FAM PROJECT
IRH GEORGETOWN UNIVERSITY

EXPANDING FAMILY PLANNING OPTIONS

Monitoring & Evaluating Scale-Up: Doing it Right for Sustainable Impact

Why don't successful innovations get scaled up?

Imagine a large country in the developing world called Karibuni* with three successful family planning (FP) pilot programs. Each was supported by bilateral or other outside donors. When the first pilot program had been completed, the implementer--an international non-governmental organization (NGO) with local branches--planned to scale it up to cover three more districts. However, a delay in follow-up funding meant that scale-up was not possible; even the original district reversed its gains when commodities and outreach workers were no longer affordable. Elsewhere in Karibuni another successful FP pilot program, led by a dynamic, tireless director, had trained four local health directors to introduce the program in their districts. When implemented, the program was not robust in these new sites and eventually died out. The organizers of the third FP program were pleased: as a result of their team's hard work, a new FP method had just been included in the national Ministry of Health (MOH) norms and also in training curricula. However, after a year, they were baffled by the fact that the new method was still not offered in most facilities.

Each of these tales reveals a truth about the challenge of scaling up and sustaining a successful innovation and why it is important to "do it right." Scaling up must be strategically planned because it will not happen automatically or successfully, even when the merits of the pilot program become known to in-country officials and the professional community. Gaps in funding can be a fatal blow to expansion. If the pilot program's success depended on a single individual's personality, energy and commitment, efforts elsewhere to expand the innovation may not survive. Incorporating the new method in service delivery norms and training curricula is a step forward, but it is not enough.

Georgetown University's Institute for Reproductive Health (IRH) has been scaling up successful pilot programs to address unmet need for FP by introducing the Standard Days Method® (SDM) of FP--and studying the process along the way. (See left sidebar.)

IRH has found that successful scale-up calls for careful planning, a systems approach, and evidence-based practices. These are core principles of the ExpandNet/WHO model of scaling up that IRH has adopted. The model emphasizes partnering with other relevant organizations, involving stakeholders, working with different cadres of providers, and supporting scale-up through research, monitoring and evaluation. ExpandNet has identified several steps for developing a sound scale-up strategy. (See Box 1.)

Successful pilots are the basis for scaling up, but if the pilot is not designed from the beginning with expansion in mind, attempts to scale the program in its initial form can hit roadblocks. IRH learned this following its first pilots, which were clinical

Standard Days Method® (SDM) & CycleBeads®

Based on reproductive physiology, SDM identifies the days in the menstrual cycle when pregnancy is most likely, and thus when to avoid unprotected intercourse. CycleBeads®, a visual tool, helps women track their cycle to know when they are fertile. An efficacy trial showed SDM to be more than 95% effective with correct use and 88% effective with typical use, well within range of other user-dependent methods. The World Health Organization (WHO) recognizes SDM as an evidence-based practice and includes it in their FP guidance documents. SDM is incorporated into national FP norms and policies in 16 countries around the world. More information is available at www.irh.org.

*Karibuni is the Swahili word for "welcome".

trials and method introduction studies meant to establish the effectiveness of SDM through rigorous scientific research. The goal also included testing strategies for integrating SDM into FP and other programs and to address user and provider attitudes. Ultimately, this led to the inclusion of SDM in WHO's contraceptive eligibility criteria and the guidelines of other respected reproductive health agencies. However, when the trials and operations research studies were over and the same screening and counseling protocols were used elsewhere in the first scale-up activities, they turned out to be too complex. IRH has since adjusted protocols accordingly for each site using an iterative process.

Box 1. Steps for developing a scaling up strategy

1. Assess the social, political, and economic environment, and plan actions to increase the potential for scaling up success.
2. Increase the capacity of competent individuals and organizations to support scaling up.
3. Make strategic choices to support both vertical scaling up (institutionalization) and horizontal scaling up (expansion/replication).
4. Determine the role of diversification of approach.
5. Plan actions to address spontaneous scaling up.
6. Finalize the scaling up strategy, and identify next steps.

Adapted from "Nine steps for developing a scaling-up strategy," ExpandNet/WHO, 2009; available at www.expandnet.net

How do research, monitoring and evaluation support scale-up?

Careful adaptation of the original program to the needs of new sites is at the heart of successful scale-up. In turn, knowing what to adapt--and what needs to be changed when the scale-up program is underway--depends on a systems-based approach to research, monitoring and evaluation (M&E). A systems approach is necessary because the environment in which scale-up occurs goes beyond the programs that serve clients. It includes the larger service delivery system and its many components (e.g., training, supervision, reporting, procurement) in addition to the cultural, health and economic characteristics of families and communities; the needs and intentions of clients; the influence of media; the role of opinion leaders; the policy climate on which approvals and financing depend; and other important factors. The research components that can provide this needed information and the benefits of each are as follows:

- **Baseline research** can discover, for example, that potential clients have never heard of SDM but are open to it, that SDM use can motivate male support of FP, and that district health officials like the method but health workers think it will take too much time to teach. Equipped with this knowledge, implementers can seize opportunities and address potential obstacles during early stages.
- **Monitoring** the program once it is underway can lead to mid-course corrections, e.g., making training activities more interactive or using supportive supervision if some providers are rushing too quickly through instructions for clients.
- **Regular feedback from stakeholders** can identify key political issues--such as shifting actors and priorities among the organizations collaborating in SDM scale up--that may influence the likelihood of success. It can also bring to light unanticipated events, such as a new FP proclamation from a religious leader that could influence adoption of SDM. IRH is utilizing the Most Significant Change (MSC) methodology to capture non-anticipated results. (See Box 2).
- **Operations research** can determine whether facility-based or outreach services are more effective--or both combined.
- **Evaluation** can document the process of scaling up, its intermediate outcomes and its impact on clients, communities and providers. It can answer questions of whether scale-up has affected attitudes,

knowledge and use of SDM in the new site and how introducing SDM has influenced the quality, availability and use of FP services overall. It can measure the degree to which SDM is integrated into norms, guidelines and performance evaluations for staff; training curricula; communication; procurement; the management information system--and the budget. The ideal evaluation approach--participatory assessments involving stakeholders--also builds the evaluation skills of scale-up partners.

