EVALUATION OF

HANDOVER PROCESS OF THE KIAMBU PROJECT, KENYA

Consolidated learning and

insights after the second project visit

SUMMARY REPORT

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INTRODUCTION

This summary report summarizes the evaluation of the *handover process of the Kiambu Project (*Médecins Sans Frontières, Operational Centre of Brussels, MSF-OCB). The project was handed over in July 2024 to the Kiambu County Ministry of Health (MOH), The National AIDs and STI Control Program (NASCOP), LVCT Health (a Kenyan non-governmental and non-profit organization), and the Kenya Prison services in Kiambu County, Kenya.

The full evaluation report is accessible both on the OCB intranet (internal/all MSF) and on the MSF Evaluation website. It remains the document of reference.

The evaluation was conducted by Silva Ferretti, external evaluator, under the management of the SEU and with Edi Atte (Country Director MSF-OCB Kenya during the evaluation process) as commissioner.

The present summary report was developed by the Stockholm Evaluation Unit, aiming to ease access to findings for a wide audience, within MSF and potentially beyond.

BACKGROUND

The Kiambu project, launched in 2019 by MSF-OCB, has been providing a package of medical services to People who use Drugs (PWUDs) in the Kiambu County, Kenya. The MSF-OCB support of the project ended in December 2024. The target population of the MSF project was people using opioids including heroin and non-medical use of pharmaceutical opioids. The services provided in the Medically Assisted Therapy clinic (MAT) for PWUDs included Opioid Substitution Therapy (OST). Alongside the project, a PWUD organization, Haven Addiction Centre Kiambu (HACK), was created by MSF-OCB to provide harm reduction services. The project also offered Outpatient Department (OPD) services, Mental Health & Psychosocial services, nutrition, sexual and reproductive healthcare, as well as assisted referral services. It was the first project in the MSF movement to offer MAT to PWUDs.

A joint management team was established between the MOH, LVCT Health and MSF with monthly meetings.

Initially planned for three years, the decision to extend the project until mid-2024 was made during a strategic meeting ("MSF-OCB round table") in February 2021. The project was then to be handed over, with the following objectives for the handover process:

- Bring together all stakeholders involved to enable a smooth transition from MSF to MOH and/or new implementing partners.
- Bring attention to the importance of continuity and sustainability of MAT-services to the MOH and other partners, including donors.

SCOPE OF THE EVALUATION

With the project coming to its end, the MSF-OCB team in Kenya wanted to assess how successful the handover process was and decided to conduct an external evaluation, through the Stockholm Evaluation Unit (MSF-OCB). The scope of this evaluation is the handover process, not the project itself.

MSF-OCB officially handed over the project to MOH and LVCT Health in July 2024, but MSF-OCB continued its technical support to the project until September 2024, and its support to HACK until December 2024. However, at the time of completing the evaluation, LVCT Health was still to step in.

The report is based on the situation and results of the evaluation process as of the end of November 2024; hence it does not consider any further developments past that date.

THE EVALUATION OBJECTIVES

The aim of the evaluation was to:

- Collect learnings from the handover process to be used by the project stakeholders, and potentially by current or future projects engaged in handover processes.
- Understand what impact the handover had on the continuity of service of the project, three months, and six months, after MSF exited the project.

EVALUATION APPROACH

This evaluation was conducted using a non-conventional approach. It was highly participatory in its nature, adaptive and real-time. The evaluator started the work without detailed evaluation questions being decided or protocol set. The evaluation was anchored in Kiambu, its context and its people (i.e. visit during scoping, relationship building, co-creation of findings and tools). The aim was for the process itself to be a learning moment.

The evaluation started in April 2024, as the handover was unfolding, and was rolled out in two phases before and after the actual handover. Initial discussions, first visit to the project, and confirmation of scope were done in close collaboration with project stakeholders, and in person by the evaluator during a first project visit in May 2024. It happened at a very busy time when handover negotiations were finalized, and the project was wrapped up. A second visit took place in November 2024, three months after the end of OCB technical support.

The evaluation employed diverse tools, with a particular emphasis on AI, which was creatively used to support evaluation activities, including transcriptions, summarisations, preliminary findings generation, and editing write-ups. With a true attention to participation, many applications were not only shared but co-created with participants. All AI usage adhered to the current OCB guidelines on do's and don'ts in this field.

The full report that this summary report is based on is only one of several outputs (eg intermediary report, systematizations, tools) and is much more than just an extended version of this summary; it is a rich, in-depth, and highly practical product, capturing granular insights.

