

### About this guide

This quick guide aims to help you adapt our generic Cardiovascular Disease (CVD) Care Package to your country context. It is aimed at national programmes and their managers, medical associations and other agencies involved in preparing CVD guidelines for national and regional use, as part of improving service delivery in primary and referral care. The Care Package can also be adapted for use anywhere in the country by public, NGO and private providers.

The recommended process for adapting the Care Package is through a Technical Working Group (TWG), followed by refining the package after piloting. This approach is based on COMDIS-HSD's experience of using this process successfully in other countries including Pakistan, Bangladesh, China, Vietnam, Swaziland, and Uganda.

### Why use our Care Package?

National guidelines typically include a broad policy that outlines diagnostic tests, regimens, roles and responsibilities. This is necessary but not sufficient, as there is also a need for a user-friendly Case Management Desk Guide (often called job aide for Community Health Workers). Our CVD Care Package is designed specifically for doctors and paramedics to use during consultation.

### Using the guides and tools

The guides and tools in the Care Package follow the identification, diagnosis, education, and follow-up care process. In addition to using our package, you may want to develop or adapt guidelines and materials on implementation planning, laboratory and quality assurance, supervision, recording, reporting and monitoring.

Training health practitioners to use the guides and tools is an important part of the adaptation process. The Care Package includes training modules aimed at all types of health practitioners to help them use the guides and tools effectively. You can deliver the training through comprehensive pre-service training, shorter in-service courses, or refresher courses for existing trained staff. The modules include essential knowledge to understand the CVD Care Package and the care process, as well as practical exercises, e.g. filling out cards, case study decision exercises, and roll-play exercises to practice communication skills. During the module, participants receive and keep a copy of the guide and module to refer to after the course.

The adaptation process is an opportunity to update your national procedures according to the latest WHO and international opinion. COMDIS-HSD materials are updated regularly, and include use of FDC drugs and treatment support. Developing the CVD Care Package using a TWG is a good first step towards adapting the training modules and other tools to your country context.

## How to adapt the CVD Care Package: 9 stages

**1. Pre-edit the guide to the local context:** This may be done by a doctor(s) experienced in disease care in that country context. The kinds of pre-edits that can be done at this initial stage including changing:

- patient and exercise names to the country context;
- health facility, health worker, service/programme coordinator names;
- treatment regimen/categories;
- treatment cards;
- education on the disease and adherence, with messages tailored to the context, and where possible based on local qualitative research;
- treatment support e.g. by a family member or volunteer;
- follow up care in the health centre and at the diagnostic centre; and
- action if the patient is late attending or defaulting.

**2. Form a TWG:** The TWG should include around six people who meet weekly for a few months (or attend a 2-3 day workshop) to review and edit, section by section, the guides and related training modules. This may include an email exchange with COMDIS-HSD staff. The TWG can include national programme representatives, WHO country office staff and/or other agency staff.

**3. Ask for comments from a wider group:** It may be beneficial to incorporate experience from other people in and/or out of country.

**4. Arrange a “steering group” meeting:** The steering group should include senior health decision-makers to review the guides and training modules. Including decision makers in the process helps to ensure that the care package complies with national guidelines, regimens, policy and service context. This also helps to engage the wider healthcare community in rolling out the care package at a later stage. During the meetings, discuss particular issues and agree changes, while a facilitator notes down what is to be edited further.

**5. Run a pilot course:** Organise a pilot course for health practitioners as soon as possible, facilitated by the TWG. This will allow you to edit the guides further based on the participants’ experience of using them. While one person leads the session, another should observe and makes notes on any necessary changes to the text to make the material more readable and user-friendly.

**At this stage, the material that forms the CVD Care Package will have been revised several times using comments from:**

- doctors at the pre-edit stage;
- a technical working group consisting of members from national programmes and agencies, and the WHO country office;
- a steering group consisting of key decision makers in ministries and government agencies; and
- healthcare practitioners who have attended a training workshop to pilot the material.

The material should now be fully adapted to your country context, and can be rolled out to your primary and other healthcare facilities.

**6. Secure resources for roll-out:** The national programme or other agencies should print the finalised materials, including the material for training courses. It is vital that availability of drugs, cards, registers, and lab materials are secured in time for healthcare practitioners to put in practice what they've learned.

**7. Train the healthcare practitioners to train others:** Healthcare practitioners who are new to using the material in the CVD Care Package must be trained to use them. Only after they have been trained to use the material can they train other colleagues at their healthcare facility. When they begin training others, they must run sessions with the support of experienced facilitators so that they have a chance to get used to the materials, roll-play exercises, etc.

**8. Deliver training and roll-out the CVD Care Package:** Ensure the appropriate people are invited to and attend the training and that there is a plan for healthcare practitioners to implement the CVD Care Package within primary and other healthcare settings after their training.

**9. Follow-up after training:** Ensure that someone visits the healthcare practitioners soon after the course to observe and support them as they start to use the material. Maintain follow up to ensure they are delivering a better quality of practice by regularly observing and monitoring their use of materials during routine supervision.

**Implementing the CVD Care Package will give you data/evidence on the success of using the guides and tools. If the package has proved effective compared to the current CVD care offered by primary and other healthcare facilities, then we recommend rolling out the package to other regions/provinces and nationally.**

**We also encourage you to share our CVD Care Package with other organisations and agencies working on CVD care.**

## Summary

This quick guide covers how to develop and adapt the material contained in our CVD Care Package. It is important to also consider other programme management guidelines, such as implementation tools, reporting and monitoring tools to achieve successful scale-up.

**For more information contact:**

Prof. John Walley, Co-Director of COMDIS-Health Service Delivery Research Consortium, University of Leeds.

Email: [J.Walley@leeds.ac.uk](mailto:J.Walley@leeds.ac.uk)

---

[COMDIS-HSD](#) is a Research Programme Consortium funded until 2016 by UKaid. Working with partner NGOs in [7 countries](#), we provide evidence to policy makers in low-middle income countries to help them improve their health service delivery processes. We aim to improve demand for, access to, and quality of prevention and care for common diseases, especially in underserved populations. By sharing our evidence-based research findings, we ensure changes to health service delivery policy and practice in low-middle income countries and beyond.



Find out more about our work by visiting <http://comdis-hsd.dfid.gov.uk/>