Scaling a
SRH Innovation

Five Country Study

Victoria Jennings, Susan Igras, Rebecka Lundgren | IRH

July 25, 2013

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Promising Practices for Sustainable Scale-Up:

A Prospective Case Study of SDM Integration
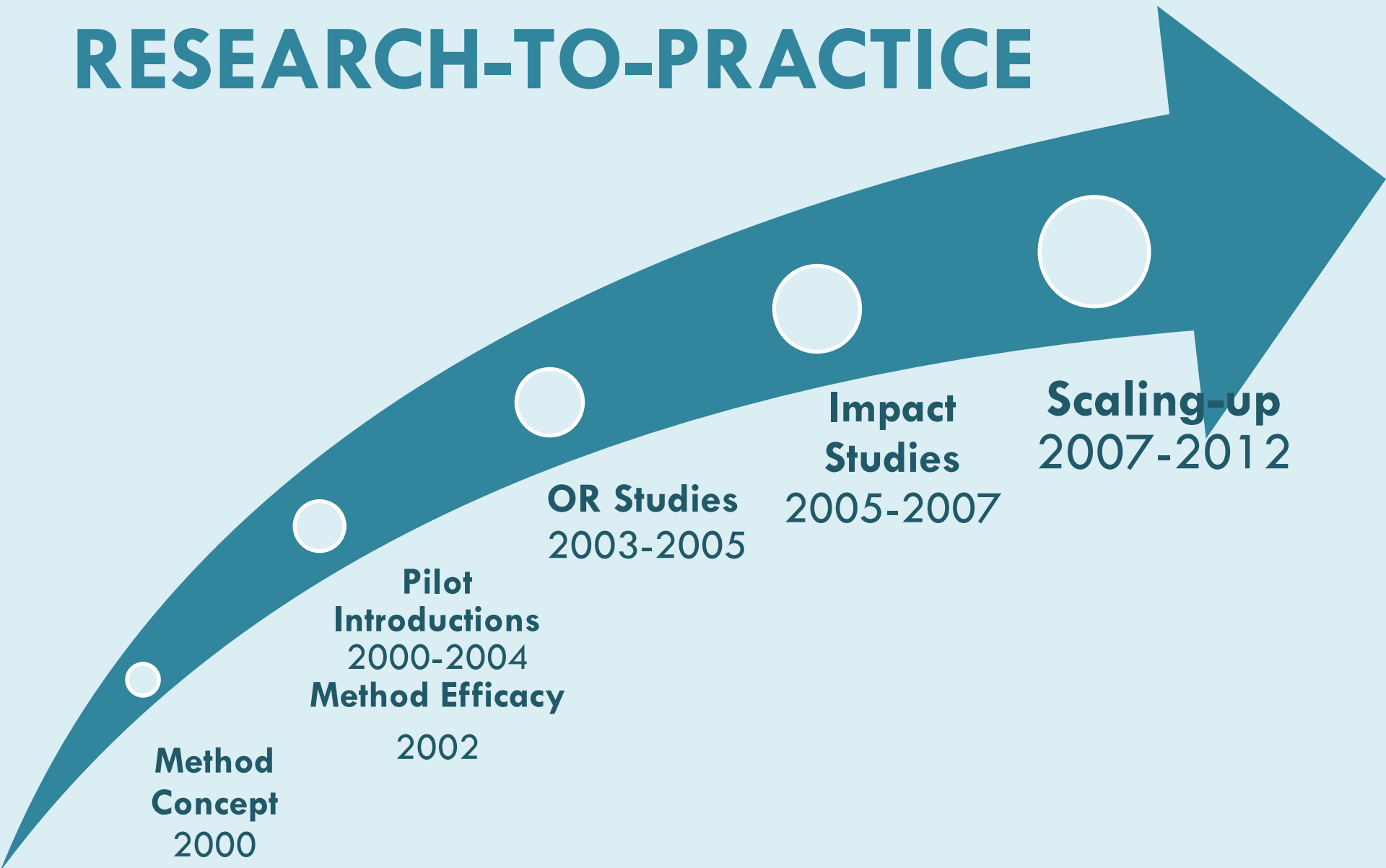
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RESEARCH-TO-PRACTICE

