholders as deemed relevant. In some cases, it might be relevant that the MR is validated by a specific platform (i.e. RIOD, CoDir).

Background

Reflections on contribution towards intended use

- *Due to misunderstanding of available data, the evaluation was inconclusive when answering certain main questions, such as if adequate number people were reached, or how much it is possible to establish baseline of people that can be reached prior to running a campaign. While all this information is available, it is not clearly reflected in the evaluation.*
- *The evaluation did however point out certain points that will lead to increased quality of DHP campaigns and help create more robust system for measuring the results and impact.*

Summary of main takeaways

Based on the findings and recommendations

SUCCESSES/STRENGTHS	CHALLENGES/WEAKNESSES
- DHP Unit is perceived as helpful, empowering and flexible entity by many HPs in the field. - Digital HP campaigns are mostly perceived as useful tool by many HPs in the field, increasing MSF's visibility and engagement with target communities.	- Digital HP Unit should focus on developing more robust MnE methodology to allow better assessment of the impact and results of DHP campaigns. - We need to even further increase availability of DHP resources to field HP.

Evaluation Recommendations and Management's

Recommendation: First list the recommendations, or any relevant finding you felt was not captured in the recommendations but important to follow

Opinion: Agree, Disagree or Partially agree

Proposed Action: There can be more than one action for each recommendation/finding

Timeframe: When the action is meant to be completed – can be specific (day/date) or approximate (i.e. Q2)

Status: Not yet started, Started, Ongoing, Completed

#	RECOMMENDATION	OPINION	COMMENT	PROPOSED ACTION	TIMEFRAME	STATUS
1	Develop transversal collaborations within MSF to create a more robust monitoring and evaluation (ME) system for digital health promotion (DHP)	Agree	While digital HP has grown rapidly over last few years, we need to develop better processes for evaluating the impact of conducted campaigns.	See below		
1a	Draw on existing resources to develop and implement ME tools	Agree	While current resources within DHP Unit are already stretched, we acknowledge need to deepen ME tools used.	Review existing digital ME methodologies, such as WHO's guide to Monitoring and Evaluating Digital Health Interventions.	Q4/2021	Started
1b	Strengthen relationships between the DHPU, SEU, MSF-OCB, and MSF to develop an ME framework	Agree	This recommendation has high benefit potential as there are is lot of existing expertise in MSF in ME	Collaborate with SEU on developing digital ME methodology. Schedule kick-off call to discuss design process for the methodology.	Q4/2021	Not yet started

			that we can draw upon.			
1c	Formalize the roles of the DHP field teams within MSF as an organization	Agree	This recommendation has broader implications than only those regarding MnE. However, for ensuring properly structured growth of DHP, a profile of digital health promoter indeed needs to be fully established within IRFFG structure. Initial steps has already been taken in formalizing JD for DHP Officer role in the field.	Work with MSF HR to formalize the JD and job profile in IRFFG structure.	Q4/2021-Q1/2022	Started
2	Enhance the existing strengths of the DHPU by expanding HR	Agree	Current resources available in DHP Unit are stretch to maximum capacity. In order to maintain growth, we need to find additional resources.	See below		

2a	Offer more technical training and support to field teams, which could include a training of trainer's program	Agree	Regional training toolkit is being develop for general HP with help of HP learning officers. DHP module should be included in the toolkit. Additionally, position of flying DHP trainer could be opened.	Work with HP learning officer to develop DHP module that will be included as part of regional HP training toolkit. Work with HP expat pool manager to identify possibilities of opening position of flying DHP trainer to facilitate training in the field.	Q1-Q2/2022	Started
2b	Add an additional member of DHPU to manage ME framework	Agree	Additional position in DHPU is needed to develop MnE framework, as well as provide support to countries that are currently recruiting their own DHP Officer. Those roles will initially require dedicated support in order to become more independent later.	Discuss options for additional position in DHPU with medical director. Possible can be supported by other OCs as DHPU is starting to provide intersectional support.	Q4/2021	Started
3	Increasing continuity between health promotion (HP) and DHP	Agree		See below		
3a	Increase accessibility to DHP resources within the HP context	Agree	Lot of resources are available directly from	Create repository of existing DHP reports and content on Sherlog.	Q1-Q2/2022	Not yet started

			DHP Unit. However, we can also create universally accessible repository of existing resources.			
3b	Create more internal awareness about HP and DHP frameworks, guidance documents, and resources	Agree	This is context-based action point. It will work specifically based on opportunities as they appear. However, there are some options that can be taken, listed in the next field.	Deepen integration of DHP into HP strategies and training toolkits by working with HP learning officer. Actively refer to other HP tools when DHP is not feasible, and vice versa – ensuring regional HP mentors are able to direct HPs towards appropriate use of DHP. Ensure DHP module is part of any upcoming HP trainings to increase awareness about the method.	ongoing	Started