



# Lessons Learned from Scaling up a Reproductive Health Innovation:

---

## IMPLICATIONS FOR FUTURE WORK

July 25, 2013  
National Press Club

Hosted by the Institute for Reproductive Health, Georgetown University (IRH)



**USAID**  
FROM THE AMERICAN PEOPLE



© 2013. Institute for Reproductive Health, Georgetown University

This meeting report publication was made possible through support provided by the United States Agency for International Development (USAID) under the terms of the Cooperative Agreement No. GPO-A-00-07-00003-00. The contents of this document do not necessarily reflect the views or policies of USAID or Georgetown University.

**The FAM Project**

Institute for Reproductive Health  
Georgetown University  
4301 Connecticut Avenue, N.W., Suite 310  
Washington, D.C. 20008 USA  
[irhinfo@georgetown.edu](mailto:irhinfo@georgetown.edu)  
[www.irh.org](http://www.irh.org)

# ACKNOWLEDGEMENTS

This report is the result of a technical consultation organized by the Institute for Reproductive Health at Georgetown University (IRH) under the Fertility Awareness-based Methods (FAM) Project funded by USAID. The meeting was conducted on July 25, 2013, at the National Press Club in Washington, DC. Participants included representatives from USAID as well as a number of implementing and technical assistance organizations with broad experience in scaling up reproductive health innovations. They were encouraged to share their experiences and perspectives throughout the consultation. IRH's contributions to the consultation were based on a six year, multi-country study of the systematic scale-up of the Standard Days Method® (SDM). Background preparations included a series of case study briefs documenting SDM scale-up in five focus countries (Democratic Republic of the Congo, Guatemala, India/Jharkhand, Mali and Rwanda) as well as a case study summary document from a global perspective ([Appendix A](#)).

The organizers gratefully acknowledge contributions from the Hon. Minister Dr. Agnes Binagwaho (Minister of Health, Rwanda), Dr. Gloria Asare (Ghana Health Services), Miriam Fernandez (APROFAM Guatemala), Laura Ghiron (ExpandNet Secretariat), Dr. Manish Ranjan (National Rural Health Mission in Jharkhand, India), and Dr. Marsden Solomon (FHI360, Kenya), for sharing country- and global-level perspectives on strategic scale-up of SDM and other reproductive health innovations in their countries. We appreciate the contributions of the moderators and discussants who led participants in rich conversation during the breakout group session. We also thank our colleagues at USAID—Sarah Harbison, Mihira Karra, Linda Sussman, and Jewel Gausman—for their participation in the meeting and their guidance and support under the FAM Project. Finally, we are grateful to the participants who engaged with open minds regarding the meaning of strategic scale-up as well as the role of SDM in family planning and reproductive health programs.

# INTRODUCTION

On July 25, 2013, experts gathered to hear lessons learned by IRH and partners from their experience systematically scaling up SDM and other reproductive health innovations. This event marked the last in a series of technical meetings organized by IRH during the final year of the FAM Project, a project striving to expand access to and use of SDM, TwoDay Method®, and Lactational Amenorrhea Method (LAM) within the framework of informed choice. Objectives of the consultation were to:

- Share information and lessons learned about scaling up a reproductive health innovation using a system-focused approach—what worked and what didn't work
- Reflect on different ways of working under donor funded projects to achieve sustainable scale-up
- Discuss how these lessons learned can help the field develop a better understanding of underlying principles; monitoring, learning, and evaluation (MLE) strategies; and the role of partnerships in scale-up

Hundreds of pilot studies of health innovations have been conducted around the world. Evaluations of many of them have revealed positive results on intended health outcomes. Yet few of these successfully-piloted innovations have been taken to scale, with fewer still scaled up sustainably. This is at least partially due to the lack of understanding of the scale-up process and to gaps in our knowledge of how to monitor and evaluate this process. ExpandNet, a consortium of professionals concerned with studying scale-up, defines scale-up as *the deliberate set of efforts to increase the impact of health innovations whose merit has been established in pilot or experimental studies, to benefit more people and to foster policy and program support on a lasting basis*. This definition highlights the fact that scale-up does not happen spontaneously, and that if it is to be sustained, it must encompass not only expanded availability of an innovation, but also its systematic institutionalization in policies and programs.

