A Systems Approach to the M&E of Scale-Up

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Institute for Reproductive Health, Georgetown University

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This technical consultation report was prepared by the Institute for Reproductive Health at Georgetown University.

The Institute for Reproductive Health (IRH) is part of the Georgetown University Medical Center, an internationally recognized academic medical center with a three-part mission of research, teaching and patient care. IRH is a leading technical resource and learning center committed to developing and increasing the availability of effective, easy-to-use, fertility awareness-based methods (FAM) of family planning.

IRH was awarded the 5-year Fertility Awareness-Based Methods (FAM) Project by the United States Agency for International Development (USAID) in September 2007. This 5-year project aims to increase access and use of FAM within a broad range of service delivery programs using systems-oriented scaling up approaches.

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Introduction: Meeting Objectives & Guiding Questions

Why organize a technical consultation on monitoring and evaluation (M&E) of scale-up?

After decades of pilot studies that generate evidence about the effect of innovations in relatively controlled and resource-intensive settings, the global health community has recognized the importance – and the challenges – of moving evidence-based practices from successful pilots to sustainable scale. Many organizations are involved in scaling up new health services, products, or approaches at some point. However, they face challenges in doing so successfully due to a poor definition of the innovation that is being scaled up, an unclear or unplanned scale-up process, and inadequate information about what is happening on the ground. Monitoring and evaluation of scale-up has often relied on the same tools, indicators and data collection strategies that served well for pilot studies but contribute little to the evidence needed to guide the scale-up process. What is needed is information that provides a dynamic picture of progress over time and provides useful information to guide scale-up efforts.

A lack of consensus on best practices and few tested tools for M&E of scale-up limit the potential of M&E to support the scale-up process. In the context of FP2020, which strives to reach 120 million women with lifesaving family planning information, services, and supplies by 2020, a road map for monitoring and evaluating the introduction and scale-up of new family planning methods and approaches is critical. This consultation and the resulting report contribute to learning by highlighting real-life examples of the effectiveness of M&E to enhance decision-making, accountability and document the scale-up process.

The Institute for Reproductive Health (IRH) at Georgetown University has recently completed a six-year prospective case study of scaling up the Standard Days Method® (SDM) of family planning in the Democratic Republic of Congo (DRC), Guatemala, India (State of Jharkhand), Mali, and Rwanda. These studies, guided by the systems-oriented ExpandNet framework, have yielded a set of evidence-informed practices, methods and tools to support M&E during scale-up. These practices and tools have facilitated efforts to bridge the 'science-to-service' gap inherent in bringing a new family planning method to scale.

Consultation Aim and Objectives

The consultation described in this report marks the beginning of IRH's efforts to share experiences in the area of scale-up monitoring and evaluation more widely. The background paper and the presentation developed by IRH staff with the assistance of Amanda Fixsen, entitled "Monitoring and Evaluation of Scale-up: Theory and Practical Implications" (Appendix C), set the stage for the meeting. The technical consultation brought together 30 program practitioners, academics, researchers, and evaluators from USAID, UN agencies, foundations, universities, research organizations, and NGOs (see Appendix A for full list of participants) to:

- Foster thinking on practices for monitoring processes and evaluating outcomes of scale-up of health innovations;

- Articulate in practical terms the gaps and opportunities for improvement of the practice of M&E of scale-up; and

- Offer input into products that IRH should develop for wide dissemination that will contribute to advancing good practice on M&E of scale-up, including feedback on M&E tools developed by IRH for the case study on scaling up SDM.

Specifically, six key questions guided discussions about M&E practice during the scale-up period:

1. What is the current evidence base about good practices in the M&E of scale-up? What are the knowledge gaps?

2. How does M&E of scale-up differ from M&E during pilots? From M&E of practices that are operating at scale?

3. Integrating planning and M&E to strengthen scale-up processes: How can M&E be implemented so that it **supports** scale-up rather than merely measures it?

4. Given the importance of integrating values such as gender and equity into the scale-up process, how can they be monitored and evaluated?

5. Because successful scale-up requires support from a wide range of stakeholders and decision makers, how can M&E meet their needs for timely information? How, and by whom, should this information be shared so that stakeholders and decision makers value and act on it?

6. What kind of guidance documents should IRH produce that would be most useful to complement ongoing efforts in M&E of scale-up?

The consultation began with two presentations accompanied by thoughtful contributions from discussants. Amanda Fixsen, an expert in scale-up theory, provided an overview of scale-up theory and implications for the practice of scale-up M&E. Rebecka Lundgren and Susan Igras presented IRH's experience with M&E of scale-up and lessons learned about M&E processes from the recent case study on SDM scale-up (see Appendix D). During the afternoon, three concurrent small group discussions were held, including 1) good practices in M&E of scale-up; 2) maximizing use of M&E to inform scale-up, and 3) using scale-up M&E to define and measure the values (e.g. gender, equity etc.) integrated into the innovation. After each group debriefed, meeting participants offered feedback on the M&E tools and approaches that IRH utilized during the scale-up of SDM. The day ended with a short discussion on possible strategies for developing and moving forward on an agenda for the M&E of scale-up that could facilitate the work of and generate further evidence from the global reproductive health community.

Setting the Stage: Theoretical Background

> "Understanding the theory behind scaling up provides the underpinnings needed to create effective M&E systems that support the implementation and sustainability of innovations"
>
> *Amanda Fixsen, December 2012*

A solid understanding of scale up theory and related practice is needed to guide scale-up monitoring and evaluation practice.

Achieving scale-up of a new practice, product or approach requires:

✓ A well-defined innovation, that is service components, other practices or elements that are new or perceived as new and consists of a "set of interventions" including not only a new technology, clinical practice, educational component or community initiative, but also the managerial processes necessary for successful implementation[1]

✓ Sufficient demand for the innovation by the intended beneficiaries, and

✓ Deliberate attention to implementation drivers[2] by those who are guiding the scale-up process.

While the core elements of an innovation do not change much from pilot to scaling up to large-scale implementation, M&E needs do change. During the pilot phase, M&E focuses largely on the effect of the innovation on the desired outcome. Once the innovation is offered at scale, M&E centers primarily on whether the innovation is being implemented. In between these two phases, however, is the scale-up phase, during which M&E assesses the process and pace of scale-up, including coverage, and fidelity of the innovation. This dual focus permits the scale-up team to keep their attention on systems integration, service quality and population coverage.

Guiding Theories

> During scale-up in particular, M&E efforts must view systems outcomes, rather than individual outcomes, as the focus of change.

Complexity theory,[3] a perspective which is gaining increasing attention in health systems research, describes scale-up as a non-linear process that does not occur in a vacuum. Scale up occurs in a 'zone of complexity' where the degree of certainty and agreement about the path to taking an innovation to scale is low. During scaling up the focus must be not only on the innovation, but also on the

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[1] ExpandNet. "Nine Steps for Developing a Scaling-up Strategy", page 9

[2] Blase, KA, Fixsen, DL et al. (2009) Implementation Drivers – Best Practices for Coaching, page 1. Retrieved June 25, 2012, from the State of Washington Office of Superintendent of Public Instruction website http://www.k12.wa.us/RTI/Implementation/pubdocs/DriversBestPracticesCoachingSept_09NIRN.pdf "Implementation drivers" are the engine behind scale-up and are comprised of six processes: staff recruitment and selection, pre-service or in-service training, coaching/mentoring and supervision, internal management support, systems level partnership, and staff and program evaluation.

[3] Patton, M. (2011). *Developmental evaluation: Applying complexity concepts to enhance innovation and use*. New York: Guilford Press.

system(s) in which the innovation will be implemented. Consequently, M&E methods and indicators must focus on the system changes that are occurring as the innovation is scaled up. M&E tools can then track progress to help resource teams[4] - the individuals and organizations (e.g. researchers, program managers, trainers, service providers, community representatives, reproductive health advocates and policy-makers) that catalyze change and seek to facilitate wider use of the innovation - anticipate possible challenges and react to events as they unfold. Developmental evaluation, pioneered by Michael Quinn Patton, offers a dynamic perspective on evaluation and explicitly takes such complexity and use of M&E information into account.