The evaluation aimed to answer the following questions, confirmed with project stakeholders during the scoping phase:

What is worth handing over? What are the key achievements and lessons learned that must be preserved?	This question was not formulated as such at the start of the evaluation process but was added by the evaluator during the scoping phase. The findings section, specifically Key driver 1, show why this question is so important.
Is the handover designed to sustain the project's achievements? What could be the best approach in terms of handover process for such project? Was the methodology used adapted to the concept? What could we define in the initial MoU / Project Specific Agreement for the handover process in terms of engagement with stakeholders? What could partners pick from the starting of the process till the end?	These questions guided the creation of the *Key Drivers Framework* of a good handover (see *Recommendations,* on page 17). While there may not be a "best approach", a set of critical drivers for successful handovers was identified during the evaluator's first visit to the project. The second visit confirmed the relevance of these drivers, which became central to the structure of the evaluation report. Each driver addresses these questions through specific insights and updates, integrating both the process and the outcomes of the handover.
Is the handover successful and sustainable? How do the stakeholders (eg County, partners) view the process? What could have been done better? Did we achieve our set initial objectives for the handover processes? What impact has the handover process had on the continuity of service three months and six months after MSF's departure?	These questions were central to the second project visit, which focused on understanding what happened after the handover. The introductory section of *Findings* provides an overview of the situation as per November 2024, while the *Key Drivers* section highlight successes, challenges, and lessons learned. Giving the timing of the evaluation and the ongoing handover process, the evaluation could only provide early insights or prospects in terms of continuity and impact after MSF-OCB departure.
What can be learned for future handovers? Is it replicable as a handover process, and in which context? What could we consider replicating as part of the methodology for other settings?	The approach of organizing the findings around the *Key Drivers* provides valuable lessons for future handovers. It is not about creating a fixed model but about identifying critical factors that truly matter and ensuring they are addressed. The *Key Drivers Framework* highlights systemic learning—what makes a good handover—and offers practical insights that can guide future transitions. These considerations can be adapted to different contexts, ensuring that the essential dynamics are not overlooked.

FINDINGS

The handover has been a major achievement, ensuring continuity in services despite the challenges of the transition. **Core services have continued uninterrupted**. The MAT clinic remained operational, supported by the government's commitment to supplying methadone and buprenorphine. The second visit to the project highlighted resilience and commitment but also areas of fragility. The service remains functional in most areas, supported by dedicated staff and strong county leadership. However, as MSF steps back further, there are questions about the clinic's long-term capacity to maintain its status as a centre of excellence[1] rather than merely a MAT service.

The Participatory Assessment Tool, developed and tested by HACK during the evaluation, revealed that more than 70% of the clients rated the service post-handover as at least satisfactory. This rating applied across most domains they identified as relevant to their overall experience (on a scale from 1 to 5).
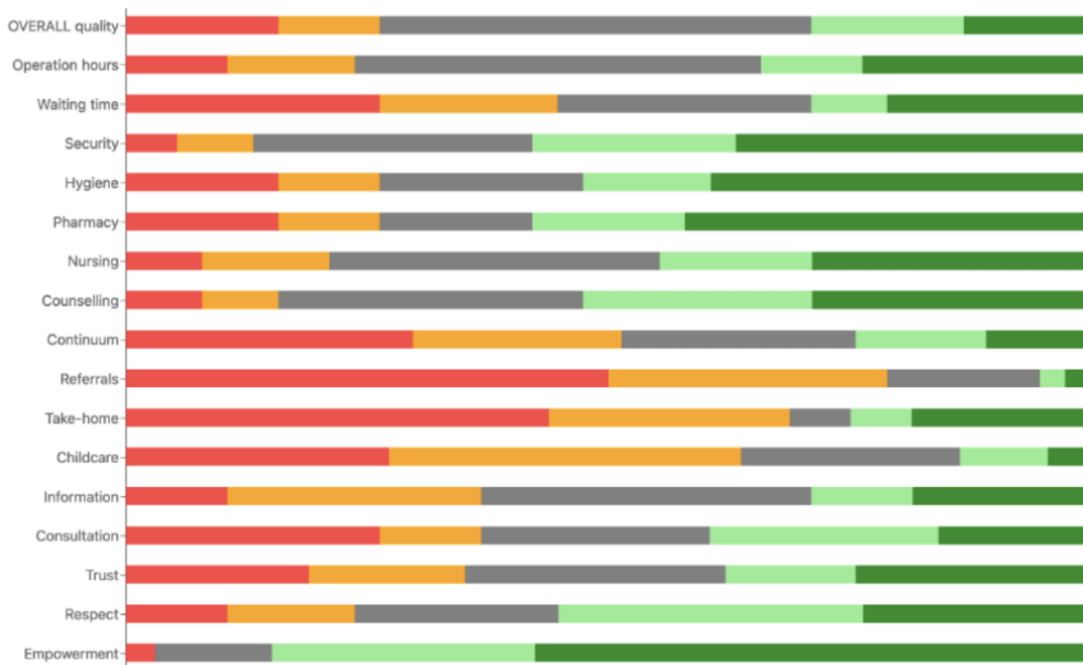
But **some gaps emerged, and the results above illustrate a perceived decline in resource-intensive and decentralized services**, such as referrals and home visits. These services, which MSF had heavily subsidized, are now more difficult for patients to access.