This consultation offered an opportunity for partner and donor agencies to discuss how to achieve long-lasting, sustainable scale-up. SDM served as the lens through which scale-up was examined because it is a relatively new method of family planning and fits the definition of an “innovation” being introduced for the first time in programs around the world. Using IRH’s experience scaling up SDM, lessons can be shared with and broadly applied in the family planning and reproductive health field to improve our understanding and implementation of strategic scale-up.

# OPENING STATEMENTS

**Dr. Victoria Jennings**, Director, IRH

**Sarah Harbison**, Senior Advisor for Program Research and Evaluation, Office of Population and Reproductive Health, USAID

**Hon. Minister Agnes Binagwaho**, Ministry of Health, Rwanda

‘If you want to go fast, go alone. If you want long-term success, take others with you.’ To Director Dr. Victoria Jennings, this characterizes discussions at the event hosted by IRH on July 25, 2013 to share lessons learned from scaling up SDM across five focus countries.

In their opening remarks, both Sarah Harbison and the Honorable Minister Agnes Binagwaho highlighted the FAM Project’s focus on planning for scale-up from the start, an essential principle of the ExpandNet Scale-up Framework. “A key feature of IRH’s work has been anticipating scale-up from the very beginning all the way through implementation: effectiveness, cost, sustainability, and acceptability are all essential, and are most informed by the beginning trials,” Harbison remarked. Minister Binagwaho echoed the importance of national scale-up, mentioning the personal importance of family planning in her life: “I have two children and one beautiful grandchild now, but if I had not been able to plan my family, I would not have made it this far. There has to be a supportive environment for people to plan their families, and we have to give women the tools to keep their children healthy.”

## PLENARY SESSION 1 SCALING UP A REPRODUCTIVE HEALTH INNOVATION: 5-COUNTRY STUDY

**Dr. Victoria Jennings**, Director, IRH

**Susan Igras**, Director of Field Programs, IRH

**Rebecka Lundgren**, Director of Research, IRH

Dr. Jennings began the discussion by telling the story of SDM, which was developed in 2000 by IRH with the goal of sustainable scale-up from the very beginning. It required a careful research-to-practice approach to achieve this aim. Presenting “[Ten Reasons to Integrate SDM in Family Planning Programs](#),” Jennings highlighted SDM’s effectiveness and acceptability in multiple countries and settings. She then spoke about the process for developing, rolling out, and scaling up SDM in the five focus countries under the FAM Project, noting that “Scale-up is a very messy and complicated business: often it’s three steps forward and four steps back.” Among the most important factors in scale-up were:

- creating a theory-driven, systems focused approach to scale-up with clear indicators and benchmarks for success,
- defining the innovation package,
- engaging stakeholders early and often,
- using gathered data throughout the process to guide decision-making,

- mobilizing costs and resources, and
- carefully gauging multiple levels of support to reach a tipping point.

Director of Field Programs, Susan Igras, followed Dr. Jennings' remarks with a summary of successes and challenges faced during SDM scale-up. In discussing horizontal scale-up, Ms. Igras described community knowledge of the innovation, current use and demand, service availability, and organization of the resource team as critical for replication and expansion of the innovation. Significant strides have been made in vertical scale-up of SDM in five countries, with the method now included in key norms and procedures, service training curricula, pre-service training curricula, and key IEC materials across countries. Challenges still remain in institutionalization of the method, particularly in those areas that require government support and procurement. DRC, for example, is rebuilding its national health system, and the lack of a solid, fully-functioning health system greatly inhibited some efforts to move toward national expansion. Ms. Igras remarked that each of the five focus countries is at a different stage in scale-up. Rwanda's SDM scale-up is likely to be sustainable. Scale-up in DRC is stable, assuming that procurement of CycleBeads® (the tool that supports SDM promotion, counseling and use) is assured, and sustainability in Mali is uncertain (largely due to political turmoil which resulted in IRH terminating work there prior to collecting end-line data on scale-up status). Guatemala and India are both at a critical phase in moving toward national scale-up and will require additional support to continue integration beyond the geographic areas covered during the scale-up experience to reach national implementation and sustainability. Participants were asked to consider these challenges and address them in subsequent discussions.

