2014 Handover Toolkit 2.0

“Success Is Also Measured By What You Leave Behind”

By Rodd Gerstenhaber
Acknowledgements

Nothing can be done by one person alone (including this toolkit). In all truth, most of the foundation of this toolkit was previously generated by other people. It therefore seems appropriate to sincerely thank those handover trailblazers especially Lauren Pett and Guillaume Jouquet, authors of the 2011 MSF UK handover toolkit. The list is really too long to include here, but in many cases you’ll see their names as author(s) on the documents referred to in this toolkit as additional resources. Additionally we must recognize that other handover field tools such as a logframe, project document or other is generated by the input of an entire team, not just one or two people. Hence, although not possible by individual name, recognition for all those that contributed to all the tools included here is well deserved.

Additionally sincere thanks go to Marc Biot for the support and management of this process and to Helen Bygrave who gave feedback and directly contributed to the toolkit.
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1. WHY USE THIS TOOLKIT? (INTRODUCTION AND OBJECTIVE)

Acknowledging that some projects may not need, or want, to be handed over; then if you’ve picked up this resource, it’s because you’ve already decided that your project (or some of the project activities) should or will be handed over to another partner(s) at one point in time. If the above is not true in your case, then no need to read any further.

MSF, in its effort to respond to changing needs around the globe, especially emergencies, is by nature an organization which is continuously launching projects. Either due to resource limitations or by fulfillment of its original objectives, in order to open projects elsewhere other projects close. Hence all projects start, they grow and they eventually stop. This reality has existed within MSF (and other organizations) for decades and almost certainly will continue for decades to come. Yet as more and more longer-term “choice projects” were started within MSF, the question arose of “what is MSF’s responsibility to the patients, communities and ministries when exiting and even after exiting a project?” Since MSF initiated this internal reflection, much (and it really is a lot) has been written about MSF and its attempts at conducting a handover of responsibilities to a partner as it halts it’s activities.

Generally speaking, many important points or “lessons learned”, of what to do and what not to do have therefore already been put on paper and serve as valuable resources for all staff to utilize. Not surprisingly, even though MSF has analyzed handovers from a variety of contexts containing different medical activities, many of the lessons learned are somehow the same. This then leads to the conclusion that although each project is unique, there is the possibility for some level of standardization when recommending an approach to handovers. Understandably standardization can be a scary word. True that over-standardization leads to many problems and should be avoided, yet standardization is one way of integrating these “lessons learned” and converting them into institutional knowledge with the aim of increased efficiencies. Hence, let’s be critical but not reluctant to use standard or semi-standard tools and take advantage of having easy access to real-life examples from the field. This is the organizations attempt to stop us from re-inventing the wheel, which is something we all love to do, but is almost always entirely a waste of time.
Therefore, if all goes well, this toolkit will provide a practical and user-friendly resource for anyone to consult when they have doubts about issues related to project handovers. Yet as stated, many resources already exist and without falling into the same deadly trap of re-inventing the wheel here, this toolkit will attempt to build upon what exists by guiding the reader to the original material as needed. The already existing material is actually the key; it’s basically the wheel.

When we say the word handover, maybe many different things rush into your mind and maybe many of those things are not all entirely positive. No problem. There is no silver bullet and it’s true that handovers take resources, dedication and lots of patience while often struggling to attain some measure of visible success. That is the reality, but the reality also is that **making the efforts required to attempt to do right by the beneficiaries and stakeholders is, with little disagreement, the right way to go.** Therefore, let’s hope that the templates, real field examples and reports contained or referenced here will be useful for those in the field to go about “getting down to business” and allow field teams to be able to say that they, with all MSF’s knowledge and experience, gave the handover their best shot.

As shown in the Table of Contents, this document is broken down into 4 main sections. They are organized chronologically and appear as below.
This isn’t the perfect “project cycle”. Since this toolkit is about handovers, it’s an adaptation of a project cycle manipulated in such a way as to bring out the important phases that have the largest implications for exits/handovers. Although Section 3 is the only chapter dedicated to the “formal handover process”, all the chapters add something when attempting to achieve a successful handover and shouldn’t be ignored. Essentially the toolkit is structured so that the user can identify at what stage of the process they are in (or about to be in) and consult (and hopefully use as is or adapt) the material/resources provided for that particular stage.
2. THE BEGINNING OF THE END (PROJECT DESIGN AND PLANNING)

“Start thinking about the departure from the moment of arrival” Andrei Slavuckij

“Accept that from day one you will leave one day.” Rodd Gerstenhaber

If you’ve picked up this resource several years into your project with only 3 months left before you close the office; it’s too late. Forget it. Just close up and go home. Okay, that’s not fair and it’s not too late to try your absolute best to still have a successful handover. There’s still a lot you can do, but it will be more difficult starting at such a late stage than if the process had started earlier. If this really is your situation and you’re joining at this stage of the game, consult Section 3 quickly.

