


## Scaling Up Centrally-Developed Policies and Guidelines through USAID Provincial Bilaterals in Kenya


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Jhpiego in partnership with Save the Children, Constella Futures, The Academy for Educational Development, The American College of Nurse-Midwives and IMA World Health

### USAID Provincial Bilateral funding in Kenya:





- **AIDS Population and Health Integrated Assistance (APHIA)**
  - Seven Cooperative Agreements in distinct geographic areas (provinces)
  - HIV/AIDS prevention, treatment, care and support
  - RH/FP, malaria, and maternal and child health services (to a lesser extent)
  - Selected training and operations research activities



2

### ACCESS Adds Value to this System:

- Central-level work with MOH Divisions and Departments to develop standards and guidelines
- Development of materials for dissemination
- Development of trainers, supervisors, and champions to guide the dissemination process
- Some pilot frontline work (eg with PP FP, and prevention of PPH)
- From provincial level down, work with the APHIAs






3

### MOH-ACCESS Areas of Collaboration

**With the Division of RH, ACCESS has worked on:**


- Focused Antenatal Care
- Malaria in Pregnancy
- Comprehensive Postpartum Care
- PMTCT Plus through MCH
- FP – VCT integration with the National AIDS and STI Control Program (NAS COP)
- Prevention of PPH through AMTSL

4

### MOH-ACCESS Areas of Collaboration

- **With the National AIDS Program (NAS COP)**
  - Integrated management of Adult Illnesses (IMAI)
  - Provider Initiated Counselling and Testing
  - Paediatric HIV Approach
  - PMTCT (jointly with DRH)
- **With the Division of Malaria Control**
  - Malaria in Pregnancy (jointly with DRH)
  - Malaria Case Management



5

### ACCESS-Kenya Process for Policies, Standards, Guidelines and Scale-Up

#### The 6 Steps to a Successfully Scaled-Up Program



1. Develop policies, standards and guidelines
2. Advocate
3. Develop materials
4. Develop trainers
5. Develop supervision
6. Link



6

## 1. Adapt and Adopt International Policies, Standards and Guidelines

Develop evidence-based approaches and guidelines

**Example: Integrated Management of Adult Illness (IMAI) approach to ART**

- ACCESS used the WHO approach to training for ART
- Supported the National AIDS and STI Control Program (NASCO) in scaling up ART training
- 4 of the 7 APHIAs are now implementing IMAI with initial technical assistance from ACCESS



7

## 2. Advocate, Advocate, Advocate

**Example: Active Management of the Third Stage of Labor (AMSTL)**

ACCESS has used national policy guidelines to advocate at all levels:

- *Centrally*
  - Coordinated with MOH Departments, NGOs, FBOs, other partners.
  - Share materials developed to date, and get feedback and input (ownership).
- *Provincially*
  - With the APHIAs and Provincial Health Management Teams



8

## 2 Cont'd: (Advocate Some More)



- **District level**
  - Assist APHIAs to do advocacy at district hospitals and District Health Management Teams
- **Facility and Community**
  - To ensure buy-in of providers and the communities they serve



9

## 3. Create Materials for Dissemination

Assist the MOH to develop and own user-friendly, attractive, need-to-know materials

**Example: Orientation Package Approach**

- Generally consists of a reference material, plus trainers' guide and trainees' guide
- Also, additional tools have been welcomed by trainees (orientation packages, job aids, posters, anatomic models, instruments, etc)
- It is a continual battle to keep written materials *simple, user friendly, need-to-know*



10

## 4. Create Human Resources to Conduct Dissemination

**Example: Comprehensive Postpartum Care**

Champions at the facility level made this program effective

- Develop trainers
- Equip trainers
- Identify champions at all levels



11

## 4. Cont'd – Create Human Resources to Conduct Dissemination

### Key Elements

- For knowledge updates, use the cascade approach
- Co-training
- Link with PHMTs and APHIAs



12

## 5. Strengthen the Supervision System



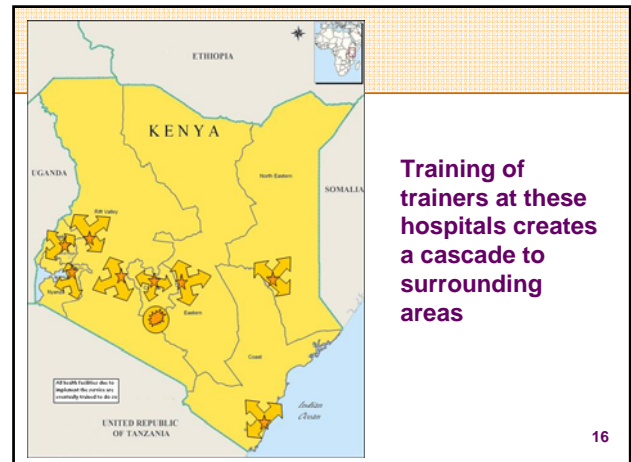
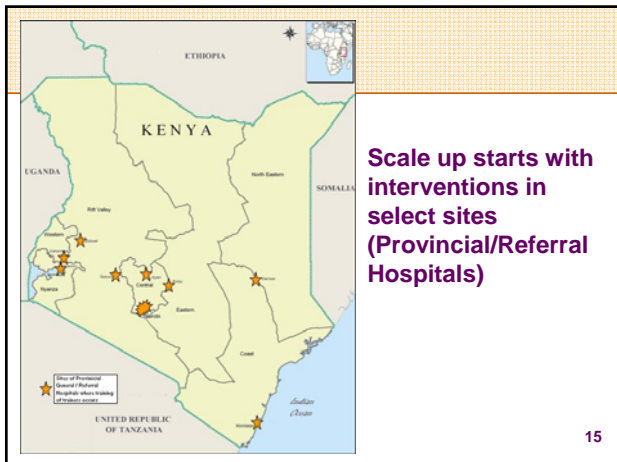
### Example: Updated HIV Supervision Training Package

- Train Supervisors (already in place in the MOH)
- Develop Supervision Tools
- Use Effective Supervision Approaches
  - Data Collection
  - Supportive Supervision
  - On-The-Job Training
  - Mentoring

## 6. Link all levels

### Example: Focused Antenatal Care and Malaria in Pregnancy

- **Between MOH Departments**
  - DRH – NASCOP
  - DRH-DOMC
- **From Central to Provincial to District to Facility to Community**
- **With implementing partners on the ground (APHIAs) to facilitate the process**
  - Always included in advocacy
  - Always included in trainer development
  - Always included in supervisor development
  - Always invited to any district-level activity



## Lessons Learned and Challenges

- Without Policies, Standards & Guidelines, there is no cohesive program (just isolated pilot projects)
- Policies, Standards & Guidelines are essential for coverage and standardization
- MOH stamp of approval is essential
- Need to put resources into each program's advocacy for buy-in

## Conclusions

- Creating the connection between national level technical leadership and service delivery is critical
- Ownership and buy-in on the part of MOH creates sustainability
- Central MOH programs offer the opportunity to strengthen national systems
- Emphasis on field-level results can leave critical gaps in national level work
- Without central-level work, there is no glue and no basis for comparison for field-level results

## A parting thought...

- What are the indicators of success when scaling up central-level work to the provincial, district, facility and community levels?
- How can they be measured?



## Thank You!

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