Method Concept 2000

Pilot Introductions 2000-2004 **Method Efficacy** 2002

OR Studies 2003-2005

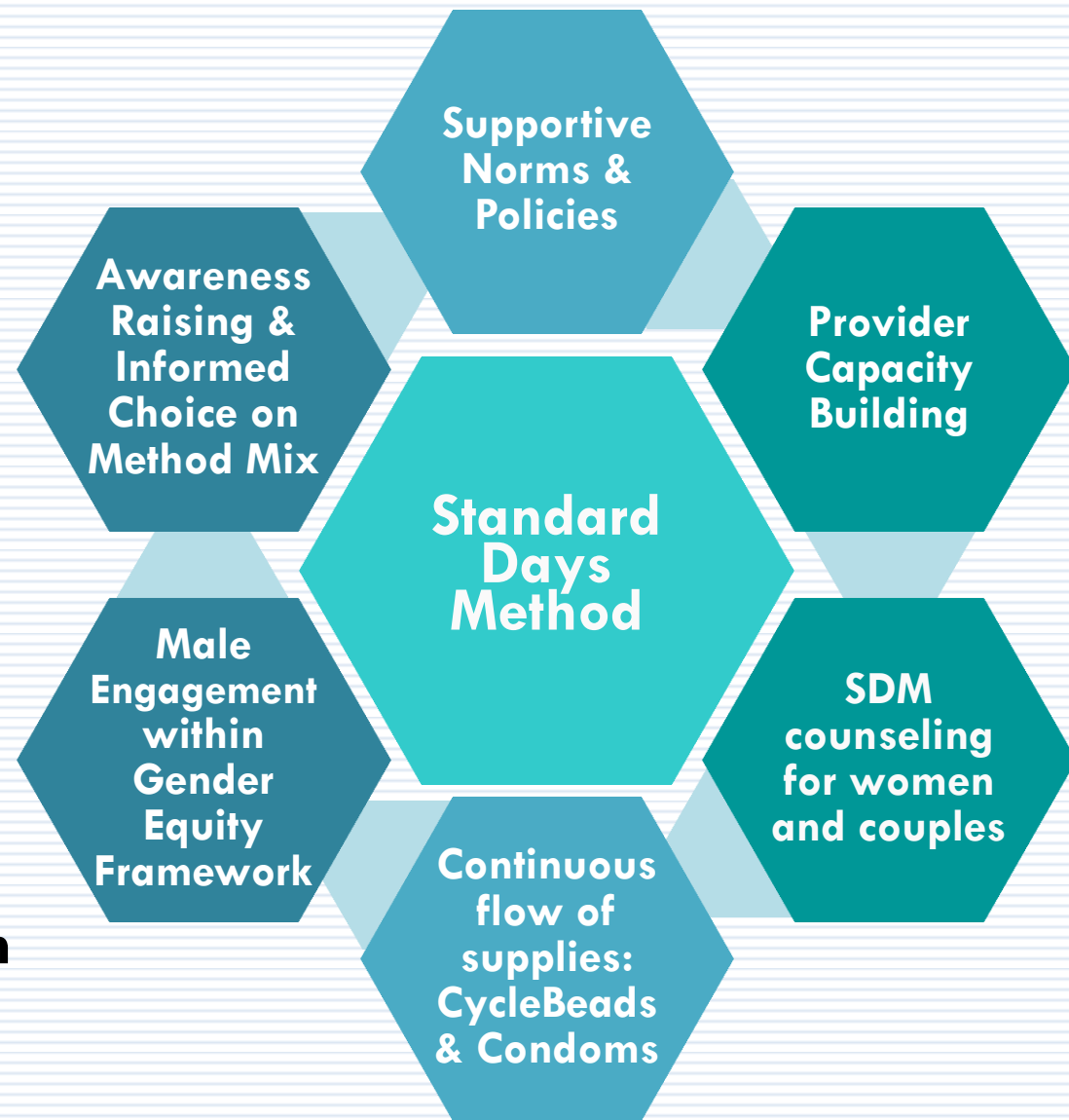**Impact Studies** 2005-2007

Scaling-up 2007-2012

10 REASONS TO INTEGRATE SDM INTO PROGRAMS

1. **FP methods currently available do not address all unmet need.**

2. **SDM addresses user's concerns, helps fill a critical gap.**

3. **When used correctly and consistently—and most users do—SDM is 95% effective.**

4. **Adding SDM to the method mix expands choice, increases CPR, and reduces unmet need.**

5. **SDM brings new users to FP.**

6. **SDM is easy and inexpensive to integrate into programs.**

7. **SDM helps bring new partners to the FP field.**

8. **SDM improves access to FP because it can easily be offered outside of the health system.**

9. **SDM involves men in FP and improves condom counseling.**

10. **SDM contributes to women's empowerment.**

HOW IRH
AND PARTNERS INTEGRATED SDM
INTO FAMILY PLANNING PROGRAMS

- **Theory-driven scale-up**
- **Focus on systems**
- **Well-defined innovation package**
- **Clear indicators and benchmarks for sustainable scale-up**
- **Engaging stakeholders early and building strategic partnerships**
- **Mixed-methods approach to monitoring and evaluating process and impact**

Standard Days Method

Supportive Norms & Policies

Awareness Raising & Informed Choice on Method Mix

Provider Capacity Building

Male Engagement within Gender Equity Framework

Continuous flow of supplies: CycleBeads & Condoms

SDM counseling for women and couples

SCALING-UP DEFINED

"**Deliberate efforts** to increase the impact of **health** service **innovations successfully tested** in pilot or experimental projects so as **to benefit more people** and to **foster policy and program development** on a **lasting basis.**"

EXPANDNET MODEL FOR STRATEGIC SCALE-UP
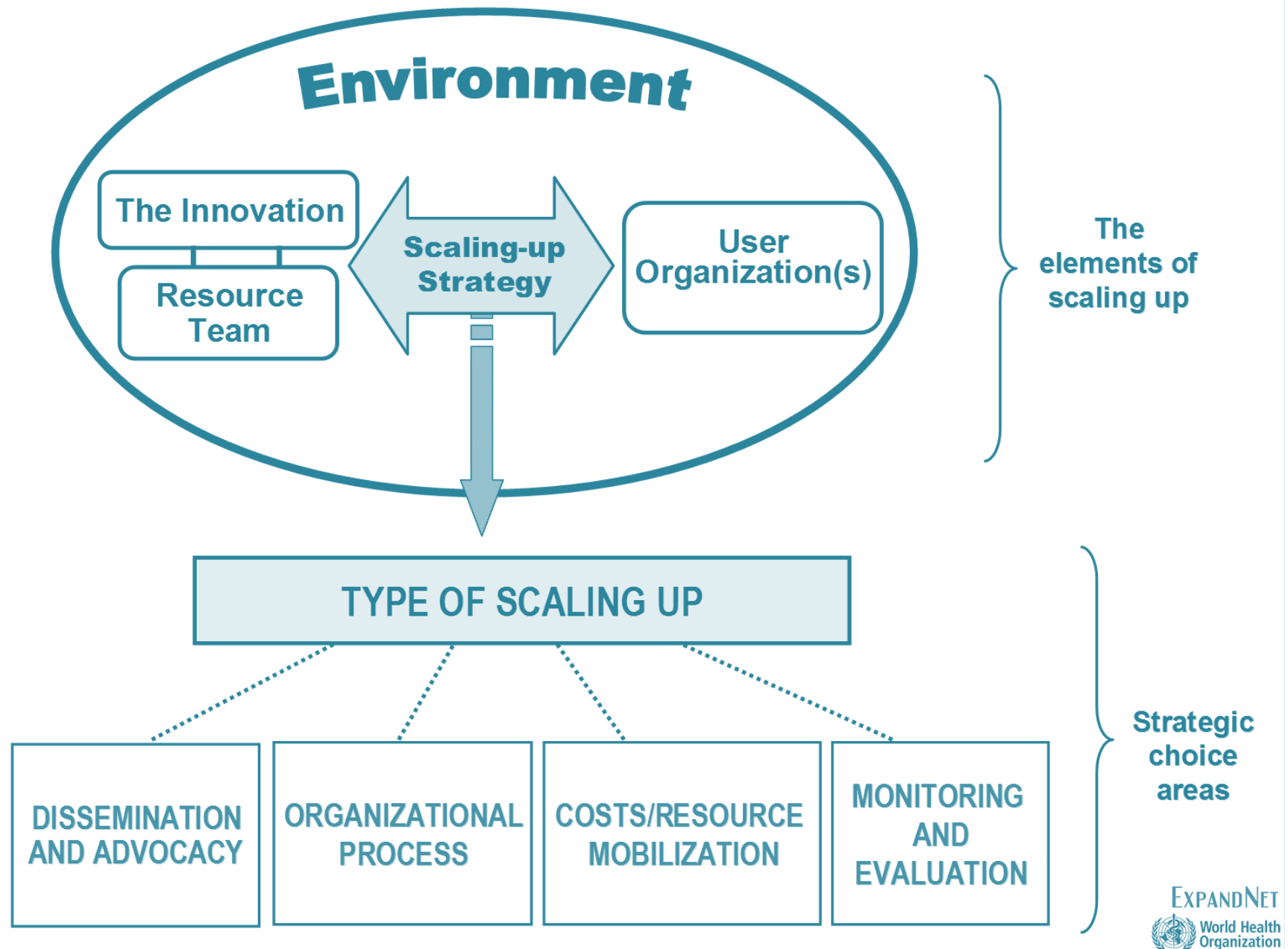
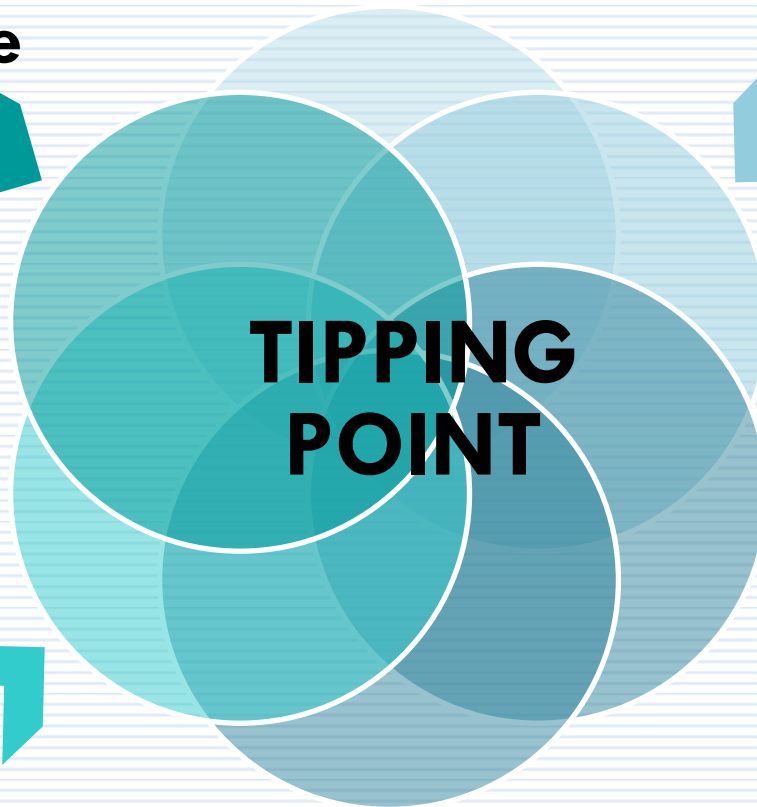**Interplay of macro-level forces influencing FP,** including government and donor support

