

AN EVALUATION OF HANDOVER PROCESS OF THE KIAMBU PROJECT, KENYA

January 2025 | Silva Ferretti

BACKGROUND

The Kiambu Project was launched by MSF in January 2019 to provide medication-assisted treatment (MAT) facilities for people who use drugs (PWUDs) in Kiambu County, Kenya. It is the first project in the MSF movement to offer MAT to PWUDs and is unique for its patient-centered approach and innovations like take-home doses. Alongside the project, a PWUD-led organization, HACK, was established to provide harm reduction services to PWUDs.

With the project coming to its end in 2024, the MSF team wanted to assess how successful the handover process was. The evaluation began in spring 2024, before the handover to the Kiambu County Ministry of Health (MOH) and LVCT Health took effect, and continued with a second phase in autumn 2024, providing insights into the situation post-handover.

METHODOLOGY



PARTICIPATIVE AND ADAPTIVE APPROACH



DIRECT PARTICIPANT OBSERVATIONS



AI-DRIVEN ANALYTICS



CONVERSATIONS WITH KEY STAKEHOLDERS

CONCLUSIONS

Overall, this exercise celebrates the success of MSF in completing the handover 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 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 stage. The new partner's (LVCT) expanded role has yet to take full shape, and its ability to fill existing gaps remains uncertain.

Through systematization, the exercise uncovered [10 Key Drivers of successful handovers](#) against which the findings are presented. This framework can also serve as a valuable resource for MSF's reflection and future planning.

FINDINGS

- 1. Pinpointing what matters:** 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. Capitalization efforts were valuable but too late to influence the process meaningfully.
- 2. Reality check:** 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 the program could adapt post-MSF.
- 3. Strategic Foresight and Phasing:** While retaining staff and ensuring operational continuity were strong achievements, the late start in planning and rushed timeline hindered readiness. A phased approach and stronger integration from the start could have improved outcomes.
- 4. Adaptiveness:** 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.
- 5. Stakeholder Engagement and Ownership Transition:** 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.
- 6. Cultural and Operational Alignment:** While operational alignment was partially achieved, the transition highlighted the tension between MSF's high standards and the receiving organizations' capacity to sustain them.
- 7. Performance Monitoring for Handover:** Monitoring systems were not integrated into the handover process, which hindered adaptive management and limited accountability and oversight during transition.
- 8. Knowledge Management and Learning:** The project generated valuable insights but did not fully leverage them to inform the handover.
- 9. Post-Handover influence and support strategies:** 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.
- 10. Clarity of accountability mechanisms:** 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.