Following the presentation on successes and challenges, Director of Research, Rebecka Lundgren, spoke about the lessons learned from scaling up SDM, the hypothesis being that applying a systems framework and scale-up principles leads to widespread availability of quality sustainable SDM services. The nine lessons included:

1. Applying a systems framework and scale-up principles leads to wide availability of quality, sustainable SDM services.
2. Technical assistance staff who are facilitating scale-up efforts need a scale-up skillset and mindset to be effective.
3. A range of technical assistance activities facilitate scale-up process: advocacy, leadership development, building capacity in systems approaches, resource mobilization, utilizing data for decision-making, transferring skills, ownership.
4. Adhering to scale-up principles—human rights, equitable access, and country ownership—facilitates scale-up processes.
5. Good/promising practices must be identified to nurture and maintain forward scale-up momentum.
6. International organizations influence scale-up processes in expected and unexpected ways—both positive and negative.
7. 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?
8. SDM offered at scale continues to make unique contributions to family planning & reproductive health.
9. Embracing systems approaches means you do not have control.

Adding to the list, Lundgren emphasized the need for sufficient demand to motivate expansion by allowing consumers to pressure health systems to continue offering an innovation. Without sufficient demand, she stated, it is difficult to scale-up in a sustainable manner and, without a focus on transferring knowledge to those who will continue to expand programming in the future, the sustainability of scaling up may be further compromised. "Scale-up requires three key elements:

time, resources, and a technical assistance agency that plays the role of a coach encouraging others. If you approach scale-up systematically, you focus on transfer of skills and capacity to partners to achieve successful, and hopefully lasting, scale-up.”

The Plenary Session 1 presentation can found in [Appendix B](#).

# PRINCIPLES OF SCALE-UP: ELEMENTS OF A SYSTEMS APPROACH

**Jewel Gausman**, Office of Population and Reproductive Health, USAID (*Moderator*)

The FAM project has generated a great deal of information about the process and results of scaling up the integration of SDM into the contraceptive method mix in five countries. In addition, the project documented lessons learned about the scale-up process in general – lessons that can be used in designing, implementing, monitoring, and learning from all sorts of evidence-based practices, whether family planning related or others. Throughout the course of the project, IRH developed and used a large variety of tools and methods to gather data and to analyze various factors affecting the scale-up process. The researchers documented barriers and facilitating factors, producing reports that will be beneficial to implementing organizations as they consider their approach to scale-up.

USAID’s Linda Sussman and IRH’s Marie Mukabatsinda, Priya Jha and Melissa Adams reflected on particular challenges that can emerge when scaling up a reproductive health innovation through a series of brief presentations ([Appendices C-F](#)). Subsequently, participants further explored these topics during breakout discussions, each developing a list of recommendations for future work which are described on [page 14](#). The questions discussed by each group can be found in [Appendix H](#).

## 1. Rethinking the way we do business: Achieving sustainable scale-up

**Linda Sussman**, Office of Population and Reproductive Health, USAID

Though the FAM project generated lessons for implementing organizations contemplating scale-up, lessons have also surfaced for those organizations that support these efforts – especially relevant to external donors. In an attempt to distill some of these lessons, the following is a brief summary of a presentation and a subsequent discussion group entitled, “Rethinking the Way we Do Business to Support Sustainable Scale-up”. The objective of this discussion was to identify lessons learned about how donors (and others providing support – especially financial support) could minimize barriers and enhance facilitating factors when they consider how best to provide funds to support sustainable scale-up. In particular, participants suggested the following recommendations.