Community support of and demand for innovation

Extent of service availability

TIPPING POINT

Extent of integration into guiding documents and support systems

Community knowledge of innovation

Level of political support for integration

MONITORING SCALE-UP

INSTITUTIONALIZATION

- Line-item in budget
- Product listed in procurement table and procured
- HMIS (separate reporting line)
- Pre-service integration
- In-service integration
- Supportive values (Policy makers & program managers)

Multi-year benchmarking to chart SU progress

SUCCESSFUL SCALE UP – GOALS ACHIEVED

- Supportive values (providers/clients)
- Trained FP trainers & providers
- Commodity (CycleBeads) available
- Potential users aware of the innovation
- User data compiled at local, regional & national levels

SERVICE EXPANSION

M&E OF SCALE UP

TYPE OF INDICATOR	METHOD
OUTCOMES AT SCALE • Awareness and use • Availability of quality services • Supportive environment	Household survey
	Service statistics
	Most Significant Change
	Quality assurance tools
OUTPUTS • Providers trained • Clinics offering SDM • Demand-oriented IEC • Supportive partners/stakeholders • Systems integration	Facility/SDP survey
	Stakeholder interviews
	Performance benchmark reports
PROCESS • SU strategy development • Advocacy and progress dissemination • Human resource capacity building • Organizational capacity-building • Resource mobilization and leveraging • Managing environmental influences	Focus group discussions
	Key events timeline