It has been said again and again and it remains absolutely true, experience has shown that the most successful project handovers (the ones with the least amount of problems because there will always be problems, those things we positively refer to as “challenges”) are those which consciously accept that from day one MSF will leave one day. This realization, although obvious, is not something which MSF should keep to itself and assume that all actors also understand. Successful handovers openly acknowledge to all stakeholders that the reality is such. By starting the project with the mentality of “continuity of service” after MSF leaves and by telling everyone precisely that, your eventual handover, which could be years and years away, has got off to a fair start. Not only will the MSF staff and beneficiaries appreciate it, the partners around you certainly will and hopefully they’ll adapt their cooperation strategy with MSF accordingly.

Lesotho example

“The Lesotho project is unique within the MSF OCB portfolio of AIDS projects in that it was given the specific challenge to envision an exit strategy from the beginning and to utilise relatively limited MSF resources and input, instead emphasising on the building of local capacity with a view to ensuring continuity of services over the long-term, independent of MSF......All employees knew that MSF was leaving the project since the beginning of their contract. However, and most likely due to the fact that MSF extended the project in 2008, some employees felt a shock when a date was set and the handover started to materialize. In general, they all thought that the communications, both internally (with employees) and externally (with other stakeholders) was done well.” (A. Desilets 2010)

It’s pretty obvious why the above is so important in the design and planning phase of the project. If we take the opposite example of not considering the handover when launching a project, we find ourselves in the very common mindset that “MSF will do everything”. If MSF does everything during the project lifecycle (HR substitution, drug provision, program management, etc.) when MSF leaves, as we already know it will at some point, there will be no organization/entity with the capacity to continue to run the
activities and therefore we can assume that there is a real risk that they will come to a catastrophic halt post-MSF. Patients and communities may stop receiving the care which MSF had deemed was so vital since it was our justification for intervening in the first place.

Yet if we acknowledge that we don't want to do it all alone, that means we must involve and collaborate with other entities. In doing so, we gain a lot of advantages with regards to an eventual handover of a project or some project activities. Yet many would ask, “does such a strategy reduce our ability to achieve our medical or strategic objective?” With a bit of faith, let’s believe that both objectives are achievable and compatible: to establish a medically relevant program for a clearly identified need AND to design MSF’s intervention in such a way that once the medical objective has been reached that medical activity can continue even without MSF’s intervention or resources.

Be optimistic, yet realistic. There will be a handover, even though we’re talking about it from the launch of the project, it’s likely to still be years and years away, and the handover period itself could last well over a year or even two. So let’s not conclude that MSF, by adopting an awareness of the eventual handover and collaboration it requires, can’t innovate medically, change policies, advocate or have a large impact on health in that time frame. Logically we rationalize this type of approach as a balance between what gains the beneficiaries can have in the short term (during MSF’s intervention) versus what pain they may suffer in the long-term (once MSF has left without a handover).

That is not to say that by adopting this approach MSF won’t have to sacrifice anything. Most often, by collaborating with others (MoH being our primary partner in many cases), MSF must adapt and even sacrifice certain things. For one, quality of medical care may not be exactly the same level if the intervention had been fully conducted by MSF alone. For some staff, this apparent (or real) reduction in quality can be a heavy burden to bear.

It is an absolute priority for MSF HR that all staff, both national and international, receives comprehensive information about MSF’s approach and project design before starting. People need to be prepared properly in advance for what they will find in the field with regards to the handover since
in some cases the handover friendly approach isn’t in line with people’s pre-conceived ideas about the field reality. Correct preparation will hopefully reduce any frustration which may come later on.

To conclude, it’s worth acknowledging that launching a project is complex, stressful and leaves little time for other things; emergency interventions even more so. Also, we must acknowledge that all eventual project activities will not be known or foreseeable for a project while in its infancy. Nevertheless, the ideal situation for all (whether realistic or not) is to consider that the project will end and MSF can come to some general conclusions about that project’s end during the project design phase. At this moment in time there is no need to add the handover details to the logframe or to monitor specific handover indicators. Just give it lots of good thought and write that rough plan into the project document/COPRO exit strategy chapter. Having a plan designed for the handover/exit considerations before the field teams actually hit the ground helps to plant the seeds which can be harvested later on when the handover occurs, whenever that may be.