IRH tools to research, monitor and evaluate scale-up

The hallmark of IRH's approach is its operationalizing of ten critical indicators of scale up and development of a simple semi-annual process to monitor benchmarks. IRH has developed a useful kit of approaches and tools to research, monitor and evaluate scale-up of a new FP method. The kit includes quantitative instruments to assess facilities and to conduct household interviews with women and men, and clinic and community-based providers. It also includes qualitative instruments for conducting guided discussions with scale-up agents, in-depth interview guides to collect information from various categories of stakeholders, and a timeline for event tracking.

IRH also uses Most Significant Change stories, an inductive qualitative method to document and understand the scale-up process. MSC can bring to light not only what happened but the meanings of scale-up processes and outcomes to partners, stakeholders and communities. MSC can also elicit intangible and unanticipated aspects of scale-up not detected by quantitative methods, such as the role of advocates and champions. Further, it helps those involved in scale-up to reflect on the values and goals implicit in the process.

Box 2. Most Significant Change Stories

The MSC technique begins with a simple question to clients, providers and FP administrators: Looking back over the past year, what do you think is the most significant change in your life as a result of your involvement with the Standard Days Method? A user might reply, "My husband and I now communicate about sex without embarrassment" or "My husband was always angry when asked to refrain during the fertile period." Providers might say, "I feel proud that I can offer a method that couples who did not use FP before can use." An administrator might report that overall demand for FP services has risen, while another might report that revising the guidelines to include SDM was burdensome. The researcher always asks a follow-up question: "Why do you think this change was most significant?" In a participatory process, one level of an organization selects the most significant accounts of change from among the many stories and sends them up to the next level. This process is repeated until a small number of widely identified significant changes is distilled, analyzed for actionable implications, and reported back to stakeholders, including those who can take action to reinforce the positive and address negative findings.

Adapted from Davies, R, & Dart, J. The Most Significant Change (MSC) Technique: A Guide to Its Use. April 2005. This document is available in pdf form at www.mande.co.uk/docs/MSCGuide.htm and www.clearhorizon.com.au.

Case studies: Where is scale-up working?

IRH is implementing five-year prospective studies of scaling up SDM in the Democratic Republic of Congo (DRC), Guatemala, India, Mali, and Rwanda, guided by the ExpandNet model. In each country, the first goal is to assess horizontal scale-up, i.e., access to SDM services at the national or near-national level. The second goal is to determine the degree of vertical scale-up: integration of SDM into FP norms, policies, service and supervision guidelines, curricula, reporting systems, procurement lines, and health promotion activities. Each scale-up country has developed end-of-project performance benchmarks to track progress over time. Although each scale-up context is different, all five countries have made great progress. Integration of SDM in relevant normative documents and guidelines is close to completion. However, efforts are still needed to ensure that SDM is reported at all levels of health management information systems and in essential

supply and procurement tables. Institutionalizing SDM in pre-service training curriculum requires additional work.

By comparing current status to benchmarks, it appears that the DRC, Mali, and Rwanda are poised to achieve national or near-national availability of SDM services by 2012, while India and Guatemala are in earlier stages of scale-up. In the three African countries, more than three-quarters of service delivery points in the focus areas are already offering SDM. In India, where scale-up in Jharkhand State is the goal, success is likely to lead to central and state government interest in scaling up SDM work in additional states. In Guatemala, the strategy is to demonstrate interest in and demand for SDM in three departments in order to provide the political and social acceptability needed for future expansion. In the time remaining, all countries will put greater emphasis on creating demand for SDM through mass media and community channels. Another important outcome in the five countries is capacity-building of partner organizations. These strengthened organizations "graduate" from IRH assistance and support high-quality SDM service expansion using their own resources.

Lessons Learned

IRH is implementing a rigorous but feasible approach to scaling up SDM. Based on its experiences in Africa, Asia and Latin America, these are important lessons learned:

- Develop and implement the pilot program with expansion in mind.
- Replicate the essential features of the successful pilot when scaling up: careful planning based on research, adopting a systems approach, partnering with relevant organizations, involving diverse stakeholders, working with different cadres of providers, and communicating needed data to policymakers.
- Assessments prior to and throughout the process of scaling up are critical to identify needed adjustments and course corrections in the new sites, maintain momentum and accountability, and build strategic planning skills among stakeholders.
- To best evaluate outcomes, one must understand the characteristics of the healthcare delivery system and operationally define indicators for access to the new FP method and its integration into the health system.
- Research, monitoring and evaluation are crucial to successful scale-up. Involving multiple partners increases their commitment and builds their research skills.
- Balancing research and programmatic needs is important as is producing relevant, timely data for stakeholders with diverse needs.
- Additional resources (i.e. financing, human resources, time) are needed for scaling up a FP method as compared to the resources needed for routine service provision. These scale-up resources are often overlooked by donors and participating organizations alike.

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The Institute for Reproductive Health at Georgetown University contributes to a range of health initiatives and is dedicated to helping women and men make informed choices about family planning and providing them with simple and effective natural options. For more information about the Institute, please see www.irh.org.

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