M&E APPROACHES AND TOOLS BY SCALE-UP DOMAIN

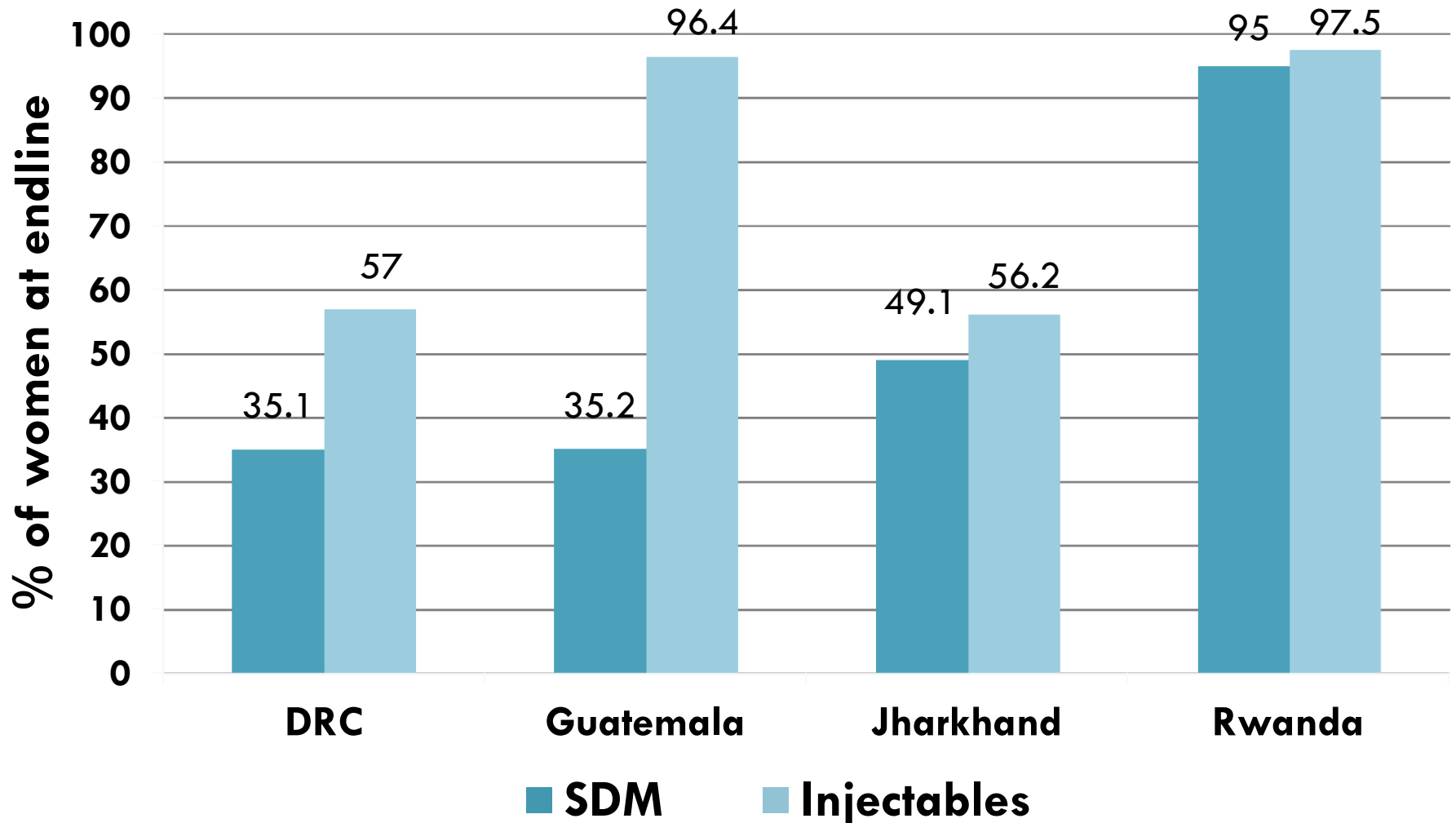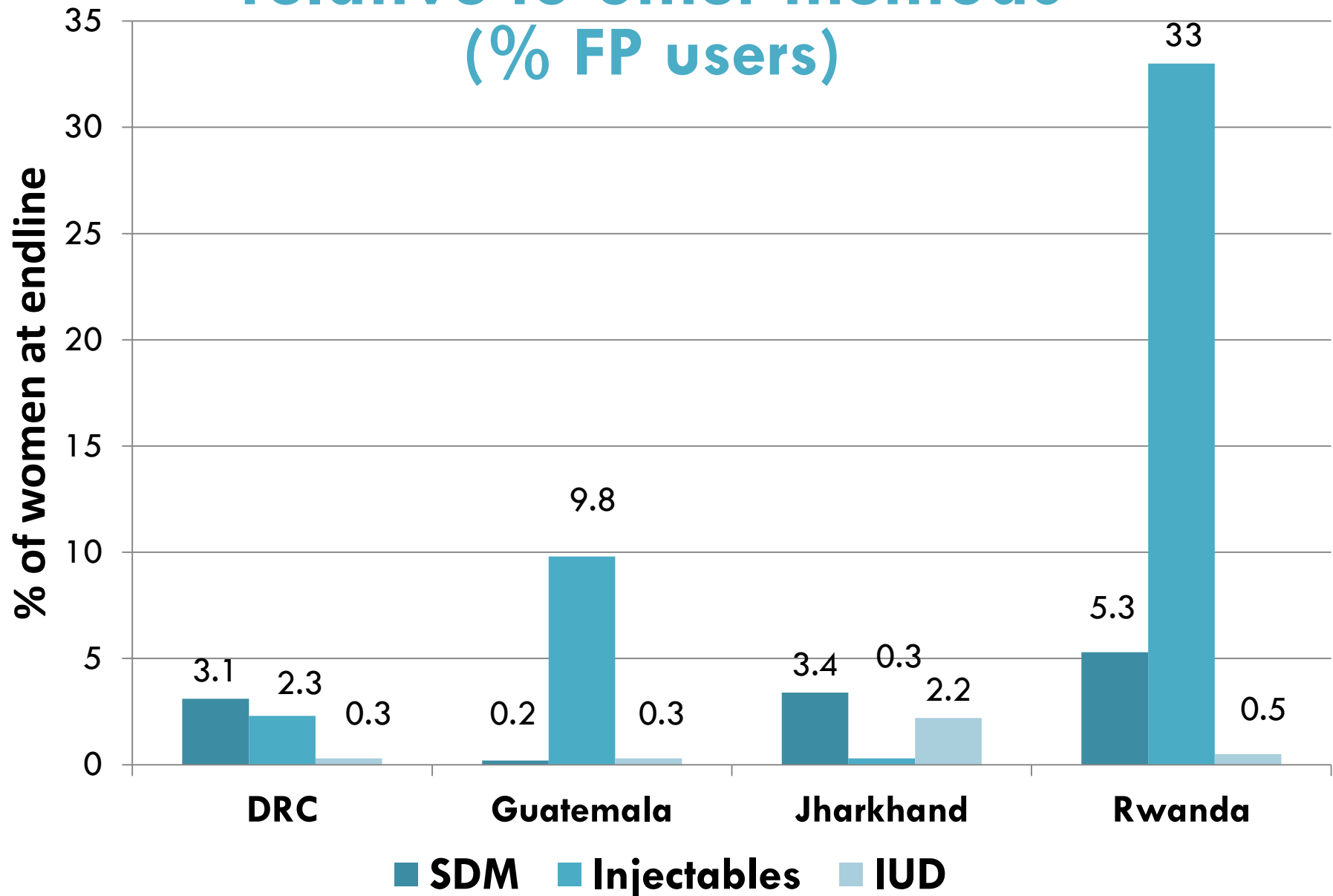| Tools/Approaches	Health outcomes	Coverage	Sustainability	Process	Quality	Values
Household survey & Facility assessment	■	■	■			
Provider interviews					■	
Benchmarking table		■	■	■		
Service statistics , sales, stock out reports		■	■	■		
Event tracking			■	■		
Quality assurance tools					■	
In-depth interviews with stakeholders & scale-up team			■	■		■
Most Significant Change	■			■	■	■
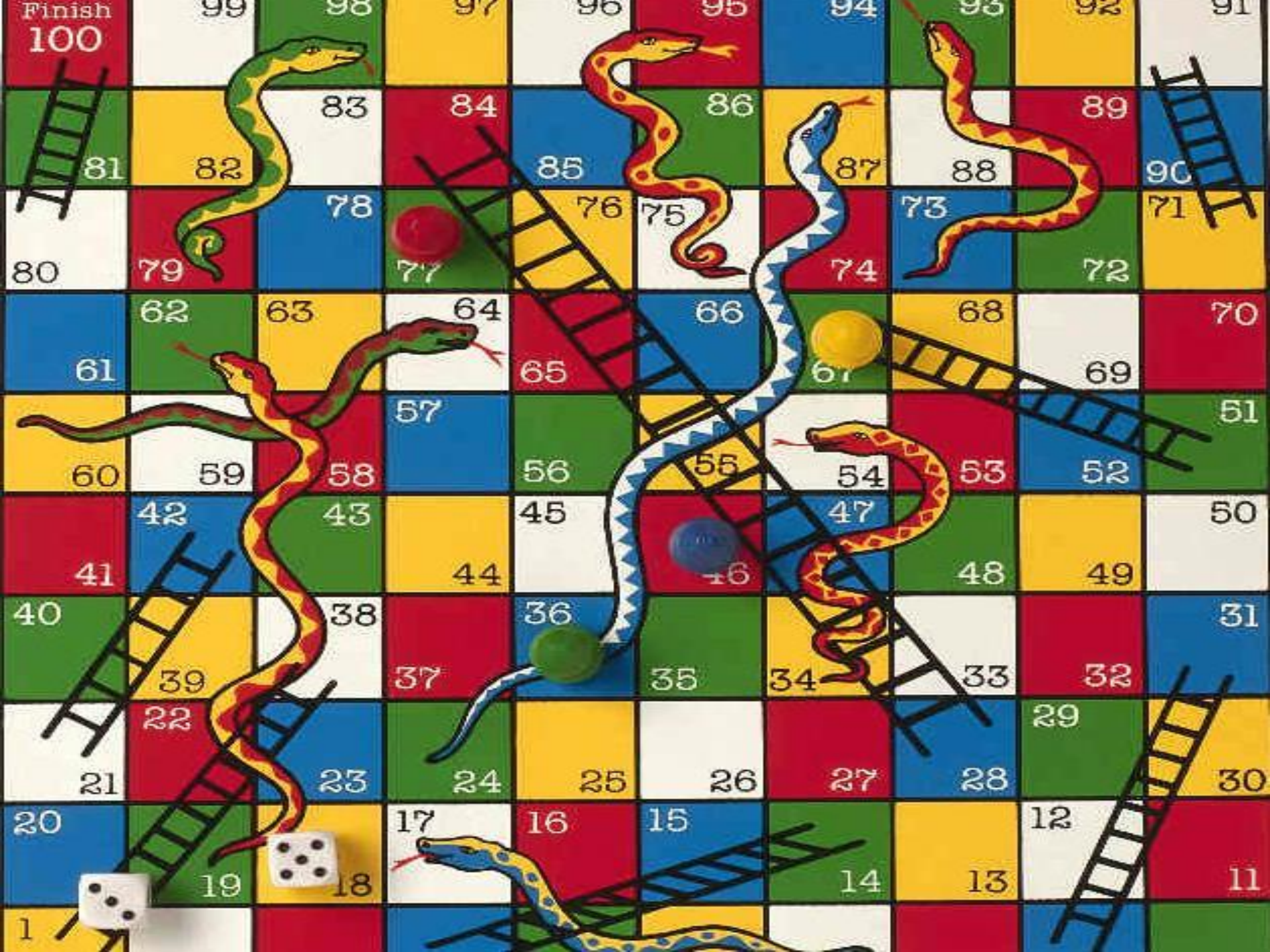
AFTER 5+ YEARS:
SUCCESSES & CHALLENGES