**Project Checklist 1.1**

**DESIGN PHASE**

<table>
<thead>
<tr>
<th>DOs</th>
<th>DON'Ts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identify the Medical/Humanitarian needs. Conduct a detailed assessment including stakeholder mapping exercise when doing the project assessment (explo/copro) with as much local involvement as possible.</td>
<td>Adopt “MSF can do everything” approach. Remember that post-MSF others will need to feel ownership and buy-in for the project activities.</td>
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<tr>
<td>Choose strategic objectives that HQ and the Field agree on. Have clear and consistent project objectives which, when achieved, can trigger a formal handover process. Excessive mission creep or variations in the project objectives can lead to confusion.</td>
<td>Commit to the details. You can’t predict specific aspects of the future handover so don’t. In the initial phase of the project, it’s enough to recognize the broader initiative of sustainability post-MSF.</td>
</tr>
<tr>
<td>Fill-in Project Doc/COPRO forms. The Exit Strategy section should be fully utilized so as to generate a discussion and a consensus between the field and HQ right from the launch of the project.</td>
<td></td>
</tr>
<tr>
<td>Get approval to launch project.</td>
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</tbody>
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**STRATEGIZE ON SUSTAINABILITY OF PROJECT ACTIVITIES**
Many, if not all, “handover evaluations” conducted towards the end of a handover have concluded that considering the eventual handover from the beginning is essential (ex. Julliard 2013, ...) , yet there are no documents available (at least that the author can identify) where MSF has utilized an expert (either internal MSF or external) to generate a report on handover considerations PRIOR to launching the project activities. It seems to show that this is an area where MSF can improve and potentially dedicate more resources to with regards to taking the recommendations from the evaluations and putting it into practice towards successful handovers.

Consult database for further important documents: 01, 15, 34, 37, 46, 48, 64, 65, 103
3. WORK TOGETHER TO REACH YOUR GOALS (IMPLEMENTATION AND MONITORING)

“Those who have learned to collaborate and improvise most effectively have prevailed.” Charles Darwin

Project implementation is probably the part of the job that the majority of people like the most. It’s the “what we do”, go out there and get your hands dirty. Monitoring, reporting and managing the implementation of what we do may be what people like the least. It often is incorrectly downplayed as just paperwork or just reporting yet the two processes (implement and monitor) are inextricably linked in a synergistic relationship. Within MSF we recognize that our implementation has to be flexible and adaptable to ever changing environments and ever changing needs. Our logframes and budgets are not immovable objects, but rather tools that allow for some adaptation and variation. Through monitoring tools, such as the logframe monitoring report and quarterly narrative, we figure out how best to adapt the implementation activities we (and this refers to MSF and all partners) are conducting in order to have a more successful outcome. Whatever opinion you may have about either process, both present opportunities to further sow seeds for a successful handover.

As was already explained previously, project implementation when considering an eventual handover is similar to project implementation in any circumstance; execute the previously agreed upon plan in order to attempt to achieve the previously agreed upon objectives. Hence, as in the previous chapter, if the project design and project plan have considered how best to operate given an eventual handover then it’s time to just make that happen (as if it was really that easy). Life is truly imperfect and making a plan a reality requires following an overall coherent strategy which must adapt to opportunities and threats that appear along the way. In terms of a handover, here it is essential to keep a focus on “how” to implement the project activities in a handover friendly manner.

Additionally, remember that during the implementation phase MSF may have chosen to innovate, or deviate, from the national guidelines and protocols. If it has done so, it usually is related to the project attempting to effect policy change and improve medical care. These are noble and important goals. Consequently make every effort to bring about the policy change prior to launching the formal handover process, since it is typically unreasonable to expect a stakeholder to continue a program which is outside national policy, especially if that stakeholder we are expecting to take over is the Ministry of Health (MoH). Therefore, advocate actively for such guideline or policy change and theoretically, if other partners are involved in the implementation of the non-standard protocol, they
may be somehow more willing to take it over, if it hasn’t yet become accepted practice prior to the end of the project.

Since we’re already basing our plan on MSF intentionally limiting its resources and not doing everything alone, then the implementation and monitoring will be a joint exercise with the selected partners. Remember that ownership of an activity doesn’t come overnight so do everything possible to ensure significant ownership remains in the hands of those who will be actively implementing the activity once MSF leaves. Although potentially frustrating and complicated at times, the field teams should make their best effort in this regard. **Good collaboration with partners is based on smooth communication, clear roles and responsibilities, and accountability of each partner.** Therefore in order to ensure that these elements exist, don’t be afraid to formalize them with partners. It may be wise to involve stakeholders in the data collection and reporting so that the results can be presented jointly, not only by MSF. Jointly collecting, presenting and analyzing results to a multi-stakeholder committee, rather than MSF data to MSF medical staff will improve ownership amongst partners and open the door for all stakeholders to contribute something to solving whatever problems may be found.