These changes reflect the realities of transitioning from MSF's comprehensive, high-standard model to a public health system with more limited resources. The good news is that most stakeholders' fears about catastrophic service disruption did not materialize. However, anxieties about the transition still impacted attendance, with some patients relapsing due to uncertainty.

Most staff were retained, a key success of the handover, ensuring that technical expertise and relationships with patients were not lost. However, LVCT, which absorbed much of the community-level staff previously supported by MSF, was unable to retain all the substance use counsellors. This

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[1] The project is referred to as a centre of excellence in many documents (i.e. project reports) and by many stakeholders (MSF and non MSF)

placed additional pressure on the remaining staff and reduced the program's capacity to provide specialized support.

The handover process showcased strong collaboration between stakeholders, particularly the county government, which played a pivotal role in ensuring stability. The appointment of a strong and well-received MAT coordinator – with extensive knowledge of the service and strong leadership capacities - added much-needed oversight, contributing to continuity, and improving operational management. The sense of pride among stakeholders was palpable. While the handover was tough, it was viewed as a valuable learning experience – also for future handovers – and as an opportunity to strengthen local ownership.

A major challenge during the handover was the concurrent transition to the Social Health Insurance Fund (SHIF). MSF's plans to support patient registration in the previous national insurance system were disrupted, leaving many—especially vulnerable groups like inmates—without clear access to care. These broader systemic issues have exacerbated the strain on the program's resources and contributed to uncertainty about its long-term sustainability.

HACK, the PWUDs community-based organization, proved to be a vital element of the program's legacy and was supported by MSF until the end of December 2024. The Empowerment Center consistently received the highest satisfaction scores in the Participatory Assessment Tool, reflecting its importance to patients. However, its future is uncertain due to a lack of formal agreements and funding for ongoing activities. HACK's ability to provide community engagement and patient support is clear, but its potential role in accountability and service assessment remains underutilized. The organization has shown leadership and innovation, but without formal inclusion in accountability processes, its impact remains limited.

The handover process is not yet complete. MSF's phased withdrawal, including the cessation of technical support (in September 2024) and financial assistance for HACK by December 2024, leaves significant questions about the next stages. LVCT's expanded role has yet to take full shape, and its ability to fill existing gaps remains uncertain. Stakeholders perceive that, for MSF, this project is largely considered "done", and it is unclear about its future direction. Will the trust and expertise developed during the program be utilized in advocacy to address persistent gaps in the national system? Will MSF proactively continue to share learning and expertise from the initiative? Will it remain a point of contact and support for PWUDs and the organization it nurtured?

THE KEY DRIVERS

During the evaluation, a framework emerged, based on the Kiambu handover process experience. This framework constitutes a key finding as such: it highlights the important elements (Ten *Key Drivers*) to keep in mind when preparing for, implementing and following up on a handover process[2]. In this section, the key drivers are presented, with main findings and recommendations for each of them.

Handover is more than just completing tasks or passing over procedures. It is a process of transition that reshapes relationships, shifts cultures, and ensures continuity. It is about building on achievements while staying true to core principles and vision. A successful handover balances the

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[2] The SEU has developed a brief paper on these key drivers for good handovers, based on the evaluation of the Kiambu handover process. This paper can be useful for all projects preparing for handovers. Available on OCB intranet and https://evaluation.msf.org.

ability to adapt to new conditions with the capacity to preserve and apply the knowledge and experiences of the past.