AWARENESS OF SDM relative to another recently introduced method—the injectable

% of women at endline

	DRC	Guatemala	Jharkhand	Rwanda
SDM	35.1	35.2	49.1	95
Injectables	57	96.4	56.2	97.5

■ SDM   ■ Injectables

CURRENT USE OF SDM
relative to other methods
(% FP users)

% of women at endline

	DRC	Guatemala	Jharkhand	Rwanda
SDM	3.1	0.2	3.4	5.3
Injectables	2.3	9.8	0.3	33
IUD	0.3	0.3	2.2	0.5

■ SDM ■ Injectables ■ IUD

SERVICE EXPANSION INDICATOR	DRC	GUATEMALA	JHARKHAND	MALI	RWANDA
# OF SERVICE DELIVERY POINTS OFFERING SDM	300	305	1,900	1,273	717 (PUBLIC, PRIVATE)
COVERAGE	58% OF HEALTH ZONES	99% OF TARGET SDPs 3 DEPARTMENTS (1/6 OF COUNTRY)	• 90% OF TARGET SDPs • 11 OF 24 JHARKHAND DISTRICTS	• 88% OF SDPS • ALL 8 REGIONS	• ALL 30 DISTRICTS
# OF ORGANIZATIONS ON RESOURCE TEAM	2 7	14	3	19	7
EXPANSION CATEGORY	POST-CONFLICT FP REVITALIZATION	LIMITED GOALS ON SCALE-UP; FOUNDATION LAID FOR NATIONWIDE FUTURE		NEAR-NATIONAL SCALE-UP	

SERVICE AVAILABILITY RESULTS

INSTITUTIONALIZATION: POLICY, TRAINING, IEC

(Source: Project Benchmark Tables)

SDM...	In key norms & procedures documents	In in-service training curricula	In pre-service training curricula	In key IEC materials
DRC	√	√	√	√
Guatemala	√	√	√	√
India (Jharkhand State)	In process	√	In process	√
Mali	√	√	√	√
Rwanda	√	√	√	√

INSTITUTIONALIZATION: LOGISTICS, PROCUREMENT, HMIS & NATIONAL SURVEYS

(Source: Project Benchmark Tables)

SDM...	In national surveys	Has its own reporting line in MOH HMIS	In logistics systems	In FP procurement tables		
				MOH	USAID	UNFPA
DRC	In process	√	√	√	√	No
Guatemala	No	√	√	√	N/A	No
India (Jharkhand State)	N/A	No	√	No	N/A	
Mali	√	√	√	√	N/A	
Rwanda	√	√	√	√	√	No