Implementation theory is also considered, given its relevance to ensuring innovations are designed for scale-up, informing principles for monitoring and evaluating scale-up and guiding efforts to achieve sustainability.[5] Viewed along a scale-up continuum, there are two approaches to implementation - passive and active. **Passive implementation** methods (described in diffusion and dissemination theory) support design of an innovation during the pilot, assess relevant systems that make up the implementation context when planning scale-up, and then allow scale-up to occur spontaneously within the system. **Active implementation** theory suggests that scale-up is a planned process which requires

Figure 1 Possible Approaches to Implementation

consideration of the various components of the innovation and development of indicators and systems to monitor implementation and learning. Rather than rely on existing systems to do the work, resource and user teams engage with the systems regularly.

M&E approaches that seek to understand and take into account the ways systems are organized and evolve over time will more effectively guide scale-up than typical mechanistic evaluation models. More importantly, M&E processes that consider the nature of complex systems will facilitate adaptation of the innovation and the implementation process based on empirical evidence.

Complexity Informed Evaluation Methods

Complexity-informed evaluation methods take into account the dynamic environment in which health service innovations are expanded, and are well-suited to providing information to guide adaptation and scale-up. Within complex systems, unexpected events and their effect on the scale-up process or health outcomes may go unnoticed without frequent monitoring of evolving systems and changing environments. Additionally, actual monitoring of the scale-up process allows for 'kinks' in the innovation to be worked out during implementation.

[4] WHO/ExpandNet (2009), "Practical guidance for scaling up health service innovations", page 9
[5] Green, L. W., Ottoson, J. M., Garcia, C., & Hiatt, R. A. (2009). Diffusion theory and knowledge dissemination, utilization, and integration in public health. *Annual Review of Public Health, 30*.
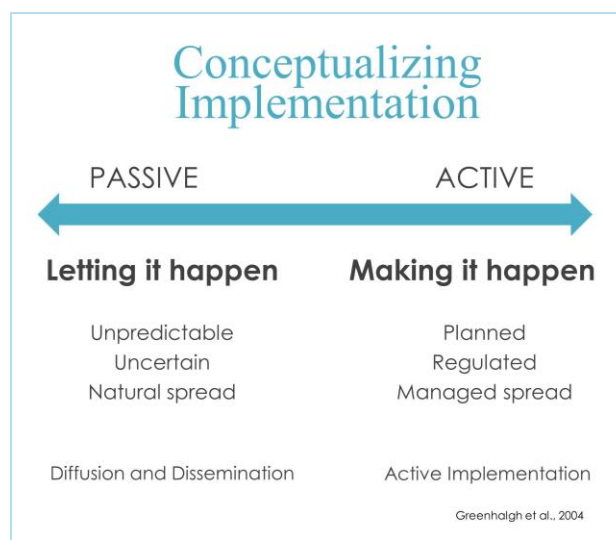
The IRH Experience

Drawing upon six years of experience, learning, and M&E of an innovation going to scale within complex health systems, IRH is sharing lessons learned that may be applicable to the scale-up cases of other family planning innovations. Rebecka Lundgren and Susan Igras presented IRH's work developing and utilizing M&E systems and tools for scale-up in five countries. Their presentation, entitled, "What have we learned from IRH case studies on monitoring and evaluating scale-up?" was organized around three core components of good M&E practice – methods (M&E approach and methods), data utilization, and values and valuing.

Preparing for Scale-up

IRH used case study methods to document and systematically monitor and analyze the scale-up of SDM integration into FP programs. Scale-up planning, in-country technical assistance, and M&E were informed by a systems perspective and guided by ExpandNet best practices for sustainable scaling up:

- ✓ *Strategic planning for SDM scale-up, including M&E plan development*
- ✓ *Engaging stakeholders and creating resource teams to guide scale-up*
- ✓ *Assessing system capacity to receive the innovation*
- ✓ *Creating awareness of and demand for a new method option*

Strategic planning for SDM scale-up, including M&E plan development

The planning phase between pilot efforts and scale-up was crucial for preparing SDM for successful large-scale implementation and, subsequently, for developing the M&E plan. Planning for scale-up included defining with partners the innovation package with an eye to feasibility of implementation at scale while maintaining key components necessary for quality services, agreeing upon scale-up objectives and benchmarks, and developing a documentation and M&E plan to allow data-driven decision making throughout the scale-up process. M&E plans were drafted to measure the fidelity of the innovation as it went to scale, as well as fidelity to the implementation plan.

Defining the Innovation Package

Bringing a health innovation to scale involves more than just making a particular health commodity widely available. The Standard Days Method® (SDM), a modern and effective family planning method, was the innovation studied and scaled up by IRH and partners in multiple countries. However, one might more accurately describe it as an "innovation package." The basics of the SDM innovation package include the visual tool CycleBeads® (with user instructions and calendar), training curricula for health providers, monitoring and evaluation tools, and awareness-raising and IEC materials. All of these components have evolved since the initial introduction of SDM, responding to the dynamic nature of scale-up. In order for an innovation to achieve scale-up, it must be designed "with the end in mind". This means that all aspects of expansion must be taken into consideration from the beginning, even during the pilot phase.

Engaging stakeholders and creating resource teams to guide scale-up

In all of the countries selected for SDM scale-up, IRH had prior experience testing SDM in service settings. Therefore, it was easy to identify and involve a core group of stakeholders to engage in the design and implementation of the M&E system. Engaging the scale-up team in participatory and transparent analysis of monitoring data proved to be a critical determinant of scale-up success.

Assessing system capacity to receive the innovation

For scale-up to be successful, it is necessary to focus on the innovation *and* the system that will receive and use it. Once the innovation and its components were identified, potential system-level scale-up barriers were considered and potential solutions were discussed. The ability of each of the sub-systems to support the innovation was assessed, and the scale-up plan was designed with the capacity of the system in mind. Because many of the focus country health systems were relatively weak, IRH and partners made an effort to strengthen these systems during SDM integration to allow for better monitoring of the effects of the scale-up processes. This was especially important for health information systems and logistics/procurement systems.

Creating awareness of and demand for a new method option

Demand generation would be critical to the adoption of an innovation. IRH included indicators of demand and methods to measure it in the M&E systems in each country.

Monitoring and Evaluation to support Scale-up

When reflecting on how scale-up is accomplished, it is important to always consider how scale-up is measured and evaluated. M&E, then, becomes a purposeful part of the scale-up process, rather than simply an activity that is tacked on or a larger version of the same system used during the pilot phase. Several important M&E lessons / better practices were addressed in the presentation of IRH's experience:

What to measure

IRH measured the implementation process *as well as* innovation fidelity and coverage. Different levels of data were considered – user, provider, program manager, policy maker, donor, and researcher. Information was also needed on how the innovation interacted with other initiatives. For example, was SDM— a new contraceptive method—bringing new users to FP, or were users simply switching from one method to another? In order to answer these questions, it was important to understand what monitoring data were already available in the system into which SDM was being integrated (e.g. FP new user data).

IRH first worked with partners to identify the process and goals of scale-up, and then selected indicator to monitor SDM scale-up progress, assessing both horizontal (service expansion) and vertical (institutionalization) elements. Yearly benchmarks for primary indicators were established for the five-year scale-up period.

