

From Global Intentions to Local Realities: Adapting international guidelines on integration to national programmes in Kenya

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Background

- ⇒ Many countries are reviewing/revising their RH policies and programmatic guidelines
- ⇒ Evolving RH context, Health Sector Reforms, HIV/AIDS
- ⇒ Evidence-based Best Practices expected to guide development and revisions
- ⇒ Development of Guidelines for Essential Practice (GEP) by WHO and partners

GEP development process

– Global level

- International committee and technical working group formed to develop GEP/RTI – WHO, FHI, Pop. Council
- Draft GEP prepared by working group drawing from literature and experiences
- Pre-field tested in five countries (Brazil, China, Jamaica, Kenya and Latvia)
- Literature review completed to support each recommended procedure
- Adaptation Guidelines and Job Aids developed
- Feedback from pre-field testing and literature review used to finalize GEP/RTI document

Pre-field testing in Kenya

- To ascertain the views of programme managers, supervisors and clinic-based providers on the content, format, accuracy and style of the draft guidelines
 - To inform the development of other materials and job aides to support implementation of the guidelines
 - To identify the programmatic issues to be considered if the final guidelines are to be introduced and used in Kenya
- ⇒ Feedback on draft GEP obtained thru' questionnaires and FGDs by expert stakeholders representing 22 organizations

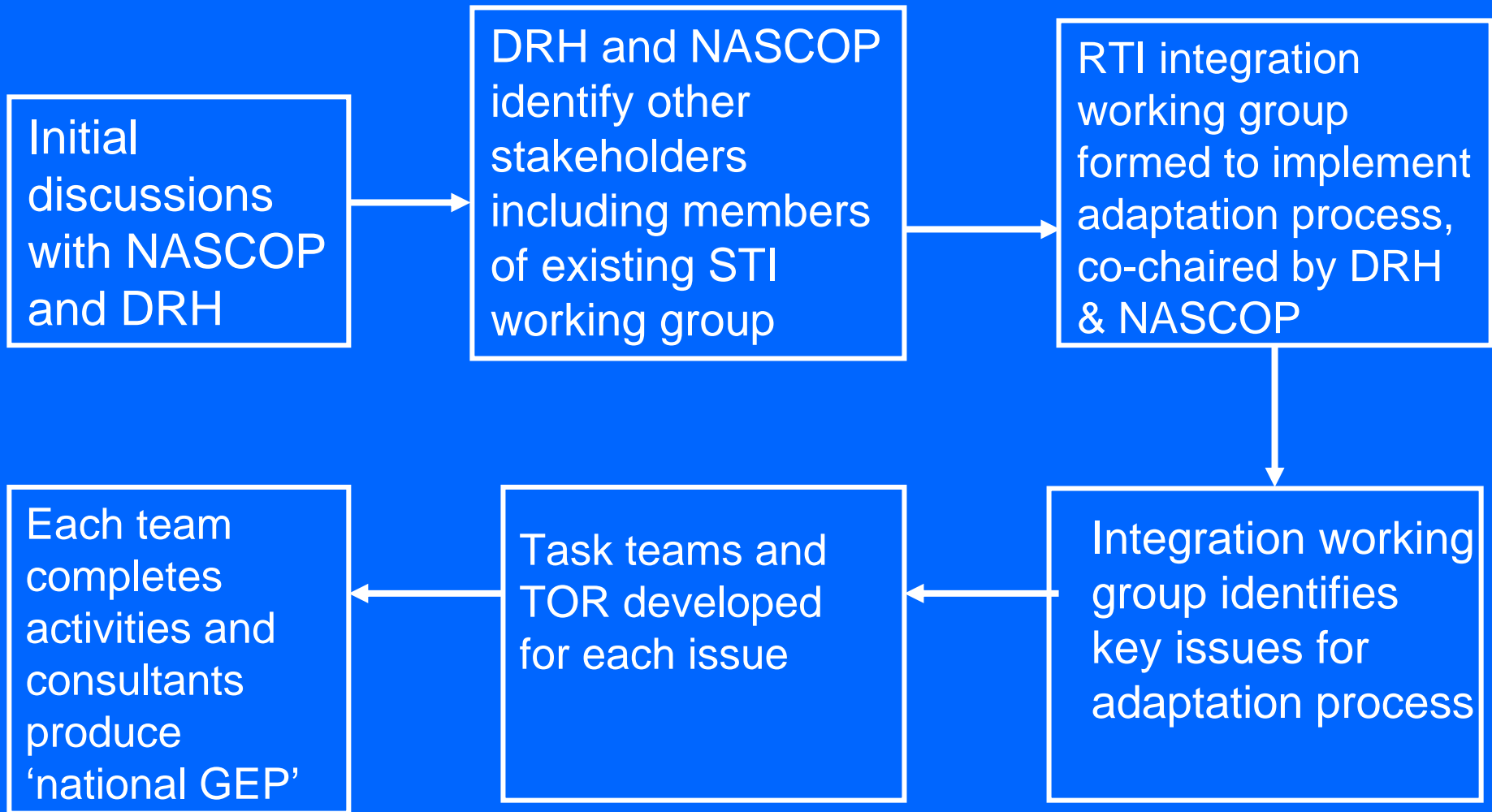
Findings from pre-field testing:

- Broader focus on RTIs rather than STIs was important
- Detailed information on prevention and management was useful
- No conflict with existing guidelines
- Integrating RTI prevention and management into existing FP, ANC, delivery and postpartum services would be feasible and acceptable
- GEP took into account vulnerable sub-groups, such as adolescents and sexual assault survivors
- Flow of document was user-friendly
- Could be used as reference guide and training manual for primary health care workers

GEP adaptation process at national level

- Kenya chosen as pilot country
 - Need identified for greater attention to RTIs/STIs established during pre-field testing
 - MOH supportive of integrated services, especially HIV and RH
 - Experience with pre-field test demonstrated utility, acceptability and feasibility in clinic situations
- Three-phase strategy developed
 - Adaptation of international guidelines to national formats
 - Pilot-testing adapted guidelines in field situations
 - Revise if necessary, then roll-out nationwide

Steps in adaptation process in Kenya



TOR for RTI Working Group

- Advocate for focus on RTIs within reproductive health
- Provide leadership/coordination on RTI issues
- Provide guidance on RTI integration within RH
- Provide technical support to DRH and NASCOP
- Develop policies and guidelines
- Resource mobilization
- Strengthen advocacy and communication strategies and enhance demand for services

TOR for Task Teams:

- Review of existing documents / experience
- Prioritization of key issues
- Develop objectives of each task area and identify activities for each objective
- Develop a clear plan to address key issues
- Develop clear timelines and responsibilities for each activity on the plan

National RTI Working Group Task Teams

- Adaptation
- Training
- Integration
- Service Delivery
- Supervision, Monitoring and Evaluation
- Advocacy and communication

Key outputs from adaptation process

- Existing STI guidelines formed foundation and GEP/RTI adapted to create Kenyan RTI guidelines
- Syndromic management algorithms reviewed and revised
- Logistics of supplying current STI drug kits and other RTI drugs reviewed and problems addressed
- Review process informed the emerging RH policy
- Facilitators and trainees manuals and job aides developed
- Procedures for RTI prevention, screening and management activities within FP and ANC developed
- Recording and reporting forms and processes reviewed and revised

Pilot-testing phase: (May '06 – December '07)

- ✓ Continue national-level advocacy for strengthened RTI service delivery within health systems
- ✓ Operations research to develop and test strategy for introducing integrated approach at provincial and district levels:
 - Assess the feasibility and acceptability of implementing the RTI guidelines, training and supporting materials in a sample of MOH hospitals and health centres
 - Evaluate the effect of introducing the GEP/RTI on the quality of care provided to RH clients and on the proportion of RH clients provided an RTI-related service
 - Measure the incremental economic costs of integrating RTI services into existing RH services

What seems to work well.....

- ✓ Senior management that appreciates value of evidence-based programming and internationally-developed guidelines
- ✓ Leadership from government authorities and willingness to work together
- ✓ Participatory, inclusive and iterative process
- ✓ Stakeholders; Committees; Expert consultants
- ✓ State-of-the-Art reviews at international and national levels
- ✓ Sufficient resources: time, support
- ✓ Strategic, phased approach

Conclusions

- ✓ After development of international guidelines, utilisation is not simply a matter of dissemination and national policy endorsement
- ✓ Buy-in phase: national understanding of implications of changes required
- ✓ Adaptation: revise existing guidelines with minimal disruption; develop supporting materials
- ✓ Pilot-testing: may be optional if evidence of feasibility, acceptability, effect and cost exists
- ✓ Roll-out: who does what, leadership, resources