VERTICAL SCALE-UP ACHIEVEMENTS
Against Country-Specific Targets
(Africa)
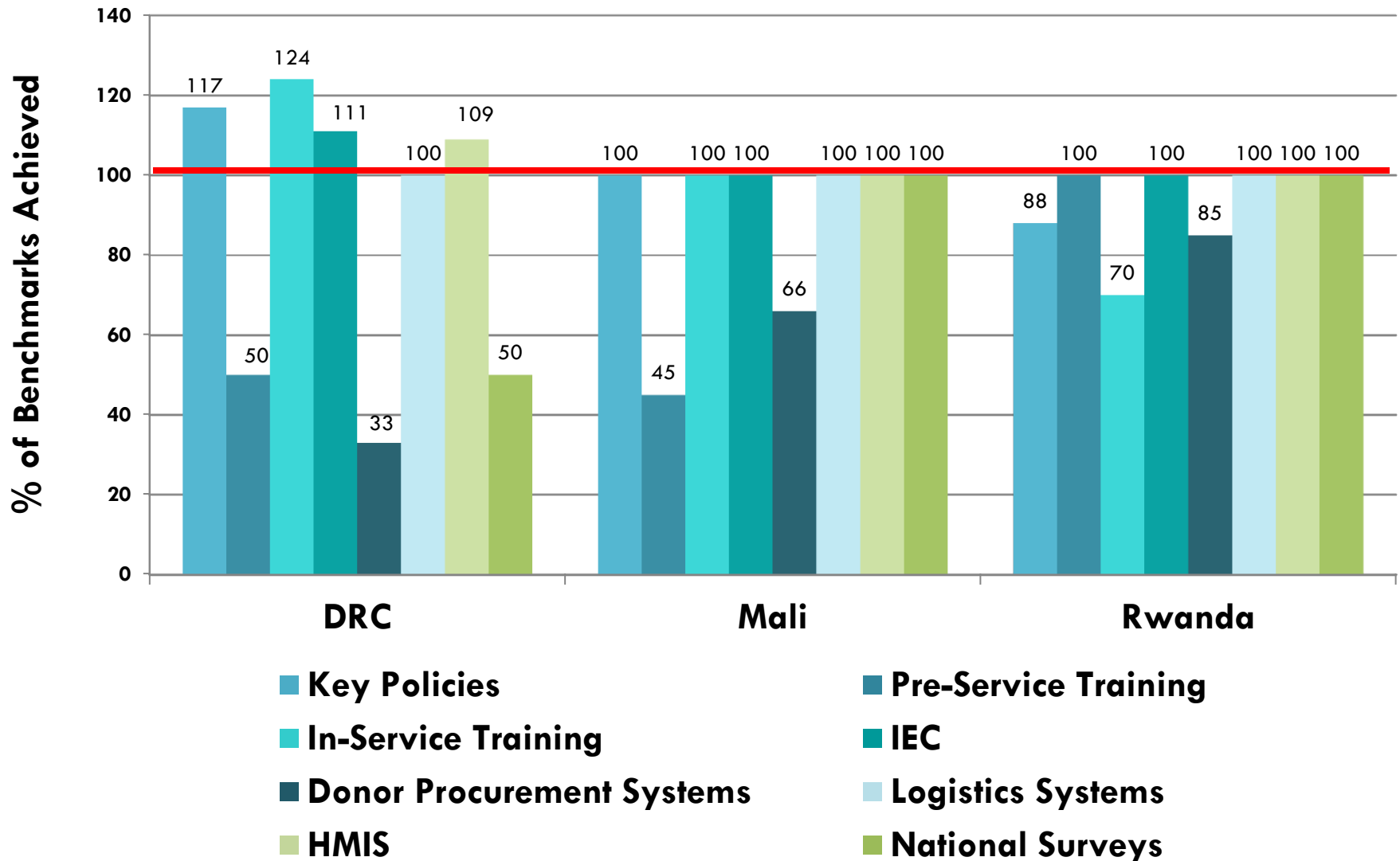
VERTICAL SCALE-UP ACHIEVEMENTS
Against Country-Specific Targets
(Guatemala and Jharkhand)
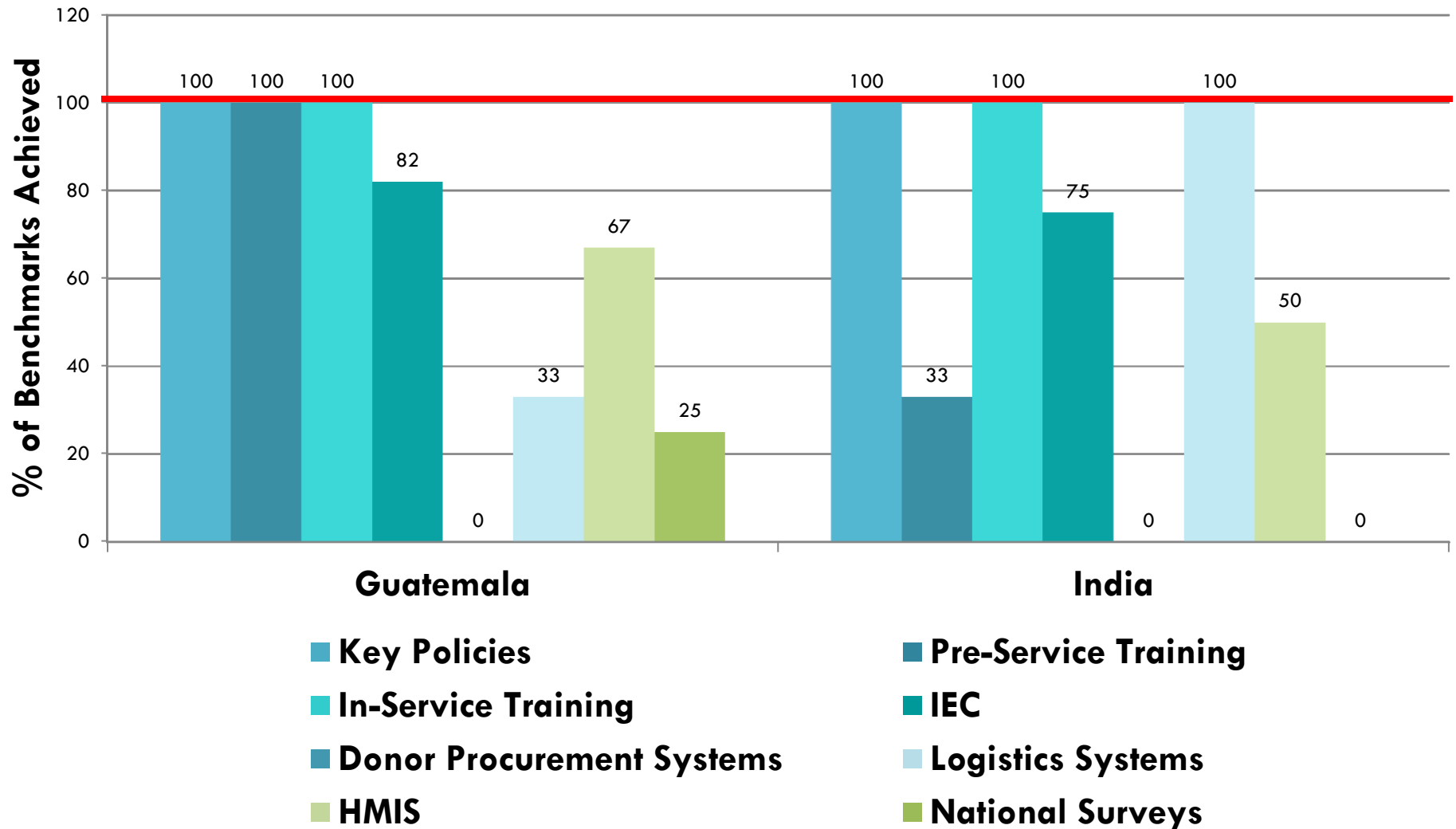
Bar chart showing % of Benchmarks Achieved.

Guatemala: Key Policies 100, Pre-Service Training 100, In-Service Training 100, IEC 82, Donor Procurement Systems 0, Logistics Systems 33, HMIS 67, National Surveys 25

India: Key Policies 100, Pre-Service Training 33, In-Service Training 100, IEC 75, Donor Procurement Systems 0, Logistics Systems 100, HMIS 50, National Surveys 0

Legend:
- Key Policies
- Pre-Service Training
- In-Service Training
- IEC
- Donor Procurement Systems
- Logistics Systems
- HMIS
- National Surveys

Interplay of macro-level forces influencing FP, including government and donor support

Community support of and demand for innovation

Extent of service availability

TIPPING POINT
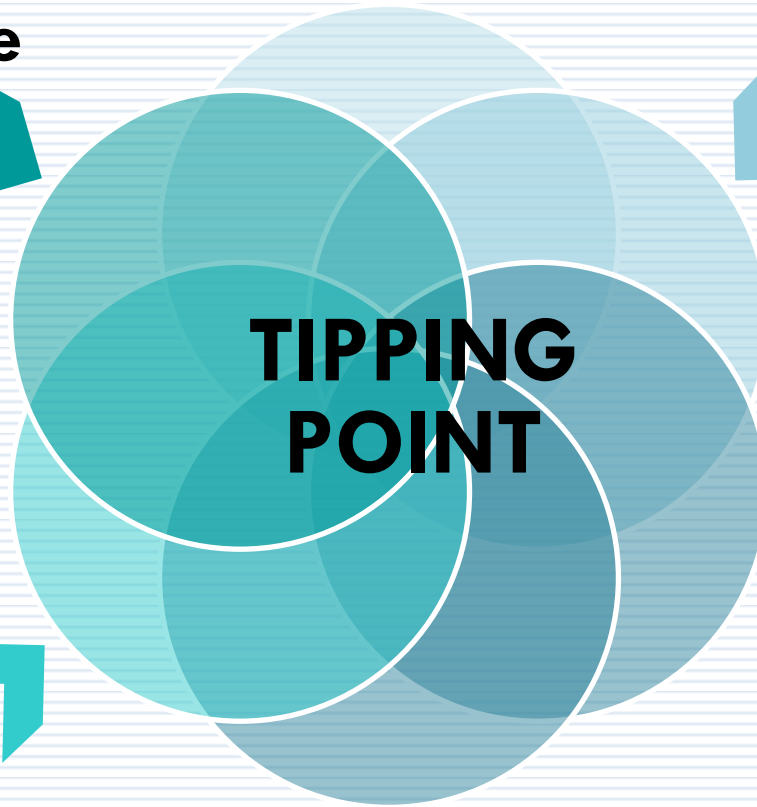
Extent of integration into guiding documents and support systems

Community knowledge of innovation

Level of political support for integration

WHAT HAVE WE LEARNED ABOUT SCALE-UP

1 Applying a systems framework and scale-up principles leads to wide availability of quality, sustainable SDM services.

Encourages concurrent work along vertical and horizontal axes of scale-up

Results in participatory engagement and coordinated action

Helps resource team monitor and respond to environmental forces

HOW IT HELPED SCALE-UP:

FUNCTION	UTILITY
PLANNING	shared vision/road map/identify systems-related barriers and opportunities
ENGAGING STAKEHOLDERS/ ADVOCACY	Identify partner roles/develop work plans/identify advocacy needs
MANAGING SCALE-UP PROCESS	Common language/realign staff/staff development/ teach systems thinking/maintain focus on sustainability and guiding principles
M&E	Develop indicators and benchmarks/framework for analysis/assess changing systems

UTILITY OF SYSTEMS-ORIENTED FRAMEWORK TO GUIDE SCALE UP

TA staff facilitating scale-up efforts need a scale-up skillset & mindset to be effective.