M&E Approaches and Tools by Scale-Up Domain					
Tools/Approaches	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			■	■	■

Figure 2 M&E tools and approaches used for SDM scale up as they relate to domains of scale up

Many factors other than evidence influence government decision making related to scale-up, in part for political reasons and also because some decisions, (e.g., finance allocations), reside outside the Ministry of Health (MOH). Therefore, IRH staff used Key Events tracking calendars to monitor and document external and internal factors influencing scale-up.

Finally, it was important to monitor whether the values inherent in SDM, such as reproductive rights, equity in access, and male involvement, were maintained during the scale-up process. To do this, we conducted semi-annual focus group discussions with IRH staff at headquarters and in the field, as well as in-depth interviews with policy makers, program managers and community leaders in scale-up countries, and collected Most Significant Change stories. These qualitative monitoring approaches provided timely information on whether SDM integration efforts continued to focus on offering a broad range of methods, afforded women the right to voluntarily choose their preferred method, and took advantage of opportunities to engage men positively in FP.

How scale up processes were measured—Tools for M&E of SDM scale up

M&E tools were developed to monitor five primary scale-up domains – coverage, sustainability, process, quality, and values – using a mix of quantitative and qualitative data (Figure 2). Secondary data also proved to be very useful for M&E.

Human Resources for Monitoring and Evaluation Activities

In lieu of hiring external M&E experts, IRH found it more effective to integrate M&E functions within the scale-up team (and occasionally sub-contract larger studies to local research groups.) This approach is consistent with developmental evaluation, in which evaluators work with the system and evaluate from within, becoming part of the resource team with intimate knowledge of scale-up strategies and collecting and sharing data. While this approach facilitates data utilization, these researchers may be biased in favor of the innovation.
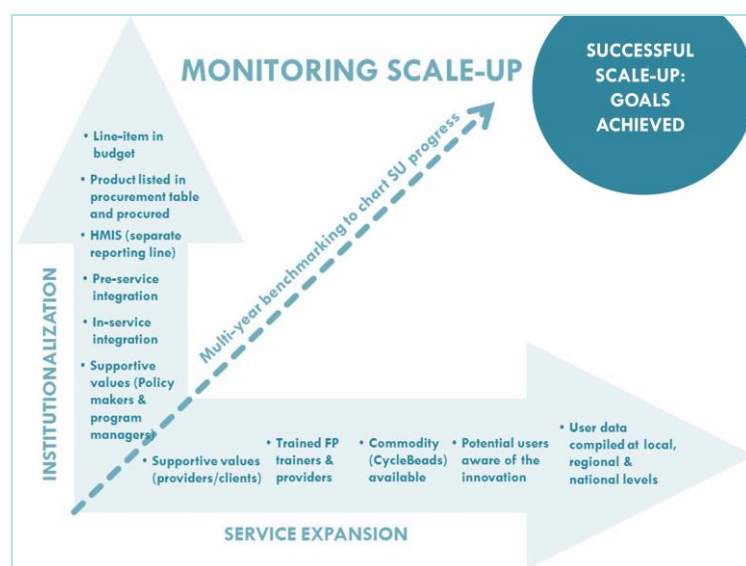
Figure 3 Systems, services availability, and new method awareness changes that were monitored during SDM scale-up

For this reason, data collected to assess the degree of scale-up and fidelity achieved, such as household surveys and facility assessments, were collected by external research firms, rather than staff or organizations associated with the SDM scale-up effort.
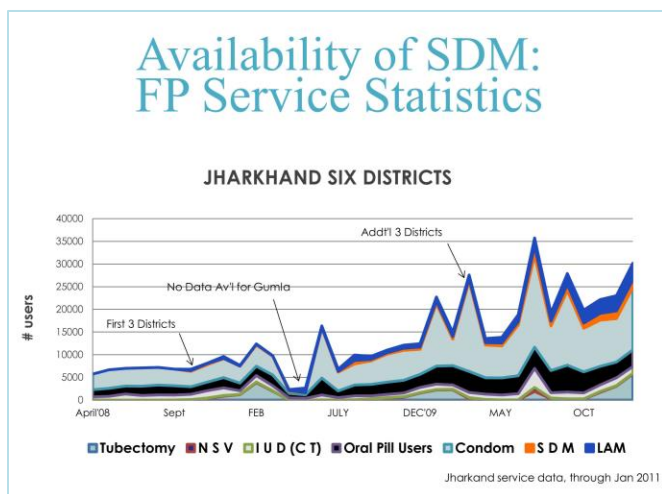

Figure 4 Example of monitoring data organized graphically to share with stakeholders

Providing scale up results to stakeholders: Displaying and sharing data

Ongoing M&E results were shared regularly with the resource team and organizations scaling up the innovation. IRH M&E staff organized data in user-friendly formats to provide visual feedback to stakeholders guiding scale-up efforts. (See example in Figures 4.) Because the process of horizontal scale-up is a spatial or geographical one, it was useful to display data on maps to show expansion of SDM services over time (Figure 5).

At the same time, special studies were undertaken to respond to new questions and evolving opportunities. For example, IRH tested a social diffusion approach to increase SDM/FP awareness and create demand to determine if it should become a scale-up strategy, conducted pre-service training assessments to guide integration efforts, and evaluated the feasibility of extending SDM access by selling CycleBeads in small retail stores, where no FP counselors would be available by simplifying further SDM user instructions.

Using the data

In IRH's work, M&E data were utilized to: 1) assess adaptation of the innovation package; 2) guide strategic planning; 3) identify and monitor resolution of problems; 4) maintain stakeholder commitment to the scale- up process; and 5) involve new partners in scale-up.

Care was taken to share data with key stakeholders at least annually to monitor scale-up and more frequently if problems were identified that needed more immediate action.

Not all data are meant to inform the scale-up process. For example, IRH used household surveys to obtain baseline indicators of SDM awareness, attitudes, and use. This information informed scale-up planning, and was used to evaluate scale-up success when compared to end line data, but was not used to guide scale-up efforts.
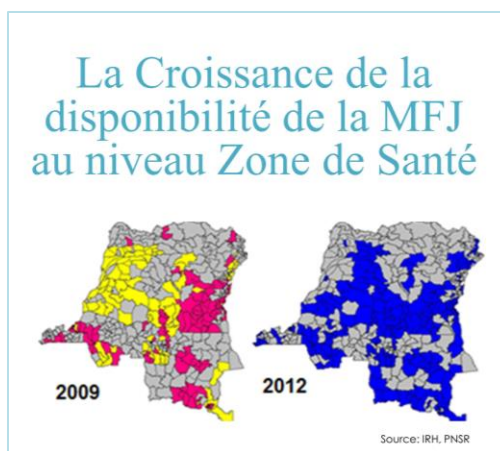

Figure 5 DRC maps showing expansion of SDM services over time: health zones in red in the initial years, followed by health zones in yellow between 2006 and 2009, and health zones in blue offering SDM at the end of the scale-up period

Attention to values as part of good M&E of scale-up practice

IRH introduced the topic of considering values in scale-up M&E, laying the foundation for discussion on this topic in the afternoon. The ExpandNet framework emphasizes the importance of maintaining the core values of the innovation during scale-up. Values do influence both processes and outcomes and should, therefore, be monitored. Likewise, values influence not only what M&E information is collected, but also the ways in which it is analyzed, interpreted, disseminated and utilized. Establishing the value of innovation elements going to scale, such as minimum standards the quality of services during scale up, is another aspect of values to be considered.

Certain values are inherent in the SDM innovation itself, including informed choice, women's empowerment, fertility awareness, gender equity, and male involvement. Each of these values was monitored throughout the scale-up process to ensure they did not get lost. For example, because gender equity is a core value of the SDM innovation, IRH included gender indicators in the evaluation tools and assessments of IEC efforts. Scales to measure couple communication, women's empowerment, and intimate partner violence were included in interview modules for SDM users in baseline and end line household surveys and client follow-up interviews.