⊕ KEY DRIVER 1: **Pinpointing What Matters**

What is worth handing over? This was an essential question for the evaluation. When you run a project, you understand why it matters and what makes it special. However, this might not be clear to others: fundamental aspects you take for granted might get lost in the bulk of activities. Important details – and the lessons learned from them – might go unnoticed.

The existing documentation, albeit extensive, can simply not give justice to the complexity of the project. Project managers wish to hand over the project in its entirety. However, in the real world, the whole project package is not likely to survive as it is. Hence the need to pinpoint what should stay. Moreover, it is important to highlight if and how components are interconnected. This helps to prevent undermining the entire project by failing to support one of its critical elements – when the lack of support for a single component can harm others.

A handover is not just an administrative process of passing on resources and procedures. Detailed handover processes and agreements - from an administrative and practical perspective – will not alone determine that handover success. This is why capturing what matters in a project is crucial to remain true to its nature, ambitions, and approach.

Key Findings:

1. **Understanding what is worth handing over:** Capturing the project's essence beyond activities is crucial to ensure important dimensions are not lost during the handover.
2. **Capitalization as an opportunity:** The capitalization process can identify and share what is worth handing over, but in Kiambu, its internal focus limits its effectiveness.
3. **Sharing from the perspective of future owners:** Aligning the project's learning with MAT guidelines ensures the handover passes on MSF's full experience, transforming guidelines into shareable practices.
4. **Less tangible aspects** (eg continuum of care, trust, and dignity) **perceived as key to PWUDs, have proven most vulnerable to handover.**
5. *What is worth handing over means more than operations:* Intangible aspects of projects are often challenging to articulate in handover discussions and processes. However, what lies beneath the surface, including organizational culture and tacit knowledge, is crucial for the program to sustain and to remain true to its essence and quality. This can be illustrated by *The Handover Iceberg.*

Summary of Key Findings:

The project identified and preserved key elements of excellence, such as operational sustainability and the clinic's culture. However, these were not fully formalized or clearly conveyed during the handover, limiting the ability of new stakeholders to integrate these effectively. Capitalization efforts were valuable but too late to influence the process meaningfully.

Recommendation:

Identifying and being more explicit about what matters and what needs to be preserved is crucial for maintaining quality care post-handover. The capitalization process should be leveraged in that sense, acknowledging that not everything can be handed over as a project.

KEY DRIVER 2: **Reality Check**

A crucial step in the handover process is an honest, comprehensive assessment of what is achievable and sustainable post-transition. This is particularly vital for projects regarded as a "center of excellence" with high standards, which can be a double-edged sword: they inspire admiration and support but also raise legitimate concerns about long-term sustainability, especially in resource-constrained environments.

The Reality Check serves a dual purpose: it clarifies expectations around these standards and measures aspirations against practical realities. This process is essential for identifying and prioritizing the fundamental elements of excellence that must be preserved, while also confronting the hard question of what may need adaptation. Crucially, this is not a one-time discussion but a conversation that must take place throughout the project.

The tension lies in MSF's role: to inspire and push the boundaries of what can be achieved, while remaining mindful of the risk of overstretching beyond what is realistically feasible in the given context. Balancing ambition with grounded pragmatism ensures that the program can remain impactful, even as it transitions to new hands.

Key Findings:

1. **Reality check from past handover experience:** Past handovers, such as the previous transfer of the MSF-OCB Kibera project, provided important lessons. However, learning from these experiences was challenging and showed the need for formal post-handover monitoring to avoid losing valuable insights.

2. **Balancing high ambitions with resources:** High standards with substantial resources create sustainability challenges when those resources are no longer available.

3. **Balancing ambition with local reality:** Some project components face continuation challenges, and small changes can have significant consequences. Clear guidance on service adjustments is needed, as cost-focused actors may miss these complexities. MSF faces a critical tension: guiding decisions about what to maintain while advocating for the full package.

4. **Reality checks on capacity and adaptive strategies:** MSF sometimes had higher expectations from the peers than their capabilities allowed, highlighting the need for more structural support to ensure sustainability.

5. **Contingency and risk planning:** Risk discussions were often avoided, even though higher standards increase risks, especially for vulnerable PWUDs. Consultative support and monitoring systems are needed to protect service quality.

6. **Checking on political will (and generating buy-in):** Beyond resources, sustained political commitment proved essential. Maintaining support for care of stigmatised populations will require ongoing championship.