2

"We need to be able to map out the steps. The ExpandNet framework helps us do that."

IRH India Staff

"I remember in Rwanda at the beginning we talked a lot about 'extension.' Extension in 13 sites, and extension in 15 new sites, and in 39 sites, and at that time, I never thought of institutionalization. I thought more about the geographic coverage and horizontal integration than I did about vertical integration. But with the ExpandNet framework, I realized that what we were doing was not enough; it was only one aspect."

IRH Rwanda Staff

"At the beginning, we are in one village, then we went to another one, and another. That's how we understood scaling-up. But with the ExpandNet framework, now we understand that it is a question of growing, but growing with roots."

IRH DRC Staff

3

Range of TA activities facilitated scale-up process: advocacy, leadership development, building capacity in systems approaches, resource mobilization, utilizing data for decision-making, transferring skills, ownership

EVOLUTION OF
TECHNICAL ASSISTANCE

Pilot innovation

Advocate

Adapt innovation

Build capacity

Integrate into systems

Support quality assurance

"There is a need for an organization like IRH to steer and advocate and generate evidence. They have provided the technical assistance to develop a road map."

Stakeholder, Jharkhand

Total estimated cost leveraging
by country at the end of scale-up (2012)

Legend: India, Mali, Rwanda, DRC, Guatemala, DC
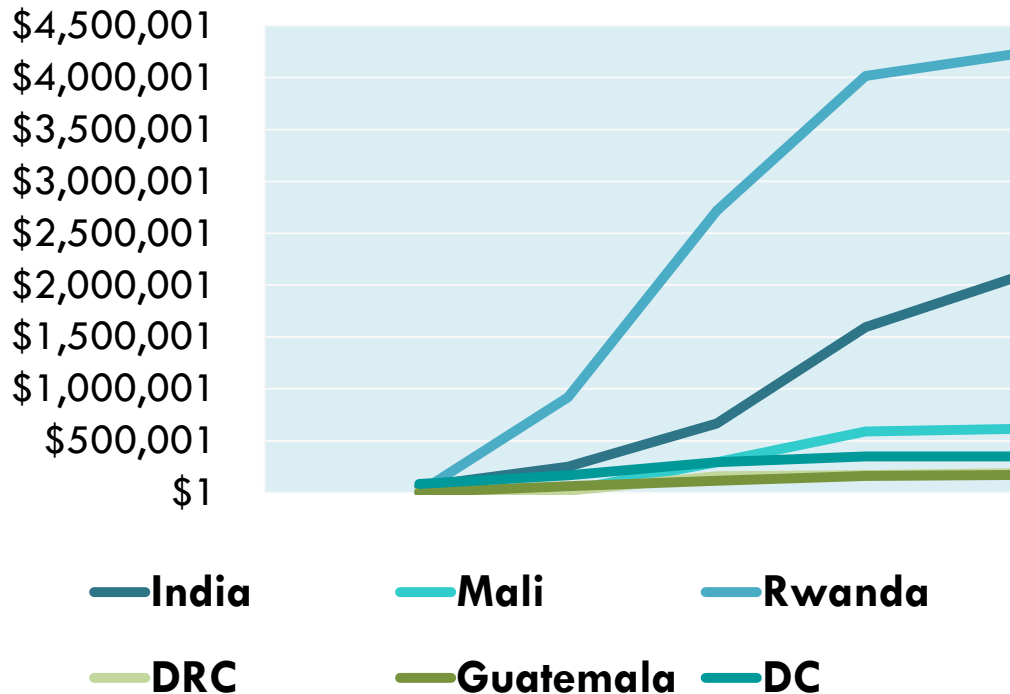
- **Leveraging provides resources for costly scale-up process and build commitment**

- **Bureaucracy and lack of political will can constrain leveraging**

- **Bilateral projects bring significant resources**

- **Individual champions mobilize resources**

RESOURCE MOBILIZATION

Adhering to scale-up principles — human rights, equitable access, country ownership — facilitates scale-up processes.

4

Prioritized approaches to reach underserved

Expanded access beyond facility-based services

Engaged new stakeholders

Participatory M&E amplified client voices

HOW IT HELPED SCALE-UP:

Good/promising practices were identified to nurture and maintain forward scale-up momentum.

