

Developing Best Practices Compendium – The Process



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Objective

- To describe the process of developing a “Compendium of Best Practices” in Kenya.

BACKGROUND

- Kenya has spearheaded a number of RH/FP initiatives that can be classified as best practices. However, these are either not documented or used
- The IBP initiative which was implemented in Kenya ,indicated the need to document Best practices
- To address this problem, in 2008 the Division of Reproductive Health (DRH) established a Task Force which drew its membership from the FP working group

Task force

- DRH
- DON-Division of Nursing Sciences
- CNO –Chief Nursing officers Office
- EHS/DFID
- FHI
- FHOK
- GTZ
- HPI
- JHPIEGO
- Pop council
- UNFPA
- WHO

Objective: Develop, produce and disseminate a compendium of the best practices in reproductive Health including maternal and neonatal health Kenya.

The Process

- DRH bought on to the idea and took leadership
- Task force established
- Defined what is a *best practice*, and *promising practice*
- Developed a submission form on which the practices were to be filled
- Developed a scoring matrix which the Good practices were to be subjected to
- The following criteria was used: Replicability, Sustainability, Utilization of services and Cost effectiveness

Contd

- The DRH then made a call out for submissions
- A consultant was hired to identify the Best practices using the tool-Submission form and the scoring matrix
- The practices were then subjected to the scoring matrix and scored.
- Practices scoring more than 70% were regarded as best practices. Practices scoring less than 70% were either considered promising or disqualified.
- The consultant compiled the Compendium of Best practices in RH

Scoring Matrix

Criteria	Score
Replicability	30
Sustainability	20
Increased Utilisation	40
Cost effectiveness	10

Outcome

- 37 submissions forms from various RH/FP partners including NGOs, private sector institutions and other groups were evaluated
- Eight out of 37 submitted practices were selected as best practices and 10 selected as promising practices. The eight best practices covered topics in: Family planning, and Integration of FP/HIV Services and Safe motherhood
- Compendium Finalized

The Selected Best practices

- Focused antenatal care/malaria in pregnancy (FANC/MIP)
- Repositioning IUCD in Kenya
- Integrating family planning into Voluntary Counseling and Testing Centers in Kenya
- Kenya Adolescents Reproductive Health Programme (KARHP)
- Friends of Youth
- Reproductive health output Based Aid
- Taking Critical Maternal And Newborn Care Services To The Homes Through Community Midwifery: The Kenya Model
- Integrating: Counseling And Testing Into Family Planning Centers in Kenya

Challenges

- The culture of “sharing ‘ Good practices still wanting
- Inconsistent representation from organizations' contributed to improper filling of the submission forms
- The process is lengthy

Lessons learnt

- It is feasible to identify RH/FP best practices
- The MOH leadership is critical
- The Submission form and the Scoring matrix helped to standardize the identification of Best Practices

Way forward

- Encourage Implementing agencies to share their practices.
- This process should be done regularly –after three years?
- Dissemination of the Compendium should be done at all levels
- Service providers should be taught on the value of documentation and managing change
- To strengthen the process the Consultant should be allowed to verify the practices through field visits
- There will be need to come up with an indicator to verifying sustainability
- Develop an implementation guide for program managers in public health programs.