Summary of Key Findings:

There was a clear understanding of resource disparities and sustainability challenges, but insufficient attention was paid to addressing compromises or prioritization. This left some gaps in ensuring that the program could adapt post-MSF. While operational alignment was partially achieved, the transition highlighted the tension between MSF's high standards and the receiving organizations' capacity to sustain them.

Recommendation:

Conducting an honest assessment of achievable standards - measured against reality (including contextual challenges, different capacities, priorities, perspectives) - is crucial. Balancing ambitions with this grounded pragmatism ensures that the program remains impactful, even as it transitions to new hands.

KEY DRIVER 3: **Strategic Foresight and Phasing**

A phased handover ensures continuity and mitigates the risk of an abrupt transition. Adopting a long-term view and anticipating future challenges can significantly improve sustainability. All this relies on a strong strategic vision and a balanced management approach that combines control (maintaining standards and achieving goals) and letting go (allowing other actors to take on responsibilities, fostering ownership and capability). Achieving this balance depends on the buy-in of the handover recipients.

Key Findings:

1. **Start a project with the end in mind:** Handover planning should begin from day one, integrated with implementation from the Memorandum of Understanding (MoU) stage. Early planning, ideally from project inception, ensures stakeholders are aligned and prepared for the transition.

2. **A modular design, within an integrated project**: While phased handovers work better with modular components, integrated projects present unique challenges. The key is to find standalone elements while maintaining essential connections, particularly when transitioning management structures.

3. **Think long-term**: Future scenarios must shape current decisions. This affects how responsibilities and capacities are built during handover.

4. **Gradual, steady involvement of future owners:** Incremental transfer of responsibilities and mutual accountability build ownership and capacity among stakeholders.

5. **Deadlines - balancing strictness with flexibility:** Multiple "mini-deadlines" are more effective than single endpoints, as they create urgency while avoiding rushed handovers. However, gradual transitions risk dependency.

6. **Expectation management**: Clear communication and managing expectations from the start can avoid delays in partner commitment and help overcome denial of transition.

Summary of Key Findings:

Although retaining staff and ensuring operational continuity were strong achievements, the late start in planning and the rushed timeline hindered overall readiness. A phased approach and stronger integration from the start could have improved outcomes.

Recommendation:

Planning a gradual handover process while anticipating future transitions helps ensure continuity and prepares for long-term sustainability.

KEY DRIVER 4: **Adaptiveness**

The topic of adaptiveness may be addressed transversally but it is crucial for it to be highlighted as a standalone driver of good handovers.

Key Findings:

1. **Adaptive management vs. phased handover planning:** MSF's operational adaptability faced the relative rigidity of partner organizations' cultures, complicating the handover processes.

2. **Identification of ready-to-handover elements:** Continuous assessment of components' readiness for transition is needed, ensuring they can operate independently and adapt under new management.

3. **Capacity to consider plans B:** MSF lacked adequate planning for scenarios where initial handover plans fail. The organization needs better monitoring tools and has not fully explored the space between actively running programs and completely exiting them.

4. **Absence of contingency planning:** Clear approaches for post-handover sustainability risks were missing, including contingency plans for potential disruptions.

5. **Strategic adaptations for sustainability:** Shifts in community drug use posed challenges. Addressing polydrug use could have strengthened integration and clinic resilience post-handover.

6. **Responsiveness and adaptation to post-handover challenges**: MSF provided three months of technical support after the handover to monitor quality, and to advise the new management. This created a dilemma: while open communication helped identify and address problems, it may lead partners to seek continued MSF involvement, potentially undermining the goal of complete ownership transfer. Therefore, the MSF technical support should have had a clearer role from the start.

Summary of Key Findings:

MSF demonstrated flexibility in operational adjustments but did not embed sufficient mechanisms for adaptation into the handover process. The absence of contingency planning and co-management strategies reduced the ability to respond effectively to evolving challenges.

Recommendation:

Building flexibility into the handover process allows for necessary adjustments as circumstances change.

KEY DRIVER 5: **Stakeholder Engagement and Ownership Transition**

This driver recognizes that a successful handover fundamentally depends on people and their relationships. Ensuring a smooth transition requires a deep understanding of the stakeholder ecosystem, along with the application of tools and frameworks to analyze power dynamics and relational structures.

Key Findings:

1. **Stakeholder ecosystem:** Understanding the entire stakeholder ecosystem is crucial. As MSF steps back, the network seems less cohesive.