The values held by stakeholders within health systems and the scale-up environment also influence scale-up processes and should be monitored. For example, policy makers determine the availability of certain FP methods based on their values; providers may be biased for or against SDM; or influential "champions" might advocate for one method over another. IRH accounted for this by monitoring the method mix available to users by reviewing service statistics reported by MOH facilities. Specific countries had unique experiences relating to provider bias and the core value of informed choice. In Guatemala, policy makers held a bias against SDM because they believed it was a traditional method of FP. IRH developed a policy brief explaining why SDM is considered a modern method, and this was widely circulated by the USAID mission in Guatemala. Similarly, key policy makers with concerns about men and SDM were invited to visit programs to talk first-hand with users and providers. In Rwanda, provider bias was assessed through simulated client visits. Results were presented to the FP community so that the issue would be addressed.

The selection of what element of SDM introduction to monitor reflected the values of the scale-up resource teams (FP program managers and technical staff and key stakeholder groups). Gathering information on the effect of introducing SDM to the method mix and on contraceptive prevalence, for example, reflected concern for expanding choice and achieving program impact.

Determining appropriate thresholds for coverage and organizational capacity during scale up, a core evaluation function, is another aspect of values. For example, to monitor the quality of SDM services as they were expanded, it was important to establish minimum standards of provider competency and system supports such as the availability of CycleBeads and condoms. Acceptable levels were established during the pilot phase and remained unchanged during scale-up. Additional quality measures were needed for scale-up, such as a client follow up tool to monitor correct SDM use. Since 'passing the baton' to local organizations is key to

sustainability, measures to assess the competency of partner organizations to offer SDM without outside technical assistance was important. IRH defined a threshold measure of an 'SDM-competent' organization, using a combination of measures.

Following the presentation, participants asked clarifying questions about the IRH approach and discussed the importance of a systems approach to M&E of scale-up. They also agreed that effective utilization of monitoring data can drive expansion and shared ideas about how appropriate M&E approaches vary during the different phases of the research-to-practice continuum.

Key Points from Group Sessions

In the afternoon, participants divided into three groups to discuss:

1) Good practices of scale-up M&E;
2) Use of data to guide scale-up; and
3) Values and valuing.

Each group, led by an expert resource person, shared key ideas, summarized in this section, during the plenary discussion.

Group 1 | Good Practices in M&E of Scale-up

The first group was tasked with assessing current knowledge of good practices for M&E of scale-up and identifying scale-up M&E gaps.

A number of good practices exist and should be incorporated consistently into scale-up M&E:

- *Highlight quality data and not just quantity/volume data.*

- *Represent scale-up data in appealing ways.* Text-heavy reporting can sometimes overwhelm audiences. Visual representation of data such as maps effectively demonstrates the spatial dimensions of scale-up. Maps accommodate overlays of flags to represent various metric values, and/or overlays of different colors displaying implementation status and/or milestones.

- *Improving data use strengthens systems; it is important to work within existing systems and not create parallel systems.* Whenever possible employ a common evaluation platform, e.g., HMIS reports at central, district, or facility level, which can lead to improvements in the quality and utilization of data. Make use of secondary data and studies to build evidence; it can be cost-effective and creates information connections for stakeholders.

- *Measure relational change and not just innovation integration.* Use of a systems approach implies (in the case of FP) measuring uptake of other methods as well as the innovation. Such a relational approach provides a fuller picture, e.g., providing evidence that the new

method will not simply replace existing options, and detects unintended negative consequences.

- *Vertical scale-up.* The group did not discuss institutionalization. This is an area often overlooked by scale-up M&E and merits greater focus in the future.

Proposed practices which need testing to advance the field:

- *Encourage collection of quality assurance data across private and public sectors by establishing a set of key indicators.*

- *Develop approaches to reduce the cost of system-wide monitoring,* e.g., selecting sentinel sites based on landscaping of the service providers to reduce the burden of data collection burden while allowing periodic monitoring

- Do not forget to measure equity during scale-up. It is critical to include gender considerations and special populations in M&E efforts; cost-effective ways of approaching this (e.g., not always relying on surveys) need to be developed and tested.

Group 2 | Maximizing Use of M&E to Inform Scale-up

Group 2 explored implementing an M&E process that actively supports or "accompanies" scale-up processes within a complex system environment. Who makes strategic scale-up decisions? With what evidence?

How do you implement an M&E process to actively support or accompany scale-up within a complex system environment?

- *Maximizing use of M&E for scale-up begins at the pilot stage.* It is at this stage that implementation of the innovation can be documented and we can focus on how we are implementing the innovation rather than the end result.

- *Do not separate the innovation from the implementation process.* In effect, M&E is important at three levels: 1) the innovation; 2) the implementation processes, and 3) outcomes and impact.

- *System mapping must occur early, and be updated over time as the system evolves.* A strong system can take an innovation to scale more easily, this strength is also very much related to skills, training, etc. that are available in the system.

- *Use a cyclical approach to planning and action that adjusts as the system adjusts.* The PDSA cycle (Plan–Do–Study–Act) is key. The 'study' piece of PDSA is M&E, which in this cycle, leads to development of action plans.

- *Involve more than one person per location in M&E to increase data utilization.* Use a local and regional implementation (resource) team with several members in case of attrition.

- *Strengthen the M&E capacity of scale-up teams that is relevant to their job responsibilities in order to increase the quality and use of data.* What M&E-related skills do practitioners have already, and else is needed?

- *If the innovation evolves during scale-up, consider whether new types of practitioners will need to build their M&E (reporting) capacity,* e.g., if the norms change to allow community health workers to provide injectables, their reporting system will have to be revised accordingly.

- Who makes strategic scale-up decisions in complex environments? Only by identifying who has the power to make decisions will it be possible to ensure accountability and ownership of M&E activities.

- There must be top-down support for bottom-up reform, and the reverse. For example, although the MOH may be on board with the innovation, local service providers may not have been consulted, resulting in the innovation not being provided or provided poorly. Alternatively, if local providers are in favor of an innovation, for example, providing SDM, but the national government doesn't ensure the supply of CycleBeads or integrate SDM into the HMIS, it is unlikely that SDM services will be sustained.

- Scaling up creates new challenges such as addressing spontaneous diffusion or 'leaking' of the innovation to areas without adequate oversight. It will be important to help program managers put systems into place to detect this situation.

- As organizational and political roles change over time, individuals with decision-making authority will also change. It will be important to keep these new individuals engaged in the M&E process.

Group 3 | Values as part of scale-up M&E

This group discussed how to maintain and affirm the values inherent in the innovation (including gender equity and equitable access) during the scale-up process.

- Values can be so ingrained that people may not even be aware of how they are infused in their work. When we begin to consider values and valuing it can lead to a need to refine M&E measures to explicitly look at values, such as gender or equity.

- There is also a need to consider the values embedded in the innovation. It is best to start this process at the pilot stage by making explicit the values inherent in the innovation. Then as the innovation goes to scale and innovation fidelity is monitored, remember to monitor fidelity to the innovation values.

- Qualitative methods, such as Most Significant Change Methodology are an effective way of measuring values.   Stakeholder interviews are also a useful method to identify the values that policy makers and program managers bring to scale-up of the innovation. These values will change over time with experience and growing evidence so it is important to continue monitoring values throughout the scale-up process.

- In order to measure values during scale-up, consider using tools which allow quick analysis and presentation of information, can be used regularly, and produce data suitable for visual representation. The group suggested using a Values Matrix to map values onto the innovation and examine how values change from the initial pilot to implementation at scale.

- It is important to consider the values of researchers, stakeholders, donors and individuals, as systems that will interact with the innovation. Identifying stakeholder values may reveal different motivations for expansion of an innovation –members of the scale-up team may have the same goals, but be motivated by different values.

