

EXECUTIVE SUMMARY

EVALUATION OF HOMA BAY HANDOVER MSF OCP, KENYA

MARIELLE BEMELMANS, ANNIE DÉSILETS

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In recent years, MSF has recognised the need to improve its handover process and outcomes. It is no longer satisfactory for the organisation to enter a country, put in place a programme and leave without some degree of accountability for what remains after MSF's departure. This tendency has led the MSF Operational Centre Paris (OCP) to review the handover process of the Homa Bay County Hospital project in Kenya. The main goal of this evaluation is to explore how effective the handover strategy was in contributing to sustainable, comprehensive quality of HIV/TB care in Homa Bay.

Since 1996, MSF OCP has been working in HIV care in Homa Bay County. In 2001, the organisation initiated antiretroviral therapy at Homa Bay Hospital. At that time, the objective was to reduce mortality related to HIV, demonstrate the feasibility of treating a large number of patients in poor resource settings and lobby for increased access to HIV care.

In retrospect, MSF achieved these objectives and in early 2013, in collaboration with the Ministry of Health, MSF initiated a handover strategy with a view to end its engagement at Homa Bay Hospital by December 2015. The strategic objective of the Homa Bay County Hospital handover project was to provide an acceptable level of quality of care for HIV & TB patients independent of MSF.

Overall, the handover stayed on track and the participants bought into the process from the beginning. This facilitated adherence to the handover timeline, and the transfer of MSF staff to the Ministry of Health, which was largely successful. Patients continued to receive HIV care at Clinic B, the HIV clinic in the Homa Bay District Hospital, in particular with an uninterrupted supply of ARVs. The supply of Opportunistic Infections medication and other essential drugs has been more problematic, which led to patients often being referred to a pharmacy outside Homa Bay County Hospital to purchase the prescribed drugs. The Homa Bay County Hospital cohort reports a high number of patients on 2nd line drugs as well as an increasing number of patients failing on treatment, detected through the improved availability of routine viral load testing since mid-2014. The reduction in counsellors and defaulter tracers as well as the malfunctioning *Kenya Electronic Medical Record* (KEMR) system resulted in not being able to identify defaulters timely and probably led to a decrease in quality of care, although it is difficult to confirm a direct link between these factors and a possible worsening of patient outcomes. In particular, children and adolescents are at most risk and measures to address these groups must be taken. Although the handover project did not achieve its objective of transferring out patients and reducing the number of patients followed at Clinic B to 5,000, decongestion of the clinic was still achieved through the implementation of the Six-Month Appointment (SMA) system, allowing stable patients on ART to only have a clinical visit every six months.

The handover dashboard was appreciated as an efficient communication medium for the various stakeholders including patients and staff. The tool also helped the steering committee as it provided clarity on and a perspective of the goals of the handover and helped to keep the entire team focused on the outcomes and activities required to reach those outcomes.

The simplicity of the tool (the green, red faces) is its major asset but it also requires discipline from the team to implement it. However, it was noted that many new expats had difficulty understanding exactly how the tool works and the link between the indicators and the dashboard. This can be a risk for the handover if there is limited clarification. In the case of Homa Bay, one challenge was that the indicators did not measure what is actually needed to ensure a successful handover; it is observed that only 33% of the indicators are well-adapted to the Homa Bay handover. For example, the indicator related to the medical supply has measured the level of MSF support still provided, including non-handover related supplies such as study materials or supplies that the Ministry of Health is unlikely to take over anyhow (i.e. for the TB culture lab). It does not reflect if patients are actually accessing the drugs they need or if the Ministry of Health is assuming an increased level of responsibility in the procurement of drugs and supplies. Focusing on the 'wrong' things may have diverted efforts from focusing on more appropriate issues, in particular the more structural problems encountered in the health system that impacted the effective delivery of quality services and that required more analysis to identify the real bottlenecks.

Because of the difficulties around the data and, consequently, less clarity about the quality of care, certain groups appearing more at risk (youth) and the unavailability of essential drugs, the handover project has only partially achieved the operational objectives of acceptable quality outcomes in the services, availability of qualified staff independent of MSF, continuity of medical supply independent of MSF, simplification of care, use of standard Ministry of Health protocols and use of Ministry of Health data tools. There are some major hurdles to overcome between now and the planned time frame for the end of MSF activities at Homa Bay Hospital. In fact, although it is not recommended to stay fully engaged, continued MSF involvement may be required in order to accomplish the intended objective of the handover.

LESSONS LEARNED FROM THE HOMA BAY HANDOVER PROJECT

RELEVANCE	EFFECTIVENESS	CONTINUITY & CONNECTEDNESS
A long-term handover strategy provides a good opportunity for services to continue once MSF withdraws.	The dashboard tool is generally very useful for identifying challenges, but participants could be more critical to review if indicators still measure 'the right things'.	The development of a genuine partnership with the health authorities in delivering joint interventions is key to increase chances for sustainability.
Early and timely communication of the intended handover at all levels is of high importance and has been appreciated; however, messages became confusing when MSF decided to stay involved in certain areas beyond 2015.	The continuity of certain key staff positions has been critical.	A thorough environment analysis is important when designing the handover strategy to ensure that indicators and targets are realistic and that operational, technical support and advocacy are aligned.
	The handover coinciding with the devolution process had some advantages of better availability of decision-makers at field level but made the handover more demanding for the Ministry of Health.	

RECOMMENDATIONS FOR THE HOMA BAY HANDOVER PROJECT

- ➔ Reflect on the decision to stay in Homa Bay after having invested three years in the handover of the project.
- ➔ Review and adjust the advocacy strategy and immediately increase efforts in key areas such as counsellor recognition, medical and laboratory supply, and capacity building.
- ➔ Approach other organisations before the end of the year to discuss their capacity to sustain continuity of the TB lab, gap fill essential supplies, strengthen the KEMR, support training, support case management of children and adolescents and Kaposi Sarcoma cases.
- ➔ Where it is not possible for partners to take over areas mentioned above, continue to support the management of Kaposi Sarcoma cases, data collection tools (KEMR and EDIT), the gap filling of essential drugs and supplies, and provide support for setting up a revolving fund for the lab.

RECOMMENDATIONS FOR FUTURE HANDOVERS

- Allow sufficient time for a sustainable handover of activities.
- Develop genuine partnerships, use innovative ideas, such as tripartite partnerships.
- Establish relevant and useful indicators and monitor progress by using a dashboard.
- Develop communications and advocacy strategies early on.
- Accept that the level of quality of care will diminish and establish acceptable limits from the onset.
- Develop and implement a capacity building plan that includes training of trainers to ensure continuity of knowledge transfer.
- Ensure the continuity of at least one key position throughout the handover period.