5
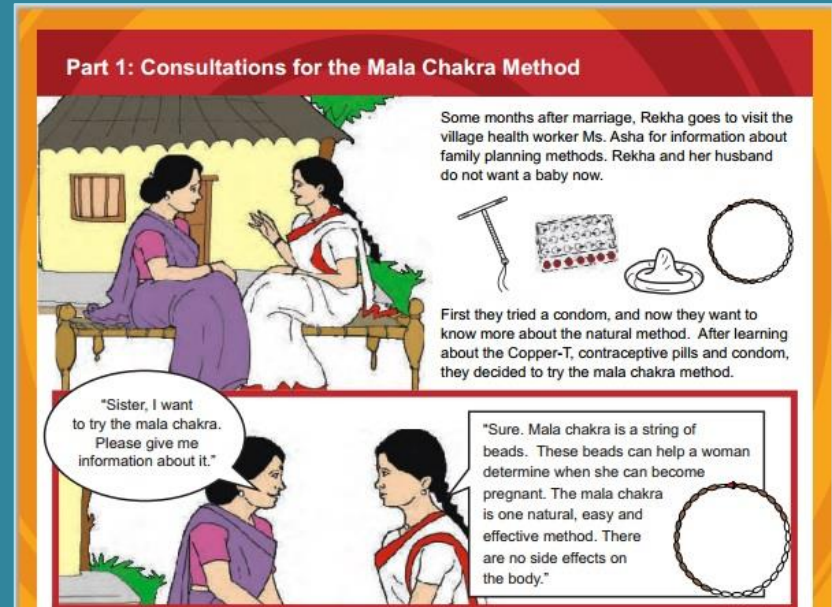
PROCESS

Jharkhand Six Districts

Addt'l 3 Districts

No Data Av'l for Gumla

First 3

users

40000
35000
30000
25000
20000
15000
10000
5000
0

April'08   Sept   FEB   JULY   DEC'09   MAY   OCT

■ Tubectomy   ■ N S V   ■ I U D (C T)
■ Oral Pill Users   ■ Condom   ■ S D M
■ LAM
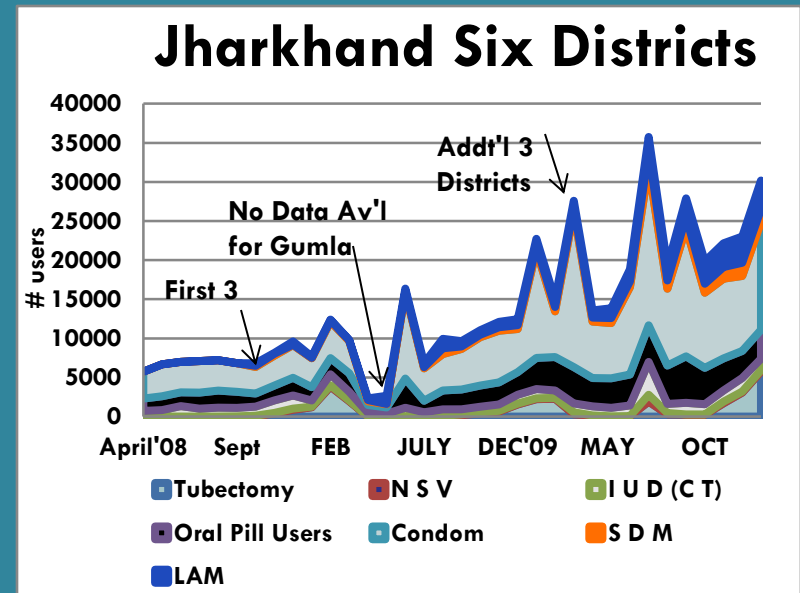
PARTICIPATORY, OWNERSHIP, DEMAND, M&E

6 International organizations influence scale-up processes in expected and unexpected ways.

	FACILITATING FACTORS	CONSTRAINTS
USAID	**Alignment with policies** **HTSP initiative** **Community-based FP** **CycleBeads in USAID|DELIVER procurement mechanism** **Consistent Mission support**	**Contrary to some policies** **Emphasis on LAPM, LARC** **SDM excluded from bilaterals emphasizing LAPM** **Single method promotional campaigns** **Mission staff turnover**
WHO	**SDM in technical cornerstones** **Policy guidance for CB procurement** **Use of ExpandNet framework**	**CycleBeads excluded from list of essential medicines** **Exclusion from key procurement mechanisms**

Policymakers need information to guide investment decisions – How much will a service/product cost in routine services? How much will the scale up process itself cost?

7

COST PER BIRTH AVERTED
over a two-year time horizon

Legend:
- Injectable (3 month)
- Oral Contraceptives
- Condoms
- SDM

Categories: Guatemala, Jharkhand, Rwanda

Y-axis: $-, $10, $20, $30, $40, $50, $60
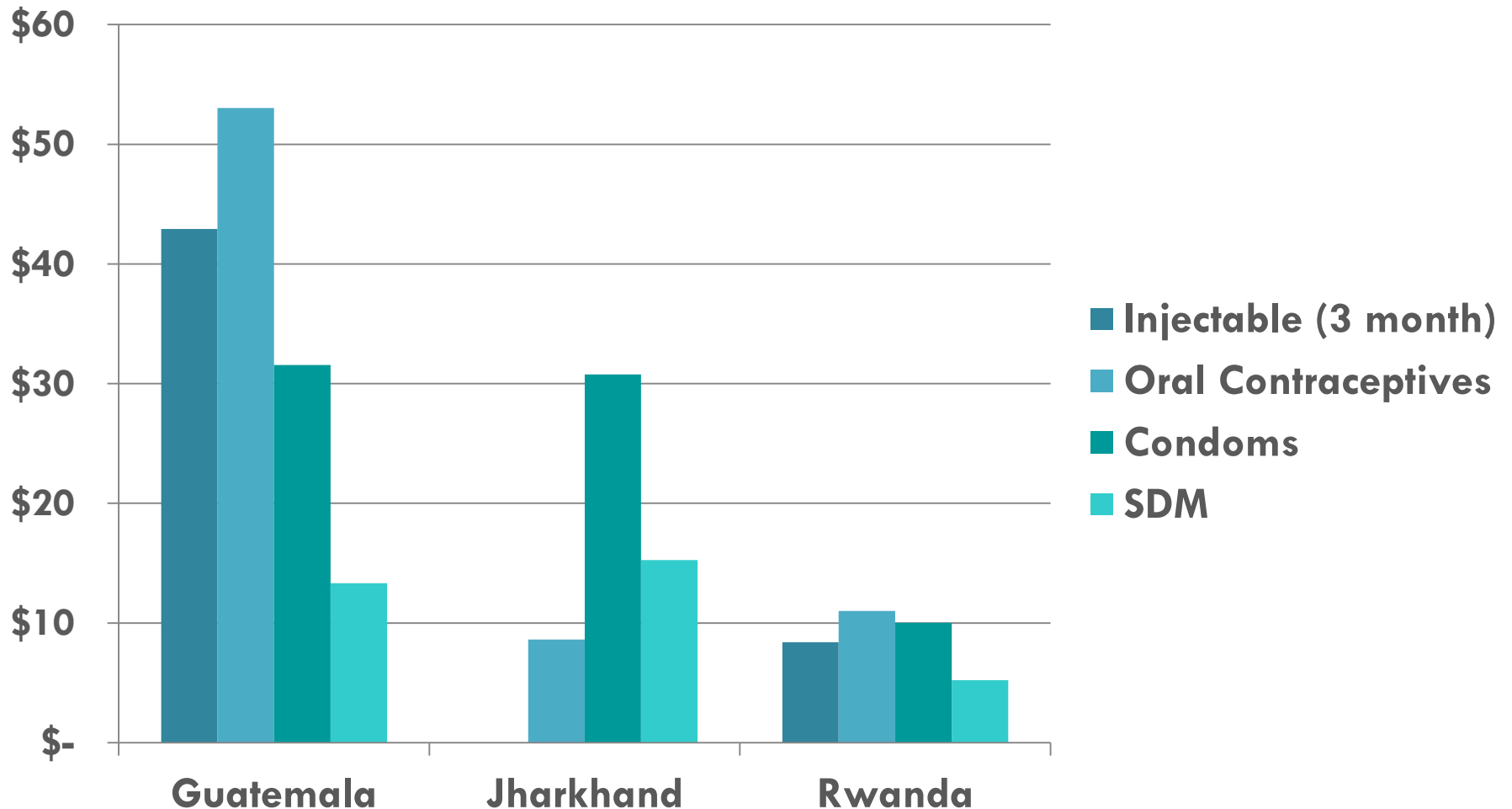
[Source: Futures Institute, 2012.]

8

SDM offered at scale continues to make unique contributions to family planning & reproductive health.

Embracing systems approaches means you do not have control.

9

Systems are not static – scale up gains can be reversed and monitoring is needed

Systems don't operate well unless there is demand – Community demand plays a critical role in systems functioning

Juggling horizontal and vertical integration is a challenging balancing act

WHY? BECAUSE:

Thank You

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