2. **Ownership, leadership, responsibility, and answerability:** The evaluation highlighted these four key concepts, with answerability being the final accountability for outcomes. However, there where confusion between these concepts. Challenges included fragmented answerability and fragile ownership.

3. **Perception of project ownership:** The project is still seen as "MSF's," which may hinder loyalty to new management and sustain the belief that MSF's standards are unattainable.

4. **Engagement of community stakeholders:** Minimal engagement with community stakeholders weakened inclusivity and reduced shared accountability.

5. **Highlighting the clients' role:** Clients, through HACK, need to be recognized as key actors in decision-making and accountability to ensure that the services remain relevant and equitable.

Summary of Key Findings:

There was a relatively stable stakeholder landscape throughout the handover process. County level ownership was strong, with clear pride and responsibility for the project. However, minimal engagement with community members and PWUD representatives weakened inclusivity and reduced shared accountability. Stakeholder analysis was included but lacked depth and showed a tendency to focus on high-level actors compared to community stakeholders; interactive mapping tools could improve clarity, document relationships, highlight key roles (e.g. gatekeepers) and address weak links.

Recommendation:

Participation and inclusion are key, prioritizing the most vulnerable. It requires addressing power dynamics in stakeholder engagement. Transferring ownership and responsibility to local stakeholders is essential for the long-term success of the MAT clinic.

KEY DRIVER 6: Cultural and Operational Alignment

Coherence of organizational culture and operational approaches between MSF and the receiving organizations is critical for ensuring a smooth transition during project handover. MSF's management style may not seamlessly translate to new management structures. Even more so its deepest values and ethos. This can lead to significant challenges in transition. Examining this means to look at the deeper parts of *the Handover Iceberg*, mentioned in *Key driver 1*.

Key Findings:

1. **Management style and skills:** MSF's adaptive management allowed quick decisions and flexibility. Transitioning to structured organizations raises concerns about maintaining this adaptability.

2. **Leadership:** MSF's informal leadership style enabled initiative beyond formal roles but may face challenges in more bureaucratic structures.

3. **Explicit organizational values and paradigms:** During the transition, MSF's patient-centered care faces potential compromise, risking a return to compartmentalized care.

4. **Existing network of connections**: MSF served as a key connector between various stakeholders, building trust and understanding beyond formal coordination. The loss of MSF's connecting role may create challenges that formal agreements alone cannot address.

5. **Tacit cultural norms:** The handover struggled to transfer unwritten rules and attitudes, with staff turnover and cultural differences threatening these norms.

Summary of Key Findings:

The handover revealed significant challenges in adapting to new management and operational responsibilities. These issues stemmed from differences in decision-making styles, supervision structures, and the complexity of public health systems. There are no unexpected challenges, nor major ones, and they are partially unavoidable. However, they underscore the importance of considering organizational cultures and systems to ensure smoother transitions and effectiveness.

Recommendation:

Anticipating and addressing the challenges of aligning MSF's culture and ways of working with those of the receiving organizations is crucial for a smooth transition.

KEY DRIVER 7: Performance Monitoring for Handover

Systems are needed to monitor whether services maintain their quality or deteriorate post-handover. Effective performance monitoring for handovers relies on clear criteria for what should be monitored and a shared understanding of what to do when reality does not match expectations, thereby building mutual accountability.

Key Findings:

1. **Monitoring the handover process:** Kiambu lacked specific tools to track handover progress, making monitoring difficult.

2. **Align monitoring systems early on:** The project used MSF's and MoH's systems. The post-handover will only use the MoH system, suggesting a need to design monitoring around government systems.

3. **Linking M&E frameworks to handover agreements:** Agreements need provisions for periodic in-depth monitoring beyond routine data.

4. **What is monitoring for: reporting or accountability?** MSF's project-centric monitoring system ended with the handover, raising questions about its long-term value.

5. **Monitoring needs people, not just systems:** Effective monitoring relies on dedicated people who can interpret and act on the data. The County MAT Coordinator's role was pivotal.

Summary of Key Findings:

Monitoring systems were not integrated into the handover process, which hindered adaptive management and limited accountability and oversight during transition.

Recommendation:

Setting up clear targets and indicators specific to the handover process improves accountability and helps track progress.