Establishing technical working groups (TWGs) amongst the partners is one formal collaborative option. **There is a benefit to having technical experts from different partners analyzing data (hopefully data that was jointly collected and reported on by different partners, as mentioned above) and presenting solutions, of which MSF and other partners will need to then implement.** There can be one TWG unit for each main technical area or main activity, whether it is medical, logistical, administrative or even managerial. This type of TWG, although it requires significant effort on the part of all partners involved, is beneficial in the sense that it truly allows for all partners involved to take joint responsibility for some part of the operational activity, attempts to push accountability and also forces MSF to not hold all the ownership, something we don’t always feel comfortable doing.
The TWGs should have tools to use. For MSF we use the logframe and quarterly monitoring reports to plan our activities, monitor if they were conducted (or not) and compare our results to predetermined targets. The TWG could use the same or a modified Action Plan as a tool. As a minimum, formal minutes and a clear task division with regards to the agreed upon action points/timelines allows all present to hold each other accountable, if in the end some partner doesn’t meet their agreed upon responsibilities. Having a decision maker present from each organization at all TWGs allows for decisions to be made and committed to right then and there. Ensure TWGs happen, but that they don’t become a burden for actually conducting operations. TWGs are a requirement, just one option to establish a way to collaborate with partners in solving day to day operational challenges. The main goal is to have an open platform – from the start- for implementing partners to use in order to efficiently manage their operations as a de-facto team.

Yet often these TWGs, which are primarily technical teams, also need to be followed by higher level program managers. Therefore, having another layer of collaboration at strategic level is recommended, allowing for all the pieces from each technical area to fit into the larger strategic vision. This structure should meet less frequently than the TWGs and primarily function as the overall monitoring mechanism to ensure that the project activities are on track to meet the agreed upon project objectives. This platform is sometimes called a Steering Committee (SC) or Review Panel. The production of a periodic Joint Report is an ideal opportunity to hold such a meeting and present overall project achievements and failures. Ideally, as above, the data should be collected from different sources, by as many partners as needed and presented to the SC also in collaboration.

Field realities differ from place to place so partner commitment to such formal structures will vary. In the end, it may be MSF attempting to force others to come to the table to cooperate, but hopefully that won’t be the norm and partners will see the advantage of working together during the MSF project implementation period so that once MSF leaves, the implemented activities can remain strong. Either way, during the formal handover period, it is once again recommended by the evidence gathered to have these structures (TWG and SC) in place so it’s more a question of launching them in advance so that there is as much time as possible to prepare partners for conducting the activity without MSF.

In conclusion, by taking a collaborative approach to implementation, but also activity management and monitoring, from the very start the foundation for a successful handover is reinforced. Lack of communication with partners and isolating MSF as the sole responsible for the activity will once again almost ensure that a successful handover will be hard of reach. And please remember; avoid mission creep and deviating from the original project objectives (too much) whenever possible since once the formal handover starts, changes in operational direction add confusion, a point which is often reinforced by all HO evaluations conducted.
Project Checklist 2

IMPLEMENTATION & MONITORING PHASE

**DOS**

- Work together: Implement activities in synergy with other partners. Don’t isolate yourself.
- Establish structures, T2OAs and SCs allow for efficient collaboration amongst stakeholders.
- Be patient. Collaborating towards a common goal takes time and patience. Ensure that you have enough of both.
- Be open to good investments. Some activities may require initial investment now but will pay off once MSF has left.
- Promote interest from partners. Keeping a partner motivated to collaborate for a long period is difficult. Try to stimulate interest whenever possible.

**DON'Ts**

- Keep ownership. Making MUF the sole responsible for the activity will ensure difficulties when handing over.
- Expert decision. Have high level national staff very involved in T2O and SC level. This will help with consistency and minimize the effects of expert turnover.
- Forget to advocate. Involve partners, if possible, in non-standard activities and push advocacy agenda.
- Lose your focus. Mission creep and changing project objectives too much will complicate future handover process.

**COLLABORATE WITH PARTNERS TO MEET GOALS**
4. ITS HARD WORK TO DISAPPEAR WITHOUT A TRACE (FORMAL HANOVER)

For many, maybe they thought this would be Chapter 1 in the Handover Toolkit or that the entire document would be dedicated to this. The toolkit is about handovers after all. But if your project has made the effort prior to reaching this stage to prepare the project for a handover, then the formal handover should be (emphasis on should) relatively straightforward and successful. Stay positive and focused. **Be convinced that what you can achieve towards increased continuity of service for the beneficiaries is worth the effort since giving up may mean a complete collapse (or severe impairment) of the medical service.** Again, it goes without saying that everything described below will once again put an emphasis on collaboration and cooperation with other stakeholders, even if there is only one non-MSF stakeholder.

And since this chapter is about formalizing handovers using already existing tools and resources from previous MSF experiences, then it makes sense to focus on the handovers that have been conducted in this style. Is it a requirement to conduct every single handover using formal tools and structures? Of course not since there are no hard rules about this. But from the multiple handover assessments done within MSF, those that were conducted on handovers that used formal tools and methodology, **all assessments found that the formal handover process was acceptable, appropriate and effective.** Hence, let’s work from the foundation that formal handovers are pretty good and if for some reason a formal handover won’t work in a specific case, opt for some alternative (not discussed here).

