

An approach to increase coverage and equity by adapting and using Revised Reaching Every District (RED)

MCSP EXPERIENCES ADAPTING THE RED GUIDE IN MALAWI AND KENYA

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INTRODUCTION

Since 2002, the Reaching Every District (RED) approach has successfully helped strengthen routine immunization systems to achieve high coverage rates, reduce dropout rates and close equity gaps. The RED approach includes five main strategies: (1) Planning and management of resources, (2) Engaging with communities, (3) Monitoring and using data for action, (4) Supportive supervision and (5) Reaching all eligible populations.

In 2017, the WHO Regional Office for Africa (AFRO), in collaboration with partners including USAID's Maternal and Child Survival Program (MCSP), John Snow, Inc., UNICEF, the Centers for Disease Control and Pre-

vention (CDC), the Bill and Melinda Gates Foundation, USAID, and others supported the revision of the AFRO Reaching Every District (RED) guide. The revision was mainly in response to stagnating immunization coverage and the need to address the specific needs of communities and consider aspects of integration, urbanization and delivering vaccines across the life cycle (including in the second year of life). Malawi and Kenya were among the first countries to pretest and adapt the revised RED guide.

AIM OF THIS DOCUMENT

This document provides a summary of MCSP/JSI's experience in the adaptation of the regional RED guideline to country-specific

contexts in order to inform other countries undertaking the process.

PROCESSES FOR THE ADAPTATION

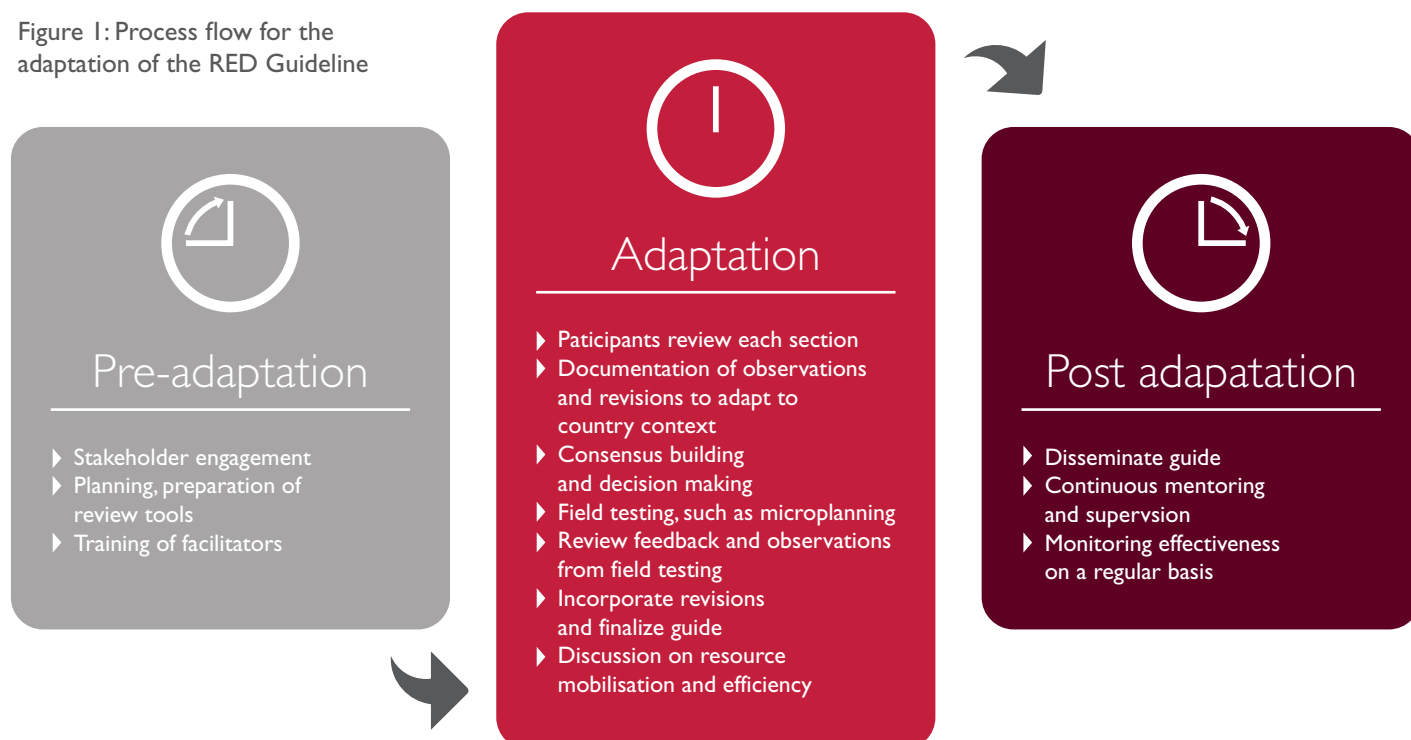
Adaptation happened in three stages: pre-adaptation, adaptation and post-adaptation. At each stage, under leadership of the MOH, careful preparation was made through advance planning and the engagement of stakeholders who were adapting the guide.