 KEY DRIVER 8: **Knowledge Management and Learning**

A good handover not only preserves knowledge but also ensures its seamless integration into the operations of those taking over. This process isn't just about writing reports; it's about actively capturing the lessons that matter and turning them into practices and systems that future teams can use. Capitalization, a key MSF process, is a chance to do just that: reflect, codify, and prepare. But for this to work, knowledge management must be built into the handover itself, designed specifically for that purpose. In this way, what's handed over isn't just tools and resources, but also the expertise and insights needed to use them well, from the perspective of the actors who will take over rather than from MSF.

Key Findings:

1. **AI potential:** AI offers potential for systematic documentation and sharing of knowledge, improving efficiency and effectiveness in the capitalization process.

2. **Knowledge transfer:** Handing over a model of care should focus on knowledge transfer through phases of learning in, learning during, and learning after the handover.

3. **Staff mobility:** The staffing issue poses a challenge as permanent staff express interest in moving on. The deep, specialized knowledge under MSF's leadership is difficult to capture or transfer, highlighting the need to reduce reliance on the current MAT team.

Summary of Key Findings:

The project generated valuable insights but did not fully leverage them to inform the handover.

Recommendation:

Capturing and sharing learnings from the project safeguards knowledge and can be useful for future MAT-clinic operations and handovers. Capitalization processes can be better leveraged by shifting

their perspective a bit, giving more attention to their true purpose and audience. On capitalizations in general, see also the brief paper developed by the SEU[3].

KEY DRIVER 9: **Post-Handover Influence and Support Strategies**

Can the handover of a center of excellence be simply disengagement? While the transition in Kiambu marked an operational shift, the project's ambitions extended far beyond service delivery. It was designed to model care for people who use drugs and drive advances in MAT and harm reduction practices across Kenya. A successful handover is then not just about maintaining services—it's about ensuring that the broader lessons, innovations, and advocacy potential of the program are sustained. This involves moving beyond Kiambu and using the experience to inform national replication and policy improvements. Additionally, this moment offers an opportunity to rethink handover processes themselves. For MSF, the challenge lies in finding the right balance; staying influential enough to ensure these ambitions are realized while stepping back to allow local actors to lead. Post-handover strategies can include technical assistance, consultative guidance, or advocacy partnerships—forms of support that extend influence without retaking operational control.

Key Findings:

1. **Technical support:** MSF was committed to three months of technical support post-handover to address immediate management transition issues; this was critical but an extended, possibly lighter, period of technical support from MSF might have better bridged the lack of operational overlap with LVCT.

2. **Consulting role:** MSF could shift to an advisory role, sharing expertise through activities like "MAT clinic health checks". This approach would focus on persuasion rather than control, building on local stakeholder relationships.

3. **Hands-on support in mini projects:** Targeted "mini projects" could address specific clinic challenges post-handover, providing focused support without overwhelming new management.

4. **Indirect support - supporting HACK and other allies:** Supporting PWUD initiatives like HACK is crucial for maintaining community engagement and accountability.

5. **Advocacy:** The project aimed to promote PWUD-friendly models of care through policy influence at multiple levels. Since MSF developed a model rather than just providing services, advocacy work needs to continue post-handover through local monitoring of agreements, national engagement in MAT forums, and regional knowledge sharing.

Summary of Key Findings:

Short-term technical support ensured continuity and addressed immediate challenges. However, there is uncertainty about whether MSF's long-term influence will persist, particularly in terms of advocacy and strategic guidance on systemic issues.

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[3] The SEU has developed a brief paper on making the most of capitalization processes, based on the evaluation of the Kiambu handover process. This reading can be useful for all MSF colleagues involved in documenting a project experience. Available on OCB intranet and https://evaluation.msf.org.

Recommendation:

Defining MSF's ongoing role <u>after</u> the handover is critical to ensure continued support and maintenance of standards.

KEY DRIVER 10: **Clarity of Commitments and Accountability Mechanisms**

A handover cannot be an act of faith, relying solely on hope that agreements will be respected. Agreements must also adapt to new challenges— with the consent of all parties. Transparent sharing of agreements is a vital first step to keeping the service on track. However, accountability goes beyond simply sharing agreements. It involves ensuring that agreements are respected and remain meaningful to those affected by them. Accountability rests on relationships and participation. It is about creating processes where diverse stakeholders, with varying power and roles, can take charge and respond to each other about their responsibilities. And of course, accountability might include – first and foremost - the clients of the service.

Key Findings:

1. **Clear, documented commitments and agreements:** Commitments were often unclear. MSF should use structured records and public summaries, linking commitments to measurable indicators.

