

# HUMANITARIAN HEALTH ASSISTANCE COURSE EVALUATION

**MSF SWEDEN INITIATIVE TO PREPARE FIRST MISSIONERS** 

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### SHORT VERSION

COVER PICTURE: Extracted from OCBA Training Brochure 2017

## **EXECUTIVE SUMMARY**

In 2013, MSF Sweden contracted Uppdragsutbildning (Executive and professional education), a third-party service provider to set up a medical course known as Humanitarian Health Assistance (HHA). HHA is targeted at doctors and nurses recently recruited by MSF. Its objective is to prepare them for their first mission with MSF. The course is accredited with 15 ECTS. It is sub-contracted to the Swedish Red Cross University College (SRCUC) with Karolinska Institutet (KI). An initial 3-year contract was signed and extended for a one year period in 2016.

Considering the investment that this course represents for MSF Sweden, and coinciding with the end of the contract period, this evaluation was requested. The evaluation aimed at fostering a better understanding of course outputs and outcomes, in order to support informed decisions to move forward (as per ToR). It was expected a summative review of the overall relevance and success of the course, its strengths and weakness, and recommendations for the future.

This evaluation was carried out from December 2016 until March 2017. Methods included semi-structured interviews, an online survey of all the participants, direct observation of selected lectures, document review and analysis, and research into similar courses. The review covered the 2013-16 period with sporadic evidence gathered from years before and after to better understand its history.

The HHA course is **relevant and responds to OCB/OCG requirement for medical first missioners**. The sections which do not consider Tropical/Global Health courses as a prerequisite, identify this kind of courses as "an asset" or "preferable" for first missioners. Although no formal analysis was conducted on medical and nursing university curriculum in Sweden, interviewed participants identify that the content of the course was unknown for them and in line with the needs of their field deployments. Other courses exist in Europe but with some differences in terms of content and general design.

The course has an **excellent and recognized academic level** which is highly valued by MSF. Prestigious institutions such as Karolinska Institute and the participation of "TED" type lecturers may be considered as quality assurance. Such collaboration has no equivalent within the MSF movement. Some of the interviewed departments express their interest in such collaboration. **Improvements and adjustments, however, could be envisioned,** based both on participants' opinion and interviews with MSF departments. Topics which may deserve consideration are: HR management, ethical dilemmas, MH and NCD diseases and palliative care. From a teaching perspective, increase of "practical and hands-on" time (i.e. simulations, case studies, interactive discussions), may be also considered.

Most ex-course participants indicate that the course had a **clear added value for their performance and confidence as first missioners**. Wider understanding about health factors and how they can affect population; knowledge about main actors and ways to operate in medical humanitarian intervention; clinical awareness about diseases to suspect and care for them during clinical or supervisory work; knowledge about where to find and consult scientific documentation (guidelines, peer reviews...); and integration of new technical skills were mentioned by interviewees. Participant felt strongly that the course contributed significantly to their wellbeing during their missions. The nature and the extent of this added value, however, were not formally measured.

The course is considered as **well adapted to MSF context** as shown by the use of MSF bibliography and case-studies, lecturers with MSF field experience and course committee members with large MSF experience. The course, however, seems to be **a sort of UFO or "free agent" in the MSF cosmic universe** with no formal connection, recognition, validation by training and technical entities. This may jeopardize the recognition of the course by MSF, its use by other sections and its adaptation to MSF reality.

The **cost of this course seems modest** relative to its added value and in comparison to similar courses. However, considering the fact that no other similar course is offered free of charge to first missioners by any MSF section, it may be questioned as it is not a standard practice. In addition, measurable outputs are limited (number of people attended the course, number of participants deployed to the field, number of missions conducted by participants...). For these reasons, even **this modest cost may be put in question**.

Several **options exist for the continuation of this course** in many dimensions. To mention a few: changes in the targeted audience, changes in the course objectives, reorientation or increase of existing collaborations, and identification of new partners and sponsors. They should be explored further by MSF Sweden with other sections / OCs as well as private and academic partners, national and international sponsors. All these potentialities should be geared at making this course part of a vision and an ambition that can be shared beyond MSF Sweden and, why not, beyond the MSF movement.

- ⇒ Recommendation 1: Conduct an analysis/reflection on the continuity of this course and its strategic positioning within MSF.
- ⇒ Recommendation 2: Actively promote this course within MSF (first missioners, non-first missioners) and/or outside of MSF. This may require specific adaptations.
- ⇒ Recommendation 3: Establish formal relations/connections with MSF actors involved (Medical Department, L&D Unit, HR Departments).
- ⇒ Recommendation 4: Review/revise the course content and methodology as specified in the findings and in line with Recommendation # 1.
- ⇒ Recommendation 5: Explore alternative sources of support for the course including options for external donors/sponsors.

### Stockholm Evaluation Unit

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