First, what makes a handover formal? No it doesn’t mean you have to wear a tie and high heels to do it. It just requires **sticking to a methodology, strategy and tools throughout.** Luckily, all those components have already been tried and tested. To learn the details, check the powerpoint Guillaume Jouquet “Handover Strategy Methodology” and you’ll get the picture quickly. Also read “2011 Guide Making An Exit” by Guillaume Jouquet and Lauren Pett. And while you’re at it, why not read the “Handover Self-Audit” as well to see how well prepared your project is to conduct a handover. [Documents 20, 47 and 58 in the database]

The 2011 Guide Making An Exit contains a detailed description of how to launch the formal process using the methodology. It helps you and your teams develop, with your partners, a handover dashboard.
If you don’t want to follow the described technique word for word, at least take the spirit of the activity and make it your own so that you can squeeze out the information you need from your partners.

Once you’ve read the aforementioned documents please continue below. Really? Yes, really.

**Setting Objectives:** Conduct the collaborative exercise and see what comes out of it. Just be aware that all handovers generally choose similar Strategic (ex. Medical Care is happening correctly without MSF by # month # year) and Operational Objectives (ex. typically related to acceptable Medical Outcomes, HR, Pharmacy, Lab and Management). Don’t be either surprised or disappointed if your objectives are similar. Each context MSF works in is different, but our projects often have similarities as well. No matter what, someone is going to be disappointed since you must limit yourself to a low number of Operational Objectives (approximately 5). (example is document 9). Note that it may be possible, if you get prior HQ approval to do a post-handover follow-up, to set the Strategic Objective date post-MSF closure.

**WARNING:** It has happened many times that people come to believe that the dashboard is the methodology. The dashboard is just a monitoring tool for the handover activities. Make sure people understand that. The methodology is about achieving collectively negotiated objectives by continuously adapting project activities (PDCA). Once started, this collaborative process is relatively untouchable. It can be refined (more meetings, less meetings, different participants, etc.), but in its core it must always remain collaborative (remember ownership!). The dashboard on the other hand isn’t sacred and can be changed, adapted or revised as needed. In the end, it’s just the tool used to show the results of whether the project activities are or aren’t functioning without MSF, i.e. achieving the strategic objective (see below). If it isn’t showing you that, then give the indicators another look to see how they can be better.
**Defining Indicators:** Yes, it’s truly one of the hardest things to do. Besides being SMART, they should reflect whether MSF is or isn’t intervening in the activity. If you’ve been actively collaborating with partners prior to launching the formal handover, then you’ve got a head start. TWGs that have been working together already (ex. jointly collecting and analyzing data) should be able to easily agree on what is important to measure. If you have an external expert assisting with the workshops it’s an added advantage. Just remember that once you’ve chosen an indicator, it doesn’t necessarily have to stay in the dashboard forever. It can be adapted or changed or even removed, if need be. Again, you’ll have to limit the number of indicators you use. Some people say 10 maximum. Others say 15, but no more. No matter what number you choose, it’s arbitrary. The idea is to keep the number to the lowest possible but yet be able to measure the project’s priority activities. Having fewer indicators means less time spent collecting the data, shorter handover reports plus simpler and cleaner dashboards so strive to choose excellent indicators that are very representative of your goals and monitor only the bare essentials.

Note that if you have chosen as the handover end date a post-MSF closure date, make sure the indicators will be easy to collect 12-18 months later. In order to do this, it’s most likely you’ll have to choose data which is collected routinely by the MoH or consistently by another partner.

Try to maximize the number of indicators which are collected by non-MSF staff. Having MSF do it all alone doesn’t sound very collaborative, does it? Using the same logic as with routine project data described above, if it doesn’t all fall in MSF’s hands it’s better for transitioning ownership to another partner. That’s the ideal. Try it and see. If it doesn’t work, you tried. Then find an acceptable Plan B solution so that the data gets reported, which is a must.

**Baseline Info and Targets:** Gather the info using the indicators chosen. Set targets using the Working Groups. Once agreed upon, ensure that all the info gets put into a Handover Dashboard Guideline (example is document 30). This is the reference doc for the indicators and allows anyone to know everything they need to about each indicator and each target. Targets should be reviewed and adjusted at the mid-point of the handover in order to ensure that they were realistic. Remember, since the handover process will last several quarters, the targets can be milestones and measure achievement over time.

**Baseline Dashboard:** Red shouldn’t indicate that the project activity isn’t working, it should indicate that the activity (whether working or not) is dependent on a MSF contribution of some sort. It’s possible, but sometimes not realistic, to assume that as MSF phases out, the other stakeholders will be able to improve the results above and beyond what they are achieving with MSF’s help. Too much red is a reminder to keep targets realistic. Too much green also requires a review since it would mean that things are working already without MSF’s help and maybe negate the need for a handover at all.

