Multimedia Design – Phase II

Project Summary

Problem

Field staff have access to Headquarter guidance but much of the knowledge is in hard-to-read operations manuals. This limits translating knowledge into practices that can be adopted and implemented in the field.

Proposed Solution

Transform medical learning content for frontline staff, **empowering technical experts and learners** to develop content that can be **easily understood and implemented in the field. Democratizes learning** by bringing referents' experience and expertise to medical field staff through webinars, videos and podcasts. Phase II will **increase educational outreach by targeting unrepresented staff** and prepare the project for **transition to Business-As-Usual.**

Potential Impact

- Improves quality of care through **best practice user guidance and services**.
- **Engages local staff in providing feedback** on medical referent content.
- **Promotes peer-to-peer learning**.

Viability

- Uses **agile test and learn** "how-to" for videos, presentations, webinars, podcasts.
- **Engages a strong stakeholder network**, including field staff, frontline supervisors, technical advisors, regional hubs, Communities of Practice, TEMBO.

Risk Mitigation

- Builds on the learnings and networks from Phase I.
- Uses metrics to measure outputs and long-term impact.
- Focuses on identifying suitable long-term hosts to maintain assets and continue scale-up.

Scalability

- **Takes an intersectional scale up approach** through multiple working groups.

Area/Type: HR Learning and Development; Incubator
Sponsor/Support: MSF Germany
Length/Project Status: 24 months; ONGOING