MALAWI EXPERIENCE

Pre-adaptation process

During the Expanded Programme on Immunization (EPI) Managers Meeting for East and Southern Africa in Kampala, Uganda in March 2017, WHO and MCSP oriented

Figure 1: Process flow for the adaptation of the RED Guideline



the EPI Manager and other country team members on the revised RED guide. Following the meeting, the EPI manager with technical support from an MCSP/JSI advisor (a member of the WHO core revision group) prepared a plan for the adaptation. The adaptation process included different units of the Malawi Ministry of Health, including health education and community services, all immunization partners, non-government organizations and a College of Medicine.

Adaptation process

The Malawi team conducted a national and four district level workshops for the adaptation of the REC guide.

National level workshop

The objectives of the national meeting were to:

- Review the draft regional RED Guide and give feedback to WHO AFRO to finalize the regional guide
- Adapt the RED Guide to the Malawi context for use in Malawi
- Prepare to pretest the RED Guide and tools in Dowa and Ntchisi Districts

The initial briefing included the outline and new developments¹ in the revised RED guide and tools. The participants were divided into two working groups to review the draft guide. The working groups reviewed the draft guide page by page and presented their comments in a plenary, where the whole group openly discussed the feedback. By the end of the third day, the group had:

1. A draft Malawi RED guide
2. A plan to pretest the microplanning tools in Dowa and Ntchisi Districts
3. Comments and recommendations for the WHO AFRO RED Guide

Participants were then divided into four sub groups to facilitate the microplanning workshops in the two selected districts.

District and health facility level

At the district level, each health facility was represented by health workers from both fixed and outreach vaccination sites along with two community representatives. The health facility teams were asked to bring all necessary information for the microplanning process, including all performance coverage data for

the previous years and head count population figures.

Dowa and Ntchisi Districts each organized two sessions to pre-test the revised RED Guide and invited health workers, community representatives and district teams to give feedback.

The sessions included the following steps:

- Review of the previous year's performance through a presentation by a member of the district team.
- Village heads and volunteers commented on the performance.
- Trainees from the national level presented on new developments in the revised RED Guide as part of the RED presentation.
- The team developed catchment area maps of their area (district maps indicating health facility catchment areas, health facility maps indicating the villages covered by outreach and fixed sites, and outreach or fixed site maps indicating the communities included) with the help of the village heads and volunteers.
- The health facilities reviewed their last year's performance and conducted a situation analysis of their catchment area.
- The teams categorized the communities in each health facility into the four categories of access and utilization according to the RED categorization process.
- The priority villages/communities were identified with the help of root cause analysis.
- The RED microplans were developed and costed.
- The health facility teams presented their draft microplans in a plenary and received feedback.
- Two copies of the microplans were created, one for the health facility and the other for the District Health Management Team (DHMT).

Post-adaptation

The national team met again to address the comments received from the subnational review and pre-testing of the tools, finalized the RED guide for Malawi and printed it for dissemination to the districts.