**Implementation (PDCA):** Quarterly (or the frequency of your choice) produce a Handover Report. First produce a skeleton report with only the data. This skeleton report is ideal to get TWG input on the how/why the results are what they are. The TWG contains the people closest to the activity and therefore they should have the most accurate explanation. Incorporate the TWG feedback into the
The TWG feedback should contain their analysis of the results and recommendations for future actions. The feedback is used to make the final Handover report which is to be validated and reviewed by the Steering Committee (usually quarterly or bi-annually). After SC validation, the report should be circulated to anyone you want, both inside and outside MSF. Communication is essential! Utilizing this approach, the handover benefits from a technical steering (day to day issues) and a strategic steering (long-term, broad perspective).

**Reporting**: Within MSF, projects are required to produce many reports throughout the year, but there are three which stand out: handover report (if doing formal handover), quarterly monitoring report and donor report. If you put different indicators in each report, that’s a lot of M&E to conduct, and a lot of analysis which needs to be done. Simplification helps. With **good planning you can use exactly the same indicators for all three reports, whereby reducing the burden of reporting**. Aligning the handover report indicators with the donor report indicators only requires the donor’s permission. Inform the donor about the valid reasons for this arrangement and hopefully they will accept. Incorporating the handover into the quarterly monitoring report is also relatively straightforward. Depending on the number of ERs you have in your logframe, the handover can be one very large ER or maybe several ERs. Either way, if you put the handover in the logframe it helps for activity planning, costing (budgets) and reporting. Therefore, give it a shot as it should reduce the burden of data collection, report writing and analysis substantially.

The handover report is the communication tool you are using with different stakeholders, both internally and externally. It does take extra effort to produce, especially if you have to create new data collection tools in order to collect the information you want for your handover indicators. Like in all situations, try to keep the number of pages to a minimum to increase readability of the document. Some suggest that 15 pages are enough. Without setting an exact page limit, reflect on keeping the document concise. (**example is document 40**).

Additionally, it is very useful to create a site specific handover report to be shared with each site that is part of the handover. The general handover report doesn’t make it very easy to follow the details of each site (site = health facility) over time, so the site specific report fills this gap. It can be used by the teams as a teaching and motivational tool to push the health facility to improve their results. (**example is document 31**).
**HR:** It takes a specific set of competencies to run a handover yet it is something which is now quite common (especially in HIV programming) and so it is addressed in part by the SAMU HIV Programmatic Training (see training materials 14 and 18). As mentioned above, very explicit briefings and job interviews need to be conducted so all staff are clear about their role in the project and the handover. Finally, HQ and the field should **make every effort to ensure that the team is composed of strong, experienced managers (if possible with some development experience) and that there should be as little turnover amongst the team as possible.** Ideally, one group of staff would oversee the handover from beginning to end, whereby improving continuity (a key element in handovers).

One observation from the multiple assessments has been that turnover amongst national staff is typically relatively low. **Having a high level national staff manager working as the “handover coordinator” can be beneficial.** A standard job description of such a person doesn’t currently exist but check document 78 for ideas.

**Accountability:** Potentially one of the most frustrating aspects of a handover is the perceived lack of engagement (ownership or accountability) of the partners who are to take full control of the activity. Often the disengagement may be intentional (no interest in the activity) or may be more the consequence of lack of resources (financial, HR, time) to dedicate to the handover. Either way, this is a very real risk for facing innumerable challenges in the handover. **Since the handover involves a number of stakeholders, each stakeholder should assist to hold the others accountable.** For example, involving national program managers may help to push local managers to fulfill more obligations. Additionally, involving patients and community leaders may also help to hold local managers more accountable. The SC is a type of watchdog for the handover, but it is not the only possible one. Keeping as much pressure on from multiple angles may (repeat may) have some effect. It may also not make many friends from the partner you are pushing, so do your best to balance “smooth implementation and collaboration” with “accountability pressure”. Utilizing the role of the NS Handover manager is another option for applying pressure, but in keeping the program managers (FCo and MFP) still on good terms with the local program managers. Also be open to inviting guests to the Steering Committee, either for accountability or technical input. ([see document 78](#)).

**Communication:** **Have a communication plan.** If you have a communication officer in the mission, try to utilize this resource. Let’s accept the principal that you can’t communicate too much on this subject and no matter how hard you try its likely someone will say “I had no idea MSF was leaving”. Making all stakeholders (national, regional, local, community and patient) aware requires work at all levels. Holding large stakeholders meetings with representatives from all levels is a recommended strategy. Holding such an event is complicated and rather expensive so it’s only meant for key moments. This means holding a handover launch and handover closure event where the launch explains what the handover will entail and the closure summarizes the achievements/challenges of the handover implementation. In addition to these event, smaller meetings should be held periodically with the other stakeholders, possibly every 6 months. ([see document 28, 36](#)).