Materials Review & Product Development

One of the goals of the consultation was to help IRH distill their experiences into a concrete product, such as a methods compendium prefaced with the meeting's white paper. To that end, consultation participants were asked to review and comment on M&E tools developed by IRH. Participants' comments (see Table 1) included their opinion of these tools' relative utility to the broader family-planning community.

Participants felt that the tools represented a rich set of M&E materials and advised IRH to make available a range of options in a future publication to enable scale-up practitioners to select those most useful to them. There was general consensus that each tool should be accompanied by a description of the context in which to use it, how it was used, frequency of application, and how information was used by IRH and resource team members.

In general, participants found the monitoring tools would be of greatest utility to a broader audience.

M&E of Scale Up tools to share widely via a future publication:

- ✓ Benchmarks table
- ✓ Key events timeline
- ✓ Most Significant Change Methodology
- ✓ Stakeholder Interview Guide
- ✓ Stakeholders Values mapping tool

Additional Tools: Meeting participants were invited to propose additional tools that might be useful for M&E of scale-up. These included:

- A stakeholders' values mapping tool

- Organizational/institutional capacity assessment tool which could be integrated into pre-existing facility/provider skill, knowledge, infrastructure, and status of other needed systems for implementation,

- A generic pre-pilot and scale-up systems capacity analysis tool that assesses external environmental issues and systems that will be affected by implementation.

Table 1: Summary of M&E tools used for SDM scale-up and participant suggestions for improvements		
	Tool	**Purpose**	**Consultation Participant Comments**
Evaluation	*Stakeholder Interview Guide*	Assess attitudes of key FP stakeholders on SDM scale-up potential, identify key barriers and enhancers of SDM scale-up; assess understanding of systems' thinking vis-a-vis scale-up,	• Generic tool could be developed for use in a variety of settings with various innovations and stakeholders. • Participants wondered how the results of the tool could be used to guide scale-up planning. • Consider adding a values mapping section to this tool to facilitate measurement
	Most Significant Change (MSC) Stories Methodology	Learn how individuals involved in SDM scale-up at user, provider, and program manager levels value SDM integration; identify unanticipated consequences of scale-up	• Could the tools/approach be simplified (it is too process intensive?) and used by resource team members? • MSC stories were considered excellent for illustrating qualitatively how scale-up of an innovation affects the lives of beneficiaries, programs or organizations.
	Household survey- women and men	Measure knowledge, attitudes, use of FP methods/SDM to understand SDM vis-a-vis other methods; changes in gender attitudes; exposure to SDM IEC messages and social diffusion; source of CycleBeads	• Much actionable information obtained in the survey may be obtained from other sources
	'SDM-competent' Organization Assessment Tool	Evaluate whether partner organization has skills/capacity to undertake SDM services, IEC, or other related scale-up function to be 'graduated' from technical support	• Tool was observation-based; need to make it more rigorous with a greater focus on the technical and relational aspects of scale-up • Many capacity assessment tools exist that could be adapted.
Monitoring	*Benchmark Table and Monitoring Database*	Monitor pace and completion of scale-up integration objectives, over a multi-year period, along vertical axis (institutionalization) and horizontal axis (services expansion, training providers, development of multiple organizational partnerships and capacity) Monitoring database centralized quantitative and qualitative data.	• In addition to the database which centralizes data while making it widely accessible, sharing benchmarks can empower program managers to monitor and manage scale-up implementation • Consider expanding the tool to include information on implementation and system capacity. • Tool limitation: quantitative indicators alone are inadequate for tracking and managing fidelity of expansion
	Key Event Tracking Tool	Track key events in the external environment as well as internal scale-up events to document factors influencing or potentially influencing scale-up process over time.	• Consider formatting as a flowchart and include all activities. • Use to assess implementation capacity and effectiveness at local and regional levels. • Critical tool for establishing 'strength' and measuring history effects. • Visual chronogram makes it useful for communicating with external audiences.
	Knowledge Improvement Tool	Quality Assessment: Assess competency of provider to offer SDM counseling	• Tool is very binary (yes/no), thus unable to capture the nuances of quality and effectively identify performance problems. Too long; needs simplification • Consider focusing more on systems issues that are inhibiting performance
	Client Follow up Tool	Quality Assessment: Provides end-user information, i.e., correct use of SDM and nature of male involvement that many stakeholders desire	• Consider people other than providers applying this tool, including FP supervisors, resource team members. (NB: In several countries, providers did not apply the tool, but others mentioned above did use the tool)
	Facility Assessment Tool	Assess organizational readiness to offer SDM services	• Consider integrating an organizational/ institutional capacity assessment tool into pre-existing facility/provider skill, knowledge, infrastructure, and status of other needed systems for implementation
	IRH staff scale-up reflection guides	Staff analysis of factors influencing scale-up and lessons learned in implementation; and observed personal/ professional growth resulting from involvement in the multi-year scale-up process	• Consider IRH staff as stakeholders and insert a stakeholder values map activity into reflection guides.

Synergies for the Future

The IRH experience provides information from a theory-driven, prospective study of scale-up, using a systems-oriented approach that linked M&E practice to scale-up theory and practice. As one participant said, 'This is an extraordinary contribution to the science of scale-up, because IRH provided TA and systematically documented the scale-up implementation process and also linked implementation from the beginning to M&E. Essentially, IRH developed an M&E strategy that supported scale-up – not just measured it. We need more work like this, with applications of different innovations."

A Call to Action and Collective Learning

The consultation concluded that moving forward, more work is required to demonstrate to decision-makers at global, country, and program level that innovations cannot 'go to scale' spontaneously but must be strategically planned and supported. Scale-up M&E, then, will be an integral part of scale-up planning and implementation.

The meeting reaffirmed the need for greater sharing of on-going and future experiences and use of M&E-related guidance materials and tools. The art and science of scale-up will benefit from a broader evidence base on good M&E metrics and approaches for scaling up innovations within complex health systems.

Immediate Next Steps for IRH:

1. Compile discussion notes and disseminate meeting report

2. Finalize the briefing paper, integrating comments from consultation participants

3. Finalize guidance on M&E of scale-up and lessons learned and disseminate extensively to family planning policymakers and program implementers.

Appendices

A. Program Agenda

B. Participant List

C. Monitoring & Evaluation of Scale-Up: Theory and Practical Implications (Presentation)

D. What Have We Learned from IRH Case Studies on Monitoring and Evaluating Scale-Up? (Presentation)

Institute for Reproductive Health
Georgetown University

Consultation Location:
IT Shows
Metropolitan Square
655 15th Street NW, Suite 825
Washington, DC 20005
Front Desk: 202-741-4950

Technical Consultation on Monitoring and Evaluation of Scale Up
December 10, 2012
Agenda

Purpose:
This consultation aims to foster thinking on practices for monitoring processes and evaluating outcomes of scale up of health innovations. Experts in metrics, methods and scale up are convening to reflect on the theory and practice of M&E of scale up to articulate in practical terms the gaps and opportunities for improvement. In addition, IRH is finishing a prospective, five country study on scaling up integration of a new family planning method into national family planning programs. We would like input into what kind of product IRH should develop for wide dissemination in the next year that will contribute to advancing good practice on M&E of scale up.

Reflection questions:
- Does knowledge of good M&E of scale up practices exist but is not being used in practice, or are there still gaps in knowledge?
- How does M&E of scale up of innovations differ at various phases of the research to practice continuum: during pilots, during scale up, and at scale?
- Integrating planning and M&E to strengthen scale up processes: How can the M&E process be implemented to support scale up?
- How can values such as gender and equity be integrated into the scale up process and M&E efforts?
- What are the particular issues related to valuing (who makes decisions and what evidence is valued) in the context of M&E of scale up?
- What kind of guidance document should IRH produce that would be most useful to complement ongoing efforts?