KENYA EXPERIENCE

Pre-adaptation process

Prior to the pretesting, national level partners selected and discussed with counties on the need to participate in the pretesting. Two

Selected comments and suggestions from Malawi for the Regional Guide

- Instructions for supervision should include regular supervision within institutions, not only supervision from the outside.
- Community structures such as the village health committee, Health Centre Advisory Committee (HCAC), Community Health Action Group, and Village Development Committee should be included.
- Reaching target populations should not be only the responsibility of the health workers, but of all levels, including community representatives.
- The Guide recommends a minimum of four visits to hard-to-reach areas and Malawi suggested this be five, including measles second dose.
- For the immunization register, Malawi suggested the register to be the under two register and include measles rubella second dose.

counties where MCSP/JSI was implementing activities were selected, based on their experience implementing RED/REC and the first-hand lessons they could share.

Adaptation process

National level workshop

Due to the absence of USAID interaction with the national Ministry of Health at the time, MCSP/JSI was not involved in the national level workshop and has no information about the feedback generated.

Sub-national level activities

With the support of MCSP/JSI technical officers for immunization and child health, the sub-counties identified experienced district public health nurses based on their knowledge of the EPI and their ability to provide feedback

¹ Considerations for integration, an emphasis on community based approaches to address social barriers, not just geographic barriers, delivery across the life cycle (including in the second year of life), and addressing urbanization.

LESSONS LEARNED FOR THE SUCCESSFUL ADAPTATION OF THE RED GUIDE

• Wide and diverse participation

- Participation of units of the Ministry of Health beyond immunization helped secure their buy-in and ensured that the Guide received input from many perspectives, including health education and community engagement.
- Participation of all the partners in the country secured their buy-in and ensured that all immunization partners in the country were able to provide input. Partners who had experience and interest in implementing RED (MCSP/JSI, WHO, UNICEF) provided particularly relevant input and have been able to continue advocacy for the RED Guide following initial adaptation in Malawi.
- At the health facility level, the engagement of the community representatives in testing and adapting the RED tools and concepts secured their buy-in and ensured that the community perspective was represented.

• Leadership and coordination

- A commitment by the Ministry and partners to reach every child with lifesaving vaccines and other priority interventions helped move the process forward efficiently and encouraged the engagements of lower levels of government and other stakeholders. Both Kenya and Malawi had prior experience with RED/REC implementation and were interested in its scale-up, which encouraged their commitment to the process.
- The presence of a champion partner, such as MCSP, committed to supporting the process helped move the process forward with adequate planning and advocacy.
- Adequate preparation time and planning for the adaptation allowed for the engagement of a wide variety of stakeholders at all levels and ensured the microplanning process was a success.

• Financial and technical resourcing

- Pre-testing in counties with prior experience with RED/REC implementation helped ensure that feedback was well-informed and insightful.
- Partner support, both technical and financial, was essential to ensure the process moved forward and received adequate time and resources for success.
- Technical expertise of facilitators that builds on country experience and made the adaptation relevant to the context.
- Experienced technical assistance from partners provided critical support at all levels.

on tools. A two-day meeting took place and participants were divided into two groups. One group reviewed the health facility level tools and the other reviewed the district tools. The reviewers provided insight on what was relevant, what may not have been included or gaps in the guide and in the tools. Additions were also suggested. Comments were captured on the reporting tool provided.

Post-adaptation

MCSP/JSI is not aware of any activity post-adaptation.

LESSONS LEARNED

Drawing from experiences in these two countries, the box above highlights a number of lessons learned that may be helpful for other countries as they adapt the revised RED Guide to their own country context.

CONCLUSION

These experiences highlight processes for pretesting and adapting the RED guide in two countries that could be applicable to other countries. Building on the experience in Malawi and Kenya, the adaptation process can

serve as an opportunity to build capacity, promote shared understanding across all levels, and ensure the uptake of all components of the RED approach during the roll-out of the revised guide. This process may also increase the visibility of equity, routine immunization and health systems strengthening for planners and policy and budget makers who may be looking for ways to increase coverage and equity through a practical approach such as RED.