2. **Transparency and communication of agreements:** For accountability to work, commitments need to be shared widely - not just among decision-makers but with all stakeholders. Transparency during the handover has been limited, or communication unclear. MSF can set a positive example by using accessible formats like infographics, videos, or simplified local-language materials. Sharing agreements more openly, even in abridged forms, can build trust and enable community-based monitoring of commitments.

3. **Spaces and protocols for negotiation:** Accountability isn't static; it must adapt to changing circumstances. Agreements should allow room for renegotiation when needed. To enable this, MSF should focus on creating clear, inclusive coordination mechanisms that allow joint decisions to be made transparently. This avoids siloed operations and strengthens collaboration among all actors.

4. **Spaces for redress - empowering accountability demands:** When things go wrong, accountability relies on the power and legitimacy of those affected to demand redress. MSF has taken a key step by supporting the PWUD CBO, HACK, giving PWUDs a voice to hold systems accountable. However, HACK remains underutilized in this role. Strengthening its involvement and leveraging Kenya's growing rights-based approach can ensure a more participatory and responsive accountability

The evaluation took a practical approach by prototyping a client-driven accountability system. The goal was to demonstrate the feasibility of implementing such systems—currently absent in the program—to ensure better transparency, trust, and ownership of the service. This work resulted into the previously mentioned *Participatory Assessment Tool*, developed with and piloted by HACK. The tool made it possible to collect some perceptions from PWUDs regarding the service in the MAT clinic post-handover. See *Situation as per November 2024*, earlier in this report.

Summary of Key Findings:

Accountability mechanisms were generally weak, with no clear structures ensuring clients could hold stakeholders responsible. Accountability to clients was notably absent, reflecting a governance gap in the handover.

Recommendation:

Establishing clear expectations and agreements helps guide the handover process and sets the foundation for future accountability, and for systems that empower PWUDs to hold service providers accountable.

CONCLUSIONS

Overall, the evaluation of the handover process celebrates the success of MSF in completing the transition within the planned timeframe. While some loose ends remain, the service is running at an acceptable standard, and stakeholders are benefiting from its core activities. The evaluation also confirms the handover process has been a rich learning experience, demonstrating that transitioning a program goes beyond a mechanical transfer of operations and must address cultural dynamics, systemic alignment, and the surrounding ecosystem. Drawing definitive conclusions on some of the evaluation questions is challenging as the handover is still unfolding. MSF's phased withdrawal, including the cessation of technical support and financial assistance for HACK by December 2024, leaves significant questions about the next stages and the prospects for long-lasting results.

RECOMMENDATIONS

Through systematization, the evaluation process uncovered ten *Key Drivers* of successful handovers against which the findings are presented in the present report. While there may not be a single "best approach" to handover and exit a project, this framework reveals crucial, often overlooked factors, based on the experience of the Kiambu handover. This framework can also serve as a valuable resource for MSF's reflection and future planning, and it is designed with the purpose of being adaptable to, and utilized in, other contexts[4].

The Key Drivers' Framework:

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[4] See separate SEU brief paper on Key drivers for good handovers. Available on OCB intranet and https://evaluation.msf.org

Pinpointing what matters	Reality check	Strategic Foresight and Phasing	Adaptiveness	Stakeholder Engagement and Ownership Transition
Identifying what makes the MSF-run clinic excellent and what needs to be preserved is crucial for maintaining quality care post-handover.	An honest assessment of achievable standards - measured against reality (contextual challenges, different capacities, priorities, perspectives).	Looking ahead to future transitions while planning a gradual handover process helps ensure continuity and prepares for long-term sustainability.	Building flexibility into the handover process allows for necessary adjustments as circumstances change.	Transferring ownership and responsibility to local stakeholders is essential for the long-term success of the MAT clinic.

Cultural and Operational Alignment	Performance Monitoring for Handover	Knowledge Management and Learning	Post-Handover Influence and Support Strategies	Clarity of Commitments and accountability mechanisms (with PWUDs at the centre)
Addressing the challenges of aligning MSF's culture and management/ operational style with those of the receiving organizations, is crucial for a smooth transition.	Setting up clear targets and indicators specific to the handover process improves accountability and helps track progress.	Capturing and sharing key learnings from the project safeguards knowledge and can inform future MAT clinic operations and handovers.	Defining MSF's ongoing role after the handover ensures continued support and maintenance of standards.	Establishing clear expectations and agreements helps guide the handover process and sets the foundation for future accountability, and for systems that empower PWUDs to hold service providers accountable.