Time	Topic	Facilitator/Moderator
8:30-9:00	**Registration and Breakfast**	
9:00-9:30	**Welcome and Introductions**	Victoria Jennings, IRH
9:30-9:45	**Opening remarks and review of consultation objectives**	Rebecka Lundgren, IRH
9:45-10:45	**Thoughts on M&E of scale up of health innovations: What does theory have to do with it?** **Presentation:** Overview of scale-up theory and implications for the practice of M&E of scale up *Amanda Fixsen* **Discussants:** *Steve Hodgins, MCHIP* *Bamikale Feyisetan, E2A* *USAID TBD*	Laura Ghiron, ExpandNet
10:45-11:15	**Coffee, tea, and more!**	Susan Igras, IRH
11:15-11:30	**Debrief**	
11:30-12:30	**The IRH experience** What IRH has learned about M&E of scale up processes from our case studies (*Rebecka Lundgren & Susan Igras, IRH*) Discussant: SDM scale-up through the lens of active implementation *(Dean Fixsen, NIRN)*	Irit Sinai, IRH

12:30-12:45	**Introduction to group activity:** Remarks on exploring good evaluation practice for scaling up, as it relates to methods, use, and values. Good practices in M&E of scale *up (Win Brown, Gates Foundation)* Maximizing M&E to inform scale up *(Dean Fixsen, NIRN)* Values and Valuing *(Karen Hardee, Futures)*	Susan Igras, IRH
12:45-1:45	**LUNCH**	
1:45 – 3:00	**Small group discussions** exploring good evaluation practice for scaling up, as it relates to methods, use, and values. Group 1: M&E Practices *(Win Brown)* Group 2: M&E Use *(Dean Fixsen)* Group 3: Values and valuing *(Karen Hardee)*	
3:00-3:30	**Brief report back and plenary discussion**	
3:30-4:00	**Guiding IRH in product development** – provide input on what is needed!	Nana Dagadu, IRH
4:00 – 4:30	**Creating Synergies Going forward and Closing remarks**	Victoria Jennings, IRH

Small group discussions
Resource person assigned to each group orients group to their discussion questions, explains they would like the group to continue framing the discussion in terms of good evaluation practice that addresses key evaluation aspects of methods, use, and values/valuing, and either reports back in plenary or assigns someone to report back. One person (IRH staff?) is assigned to take notes that will be compiled into report of meeting.

Group 1: Good practices in M&E of scale up (Resource person: Win Brown)
- What are the gaps in good practices for M&E of scale up?
- Does knowledge exist of good practices or are there still gaps in knowledge?

Group 2: Maximizing M&E to inform scale up (Resource person: Dean Fixsen)
- How do you implement a M&E process to actively support / "accompany" scale up within a complex system environment?
- Who makes strategic scale up decisions in complex environments and what evidence is needed for political, technical, and other purposes?

Group 3: Values and valuing (Resource person: Karen Hardee)
- How does one maintain and affirm values inherent in the innovation during scale up process?
- How is gender integrated into the process? What about equity?
- How are decisions made? Who is involved? What types of evidence is considered relevant and valued by stakeholders? To what extent are beneficiaries involved?
- What should be the balance of resources for M&E versus resources for scale up process? (What is good enough?)

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Technical Consultation on Monitoring and Evaluation of Scale Up
December 10, 2012
Participant List

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MONITORING AND EVALUATION OF SCALE UP:
Theory and Practical Implications

December 10, 2012
Amanda A. M. Fixsen, Ph.D.

USAID
FROM THE AMERICAN PEOPLE

FAM
PROJECT

EXPANDING FAMILY PLANNING OPTIONS

Overview

Goals of scale up
The innovation
Theory
   Implementation theory
   Complexity theory
   Evaluation theory
Implications

Achieving Scale Up Goals

Goals

- Create significant outcomes that address a critical problem at a large scale
- Foster these outcomes on a lasting basis

How to achieve goals

- Innovation
  - Well-defined
  - Demand
- Deliberate efforts to implement
  - Implementation supports
  - M&E of scale up
  - Systems change

Before Taking An Innovation To Scale

What is 'it'…?
- Well-defined
  - Essential and adaptable innovation components
  - Current implementation landscape
- Prior research applies to current innovation and implementation context

---

Implementation Theory

Useful for thinking about…

Developing a scale up plan
- Designing an innovation
- M&E considerations
  - Pre scale up
  - During scale up
- Sustaining the innovation

Conceptualizing Implementation

PASSIVE   ACTIVE

Letting it happen   Making it happen
                              Greenhalgh et al., 2004

Unpredictable   Planned
Uncertain   Regulated
Natural spread   Managed spread

Diffusion and Dissemination   Active Implementation

Passive Implementation

<u>Diffusion and Dissemination</u>

How innovations spread naturally

How to communicate information about the innovation

<u>Utility</u>:

1) When designing the innovation, consider designing with an eye for relative advantage, compatibility, complexity, etc.

2) Before scale up, assess the relevant systems and consider the context for implementation.

3) During scale up, incorporate systems indicators into M&E activities.

Active Implementation

The diffusion literature takes us up to the point of deciding to adopt an innovation and says nothing about what to do next to implement that innovation with fidelity Rogers, 1983

A specified set of activities designed to put into practice an activity or program of known dimensions NIRN, 2005

Actively consider <u>competency</u>, <u>organizational</u>, and <u>leadership</u> supports to facilitate effective implementation and use of the innovation.

Active Implementation

<u>Utility</u>:

1) In defining the innovation – where are we *now* with these supports? This includes M&E.

2) In developing M&E indicators/systems – given the system as it is now, what should we monitor to build our implementation capacity? How do we design our M&E system?

3) During scale up – essential innovation elements are more likely to be retained. Can observe link between implementation support and innovation fidelity.
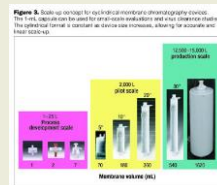

Complexity

Scale up does not occur in a vacuum

The focus of scale up **is** the system (political, social, economic)

Reflect this in M&E practices
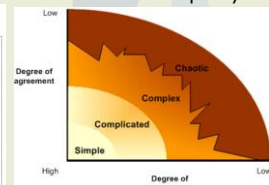
And systems are complex...

It's not so linear…   The zone of complexity!

<u>Technical innovation</u>   <u>Social innovation</u>

What Complexity Tells Us

- Expect the unexpected

- Some systems may move more quickly than others – tailor your approach, pay attention to local context

- Utilize M&E to track and react to events as they unfold – see what emerges and how it impacts scale up

Complexity Informed Evaluation

Developmental Evaluation (Patton, 2011)

•Evaluates from within - work with the system

•Collect data frequently

Capitalize on quick feedback cycles

•Works to understand the interactions within systems

Systems are the focus of change

Implications

Set the Stage:

- Define the innovation – implementation landscape, innovation components, demand
- Define the scale up process – potential sources of secondary data, benchmarking

Implications

M&E of Scale Up:

- Focus M&E for the scale up period – measure scale up process and pace, as well as the coverage and fidelity of innovation
  - Observe links between scale up strategy and innovation fidelity
- Be flexible – remember the zone of complexity, tailor indicators and approach to the context

Understanding the theory behind scaling up gives us the tools to create effective M&E systems that support the implementation and sustainability of innovations.

Thank You!

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Georgetown University

EXPANDING FAMILY PLANNING OPTIONS

What have we learned from IRH case studies on monitoring and evaluating scale up?

USING EVIDENCE TO EXPAND FAMILY PLANNING CHOICES, ADVANCE GENDER EQUALITY, AND INVOLVE COMMUNITIES.