**Ending the Handover:** How long should the handover be? Each case is different. Logically, more complex and more resource intensive projects should require more time than simpler, less resource intensive
ones. Either way, flexibility (time/financial) is required if we follow the methodology correctly. It’s risky but worth the risk if you attempt to let the indicators speak for themselves. Ideally once they are “acceptably good enough” you leave. This “acceptably good enough” stamp of approval will need to be validated by the SC and need to come minimum 3 months before the expected handover end date after an in-depth assessment. (see document 50, 51).

Having said that, life isn’t ideal very often. Keep in mind that anything less than 12 months isn’t enough time to benefit from the formal handover process since your TWGs and SC will only be able to meet twice before having to hold the in-depth assessment meeting. Therefore, from 15 up to 24 months seems like a more acceptable timeframe in order to allow for the system to work, though many would question if 24 months is just too long.

**Project Checklist 3**

**FORMAL HANOVER PHASE**

<table>
<thead>
<tr>
<th>DOs</th>
<th>DON'Ts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Collaborate daily. If you mistakenly haven’t collaborated enough with partners up to now, it is a must.</td>
<td>Expect perfection. To be user-friendly, handover tools do not cover every activity in detail. Understand and accept the limitations of the process.</td>
</tr>
<tr>
<td>Exit innovation. Stop any innovation which will not be sustained post MSF and only innovate in areas where it will facilitate the continuity of the activities, eg. improved efficiency.</td>
<td>Be insidious. The handover tools should be reviewed and revised, but not intentionally manipulated to show false success.</td>
</tr>
<tr>
<td>Commit to HQ. Long term (entire HO period) contracts for experts with solid HO experience. High level national staff as HO manager.</td>
<td></td>
</tr>
</tbody>
</table>

Consult database for further important documents: those mentioned above plus any handover evaluation for your context or field example from the database that seems appetizing.
5. AFRAID TO LOOK BACK (CLOSURE AND POST-HANOVER)

“Those that cannot learn from history are doomed to repeat it” – George Santayana

Project handover and project closure are two separate things which should not be confused. The term handover has been used throughout this toolkit and refers to passing project activities (or responsibilities) from MSF to another entity in an attempt to ensure continuity. Typically these are medical activities, but they can also easily be logistical (patient transport or drug supply) as well as financial or administrative (clinic staff). The term project closure refers specifically to the internal MSF processes needed to actually leave a project area. These processes are mainly logistical and administrative, for example ending a rental agreement for houses/warehouses or ending the MoU with partners. There are tools already in existence to assist teams with project closure and this isn’t one of them. Consult your operational center to access those types of tools (see document 61).

So here you are. You’ve gone through the handover, from start to finish. The teams have worked collaboratively with stakeholders, you’ve tracked and communicated on the handover throughout, you’ve tried to ensure that the priority activities are now fully functional and managed completely by someone who isn’t MSF and you’ve said goodbye (ie. closed the project, terminated staff and MSF has left the project location). You’re done, right?

As it has been brought to several MSF GAs as a motion, MSF has repeatedly faced the question head on of whether to agree to go back to project locations after having closed a MSF project to assess the health situation of that area. On all occasions (as of date of toolkit creation) this type of motion has been voted down following the mantra “don’t look back unless you’re planning on going that way” (Henry David Thoreau). Generally, if we make an assumption or two, the reasons for not passing the motion were likely:

- **Resources**: the motions brought were broad in scope therefore implying that MSF would be required to go back and “review” each and every health situation post-MSF closure. Such a conclusion seems to be practically impossible and if it was possible, it would be extremely expensive and resource intensive. Many associative members might think that the money would be better spent in current or future projects, rather than in project reviews.

- **Fear of catastrophe**: it is widely assumed (rightly or wrongly) that if MSF looks back at the health situation of an area after having left, it will find that the situation is not at an acceptable level (maybe even at a disastrous level), therefore leaving MSF in with a dual dilemma. Firstly, it might mean MSF would have to recognize that the project had failed to ensure any continuity of a medically important activity. Secondly, the dilemma would be MSF directly and independently observed that important health needs exist and it would need to somehow internally justify intervening (or not), which might be difficult.

- **Operational Evolution**: MSF is constantly adapting itself and determining its main priority areas of intervention. Conducting an assessment in an area that had a MSF project might lead to a debate to re-open a project of a certain medical activity which may no longer be a priority for the organization.
- **Causality**: With not having MSF staff/activities in the project area, the indicator results that come out post-MSF might tell only one part of the story, but that the real cause of the result (either positive or negative) might not be fully known.
- **Others**: There are most likely others reasons.....

