

MR Author	<i>Dirk Gillebert</i>			
Project	EMR Kinshasa			
Country	DRC			
Project timeline	From	<i>December 2017</i>	To	<i>July 2018</i>
Evaluation timeline	From	<i>May 2018</i>	To	<i>Sept 2018</i>
Commissioner	<i>Pierre-Louis Mercereau</i>			E-health unit/Med Department

Evaluation Management Response (MR)

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

- *Please summarize the intended use. What were the original questions that led to commissioning the evaluations? Did this change during the process of the evaluation?*
- *What findings that the evaluation identified can be used to contribute towards the intended use?*

The Electronic Medical Records (EMR) for OCB project foresaw in the selection of a tool, the implementation as a pilot in 2 projects and the preparation of further roll-out. Each of the pilots had to be evaluated to optimize the lessons learned for the further roll-out.

The evaluation was to focus on the methodology and processes of implementation and how to improve it rather than the EMR's benefits in the project. Therefore, it was planned right after the final deployment in order to catch the opinions of the people who lived through the experience.

The following findings were taken to heart:

- Focus on better elicitation and communication of the objectives within the project – and keep in mind MSF's notorious turnover
- Improve the governance of the implementation to involve the right people at the right level
- Improve analysis procedures and deliverables to ensure better configuration from the first deployment, rather than fixing badly adapted configurations and workflows after the fact
- Continue to improve workflows, with a special focus on fitting together the paper and digital parts
- Improve analysis of equipment needs and have it validated at the necessary levels

However, throughout the process, the evaluator:

- Forgot the focus on the implementation methodology and processes and oriented too much towards the benefits of EMR for the project (for which it was too early to assess)
- Claimed we neglected epidemiologists, which were included in the process while nevertheless being explicitly out of scope
- Ignored the context of finding the right tool for the whole of OCB, i.e. the need for replicability, and focused too much on how it would have been better for CHK only
- Ignored the literature consensus that abandoning paper in favour of digital patient records is not an appropriate goal

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Summary of main takeaways

Based on the findings and recommendations

Successes/Strengths	Challenges/Weaknesses
<ul style="list-style-type: none"> - Efficient & straightforward communication with SEU - All of the lessons learned above have, by now, been acted on and have created real added value for the EMR project and program: processes have been defined, communication has improved, governance has been implemented at project-level, analysis has been strengthened, etc. 	<ul style="list-style-type: none"> - We are lacking to some extent answers on our key question: how can we do better in future? We feel we have learned from the recommendations, but that these learnings are only partial. - Insufficient consideration of the context presented to the evaluator (as indicated above)

Recommendations:



EMR CHK
Recommendations f