SDM SCALE UP CASE STUDY

STANDARD DAYS METHOD SCALE UP CASE STUDY (2007-2012)

- 5 year prospective, multi-site, comparative study of process and outcomes of scaling up a family planning innovation

- Democratic Republic of Congo, Guatemala, India (Jharkhand), Mali, Rwanda

CASE STUDY
METHODOLOGY

- Research questions and hypotheses
- Logic model, indicators, benchmarks
- Various data sources
- Triangulation
- Organized case study data base
- "Thick description" of program implementation, outputs and outcomes

(Yin 2009, Stake 2006)

THEORETICAL PERSPECTIVE:
SYSTEMS APPROACH

1. Conceptual framework informed by systems-based ExpandNet model

2. Considers complexities of multi-organization, multi-sector, and multi-level process

MONITORING & EVALUATION PRACTICE

M&E Process

- Planning meetings to define innovation and operationalize scale up

- Results shared regularly with resource team and user organizations

- Participation needed from national, district and local levels and from different partner organizations

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Government of Jharkhand definition of scale

- Phase 1, Jan 2008 Pop: 3,765,983
- Phase 2, Feb 2010 Pop: 2,755,023
- Phase 1, Nov 2010 Pop: 5,520,869
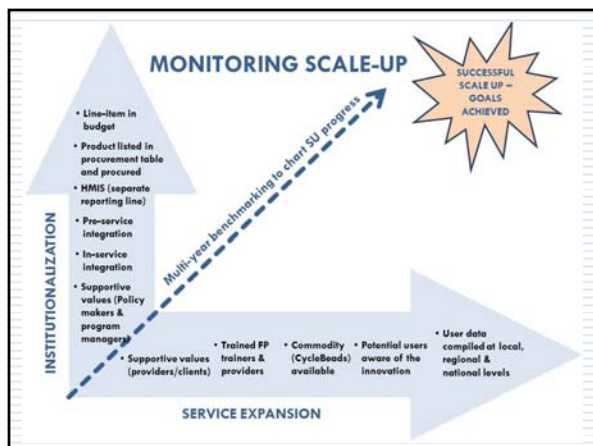

BENCHMARKING PROCESS

Guatemala FAM Project Progress: Summary Table 1 (Through June 2012)
FAM project accomplishments toward end of project target, by project year

Guatemala End of Project Goals: By 2013, SDM will be well established in at least one-sixth of the country – three departments: Sololá, Quetzaltenango and Santa Rosa. LAM will be available in at least three departments, accordingly to feasibility for its integration along with SDM. TDM services will be established, where feasible, once integration of TDM into the MOH norms and integration possibilities are assessed.

Guatemala population coverage: 825,456 (3 departments)

Horizontal scale-up	Year 1	Year 2	Year 3	Year 4	Year 5	project target (n)
3.0.7 Proportion of SDPs that include FAM as part of the method mix	0	0	132 (43%)	213 (69%)	300 (97%)	308
3.0.8 Estimated number of individuals trained to counsel clients in FAM (IRH-supported)	236 (13%)	723 (40%)	1,215 (67%)	1,361 (75%)	1,895 (105%)	1,809
3.0.9 Number of organizations that have capacity to undertake FAM activities (are resource organizations)	0	7 (47%)	10 (67%)	12 (80%)	12 (80%)	15

Vertical scale-up	Year 1	Year 2	Year 3	Year 4	Year 5	project target (n)
3.0.1 SDM and LAM included in essential or key policies, norms, guidelines, and protocols	0	0	3	4	4	4
3.0.2a Presence of public or private training organizations that include FAM in pre-service training and/or continuing education	0	0	1	2	3	3
3.0.2b Presence of public or private training organizations that include FAM in in-service training	3 (27%)	9 (82%)	10 (91%)	11 (100%)	11 (100%)	11
3.0.3a Sustainable inclusion of CycleBeads into donor procurement system	0	0	0	0	0	3
3.0.3b Sustainable inclusion of LAM user card into donor procurement systems	0	0	0	0	0	2
3.0.3c Sustainable inclusion of CycleBeads into logistics systems	0	0	0	1	1	3
3.0.3d Sustainable inclusion of the LAM user card into logistics systems	0	0	0	0	0	3
3.0.4a Inclusion of SDM in HMIS/reporting systems	0	0	1	2	2	3
3.0.4b Inclusion of LAM in HMIS/reporting systems	0	0	0	1	1	3
3.0.5a Inclusion of SDM in IEC activities, materials and mass media	0	4 (36%)	5 (45%)	9 (82%)	9 (82%)	11
3.0.5b Inclusion of LAM in IEC activities, materials and mass media	0	1	2	2	2	2
3.0.5c Inclusion of BOTH SDM and LAM in IEC activities, materials and mass media	0	2 (18%)	8 (73%)	9 (82%)	10 (91%)	11
3.0.6 Inclusion of FAM methods in surveys (e.g. DHS)	0	0	1	1	1	4

Process Tips
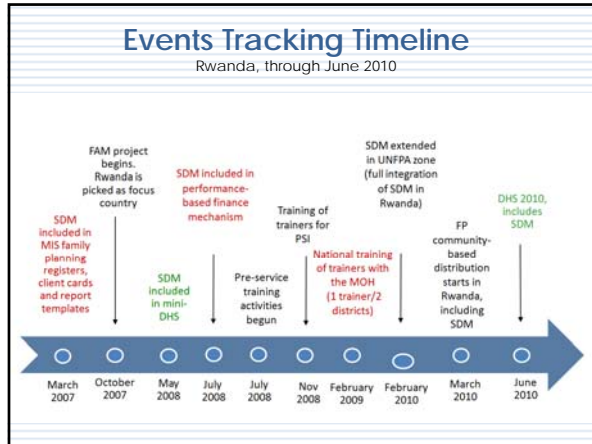
Participatory and transparent analysis and sharing of data
– MOH buy-in and leadership

Integrating M&E function within scale-up team more effective than hiring external support

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MONITORING SCALE-UP

SUCCESSFUL SCALE UP – GOALS ACHIEVED

Multi-year benchmarking to chart SU progress

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)
- 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 Approaches and Tools by Scale-Up Domain					
Tools/Approaches	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			■	■	■

Events Tracking Timeline
Rwanda, through June 2010

Quality Assurance Tools

Provider supervision   **Client follow up**

Most Significant Change
Using a participatory, story-based, 'indicator free' methodology to complement other M&E data

www.mande.co.uk/docs/MSCGuide.pdf

The MSC Cycle

"Looking back over the last year, what do you think was the most significant change you have experienced as a result of Standard Days Method being offered in your community?"

And ask 'Why?'

ACTION
⇧
LEARNING
⇧
STORIES
↑ ↑ ↑ ↑
☺ CHANGES IN PRACTICES ☹
⇧
SCALE UP ACTIVITIES

Improvements
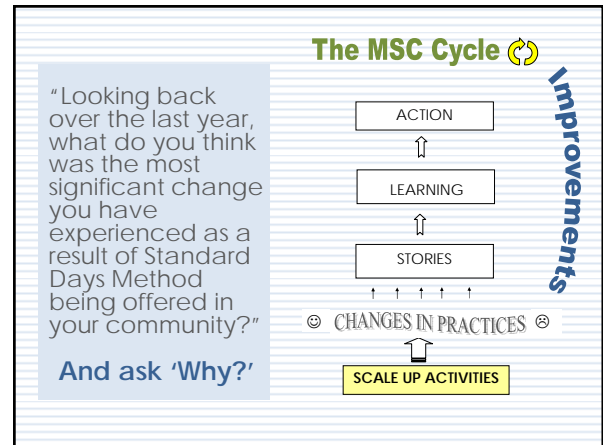
Most Significant Program Manager Story - Mali
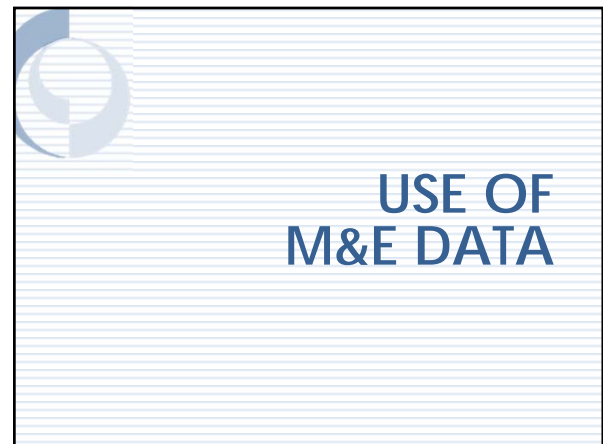### Title: Increasing CYP & strengthening clients' right to choose

STORYTELLER
Why most significant?