Therefore, since no motion has ever passed, currently MSF is under no internal or external obligation to conduct post-closure reviews and it is widely accepted, except for very rare exceptions, that practically none are actually undertaken voluntarily. This then begs the question which all handover auditors have asked previously, “is this the correct policy, specifically for projects which have invested heavily in resource intensive handovers?” **All those involved in having conducted such audits/assessments have concluded “no” and that post-handover reviews/audits would be beneficial.** Actually, most might go so far as to state that **the true success of a handover isn’t the results of the monitoring indicators at the date of project closure but actually the results of the monitoring indicators at some point after project closure, say 6 or 12 months later.** As of yet, it would appear that no particular project has taken on such an objective as their handover goal, even though it would only require a miniscule adaptation of common handover goals by changing them from “X,Y,Z activities are successfully operating without MSF support at project closure date” to “X,Y,Z activities are successfully operating without MSF support at # months after project closure date”.

Just as a point to note, if a project was to do a post-handover review, there is no established “waiting period” prior to returning to monitoring the health situation. Nevertheless, since the recommendation is for projects that went through handovers, which are typically longer-term projects, a suggested timeframe was to conduct the audit 12-18 months after the closure, but in some circumstances it might make sense to conduct such a review after 6 or 9 months as well. The amount and availability of MSF resources, particularly HR, to conduct such a review will also influence the timing.

A slight variation on the above suggested review could also be to plan for all MSF operational activities to end on a certain date and to only leave in place a monitoring team to track health indicators during
the period after MSF has left and to produce a final handover report. It has been suggested that a time frame of about 3-4 months might be sufficient. Once again, each handover is different, but it may be an option to consider given the specific circumstances of your handover.

Therefore, given the legitimate concerns of what a post-handover audit implies, but also recognizing the fact that a handover’s success can only truly be measured after MSF has left, have the discussion between HQ and mission in order to decide on a case by case basis whether to include a post-handover evaluation in the handover plan. If it is agreed to do so, practically speaking it would seem most efficient to re-use the previously generated tools, like the mission’s handover monitoring tool/indicators, and a limited number of stakeholder interviews whereby simplifying the resources needed to conduct the evaluation.

**Project Checklist 4**

**POST-HAN.DOVER PHASE**

<table>
<thead>
<tr>
<th>DGs</th>
<th>DON'TS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Discuss post-handover. Don’t assume the answer is no; dialogue between HQ and the mission. Maybe there is a very justifiable reason to be able to conduct such an assessment.</td>
<td>Confuse closure and handover. Make sure its clear for all, including MSF staff, the difference. Let your emotions rule. Emotional involvement often comes with a handover. Remains objective as to what MSF can/should do post-handover.</td>
</tr>
<tr>
<td>If yes, then design the handover monitoring indicators in such a way that they can be easily collected after a period without MSF’s presence.</td>
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</tr>
</tbody>
</table>

**CHOOSE HOW/WHEN YOU WANT TO MEASURE A HAN.DOVER’S SUCCESS**

Consult database for further important documents: those mentioned above plus any handover evaluation for your context or field example from the database that seems appetizing.
Conducting a handover starts with accepting a certain mindset, which may not be the most common one when MSF typically launches and runs a program. Yet that doesn’t mean that MSF can’t achieve the objectives it wants to achieve, it just means that it may achieve them in a slightly different way and once achieved, attempt to ensure that such beneficial activities remain alive. No harm in attempting to achieve such noble goals, right? **Creating a handover friendly environment starts from day one and continues right through the entire project.** It’s present every day in the project activities, in management’s strategy and in the decisions taken.

You made it to the end (of this document at least). Hopefully it has been worthwhile and helpful in implementing a handover in your project. Given the use of Dropbox, new(er) tools and modifications can be added to this resource. If you have an comment or tool you want to add, contact Marc Biot.
7. WHAT DID THAT MEAN? (Glossary, Acronyms and Abbreviations)

ARO – Annual Review of Operations (ie. Annual Activity Planning Cycle)

AWG – Aids Working Group – Group of HIV specialists, MSF intersectional.

BUD – MSF Budget - Standard MSF project budget tool received from HQ annually

Closure – End of MSF project activities, ie. withdrawal of all MSF resources (HR, financial, logistical, etc...)

HO - Handover – Transition the responsibility for an activity (medical or non-medical) from one organization to another

LF – MSF Logframe – Standard MSF project activity planning and monitoring tool

JAP – Joint Action Plan – Refers to Logframe type document that may contain the inputs and activities of several partners in order to achieve mutually agreed upon goals and objectives

JR – Joint Report – Periodic report produced by MSF and stakeholders to monitor program. Its similar to Handover Report and should address the agreed upon Joint Objectives and Indicators.

MoH – Ministry of Health – Branch of government responsible for health services, protocols, etc.

MR – MSF Monitoring Report – Standard indicator sheet (inside LF) and narrative for monitoring project outcomes

PD – MSF Project Document – Standard narrative describing project intervention logic and main project strategies

SC – Steering Committee – Group composed mainly of high level managers who review progress made, validate actions and provide strategic guidance

TWG – Technical Working Group – Group of technical experts who meet to discuss project activities or challenges. Usually department/topic/theme specific
8. ANNEX