SDM fosters equity and the respect of clients' rights to choose,

Has increased CYP of FP programs,

Has increased the range of FP methods available to clients

USE OF M&E DATA

How were M&E data used to support scale up?

1. Adaptations in innovation package
2. Planning and strategy
3. Supervision and problem resolution
4. Recommitment to scale up process
5. Expanding to new partners

LESS utilized M&E Approaches and Tools

Tools/Approaches	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			■	■	■

MOST utilized M&E Approaches and Tools

Tools/Approaches	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			■	■	■

Mali: Monitoring Performance Benchmarks

Selected Indicators	June 2008	June 2009
No. of resource organizations	5 of 8	6 of 8
Method included in key policies, norms, protocols	2 of 4	3 of 3
Method in pre-service training	5 of 5	5 of 5
Commodities in logistics & procurement systems	4 of 9	6 of 9
Method in IEC materials	7 of 12	7 of 12
Method in HMIS	No	Yes
SDPs with method in method mix	79%	100%
Providers trained	800	1330

Availability of SDM: FP Service Statistics

JHARKHAND SIX DISTRICTS

Addt'l 3 Districts

No Data Av'l for Gumla

First 3 Districts

users — 40000, 35000, 30000, 25000, 20000, 15000, 10000, 5000, 0

April'08, Sept, FEB, JULY, DEC'09, MAY, OCT

Tubectomy · N S V · U D (C T) · Oral Pill Users · Condom · S D M · LAM
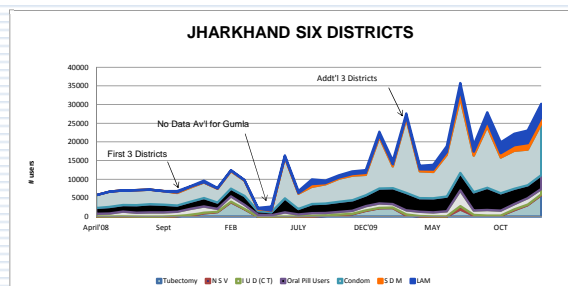
Jharkand service data, through Jan 2011

Table 5.1 Availability of family planning services

Percentage of all eligible facilities offering specific family planning (FP) methods, by background characteristics, Rwanda SPA 2007

Background characteristics	Percentage offering any modern method of FP[1]	Percentage offering counseling on SDM method[2]	Percentage offering any temporary method	Percentage offering male or female sterilization	Number of facilities
Type of facility					
Hospital	52	26	52	48	42
Health center/Polyclinic	82	69	85	1	389
Dispensary/Clinic/Health post	37	16	37	1	107
Managing authority					
Government	89	72	89	4	309
Government-assisted	54	46	62	8	133
Private/NGO/Community	38	13	38	2	96
Province					
North	76	63	78	3	90
South	68	58	69	7	117
East	78	65	80	3	113
West	77	55	81	6	132
Kigali City	51	36	53	3	86
Total	71	55	73	5	538

[1] Any of the following: contraceptive pills (combined or progestin-only), injections (combined or progestin-only), implants, intrauterine devices (IUDs), male or female condoms, spermicides or diaphragm.
[2] Standard Days Method using Cycle Beads

4

Special studies respond to new questions and evolving opportunities

- Social diffusion of SDM
- Each One Invites Three (EOI3)
- Sequence of LAM and SDM in training
- Pre-service assessments
- Social marketing (pricing, marketing)

VALUES AND VALUING

Values and valuing

M&E data are neutral.
- What do you compare it to?

How do you know if data are good or bad?

Who decides adequate performance levels?

What information is most useful to stakeholders?

What do they value? What is credible?

Monitoring values inherent in SDM innovation at scale

- Stories of Most Significant Change by program managers, service providers, and users

- Stakeholder interviews on appreciation of SDM and what it brings to programs and services

- Purposeful gender measures in different tools

- Monitoring of method bias by providers using simulated clients and supervision visits

Some values inherent in SDM

Woman empowered with understanding how fertility works

Male involvement

Informed choice

Quality standards

Bringing new people with unmet need to FP (CYP)

Determining acceptable levels of performance

Choosing to use relative or absolute values, when working in context of weak FP programs and health systems

Assessing provider competence
Simplified KIT hones in on essential competencies

SDM-competent organizations
Define qualitatively and observationally when an organization should be 'graduated' from technical assistance

Defining who wants what data (credibility and use)

Whose values should take precedence?
What is **not** worth evaluating?

Monitoring data generally reflected values of:
- Scale up resource group
- FP program managers
- SDM users

Clarifying issues, e.g., measuring method efficacy *versus* monitoring how was used

Knowing what we know now…

…Would we have constructed the M&E system differently?

Utility of household surveys?

Bringing explicit gender focus midway left some holes in monitoring tools; next time would bring innovation values focus more explicitly up front
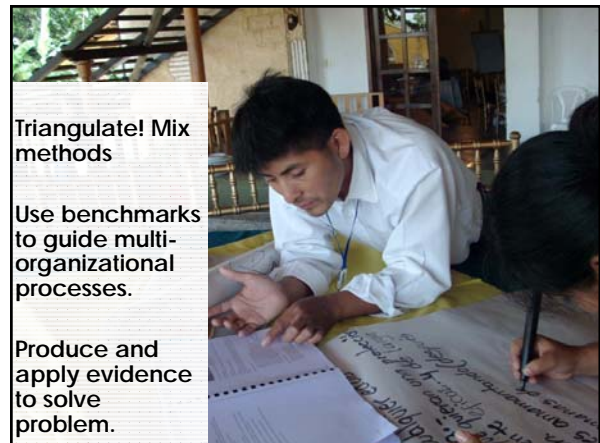
FINAL THOUGHTS
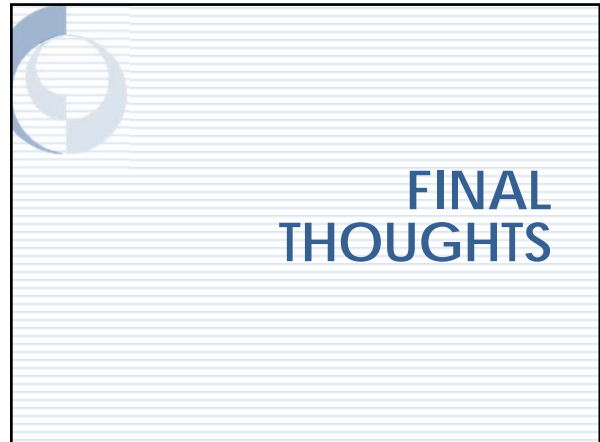
Conclusions

Be flexible in order to measure processes over time among multiple organizations in a changing environment!

Strengthen existing M&E systems in order to do good M&E of scaling up phase (and conversely know that good scale up M&E helps strengthen existing M&E systems and more)

Scaling up and cost: Economies of scaling up more than one innovation at a time, and M&E implications. Data on costs valued by stakeholders.

Triangulate! Mix methods

Use benchmarks to guide multi-organizational processes.

Produce and apply evidence to solve problem.

- **Monitoring quality critical** to ensure central components of innovation remain intact during scale up

- **Monitoring processes AND evaluation** important at different times of scale up

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