- **Plan for scale-up with “the end in mind.”** From the beginning, it is important to clarify what is meant by “sustainable scale-up” – what will be the definition of success and why is it worth the cost (time, funds, social costs, etc)? Discussion group participants emphasized the importance of focusing on both “sustainability” and “scale-up”, to define terms in the particular context and to identify indicators and a process for measuring progress.
- **Determine an “end” that is do-able.** Consider the available resources, including time, commitment, and available funds. Avoid over-ambitious goals. Participants pointed out that it is important, again from the very beginning, to determine an appropriate pace and scope for the scale-up. For example, what proportion of uptake will indicate “scale”? Will donor funding through continued bilateral projects indicate “sustainability”?
- **Incorporate a learning agenda with adequate funding.** Data collection, analysis, and use will take time, technical skills, and funding. Supporting a suitable MLE plan that is appropriate to each phase of scale-up, and with flexibility to respond to the results, will contribute to the project specific and the global knowledge base. Implementing and using a good MLE plan will be cost effective in that it has the potential to yield more effective and efficient processes to attain sustainable scale-up.
- **Incorporate flexibility to allow for change.** As pointed out by one group participant, *“Unpredictability is the most predictable factor as scale-up progresses”*. Monitoring and learning from the scale-up will uncover the unexpected as the process unfolds. Allow for change that responds to positive, as well as negative, unintended consequences. This will have implications for the donor’s rules that govern changes in workplans, as well as budget allocations.
- **Facilitate donor coordination and collaboration.** Achieving sustainable scale-up is a complex and long-term process that involves multiple stakeholders and the coordination of funding organizations, including external donors, government, and private sector. Identify the complementarity of particular donor agendas to determine how best to foster coordination and collaboration toward sustained scale-up – for the short term, and for the long term. Even within donor organizations, coordination is needed. For example, institutionalizing a new method of family planning, such as SDM, may require systems change. Within many donor organizations, the team that focuses on HSS (health systems strengthening) may not have an ongoing working relationship with the family planning team. Donors can also influence collaboration among implementing organizations by encouraging harmonization of overarching goals. For example, if a donor’s primary agenda for projects that it supports is to expand the available method mix, there will likely be greater incentive to collaborate than if the implementing partners are solely focused on increasing uptake of a particular contraceptive method.
- **Complement and Support Government Priorities.** The commitment and role of government is key. Donors can encourage and facilitate dialogue between, and among, government, implementing organizations, civil society, and other stakeholders at national and local levels. Reproductive, Maternal, Newborn, and Child Health (RMNCH) is a high priority among many governments and donors. The role of family planning in achieving RMNCH goals should be more clearly and consistently documented. Sustainable scale-up of family planning evidence-based practices should be part of the programming for RMNCH.



- **Aim for consistency throughout the funding process.** Staff turnover at donor headquarters and in the field is inevitable and can have a major impact on consistent support. Plan for consistent support for the long-term.
- **Understand the need for a phased approach.** Project timeframes, often limited to five years, are generally not adequate to achieve widespread sustainable scale-up. As one participant noted, *“Processes aren’t always beholden to our contractual frameworks”*. Plan for (and fund) a **pre scale-up phase** during which an assessment will answer questions such as: Within this particular context, if complete fidelity cannot be achieved, what are the parts of the innovation that can realistically be brought to scale? Are the adaptations to the model likely to be sufficient to produce the desired effect at scale? How does the planned intervention relate to the existing service delivery system? Does the assessment of relevant factors specific to the intervention, existing systems, and the particular context determine that the investment (financial, time, opportunity costs, etc) is worth the expected results (social, financial, etc)? **Phase out/closing** should be a phase that is planned for and funded. During the active scale-up phase, ownership by public and/or private sector, and demand for the intervention at community level, will move the intervention toward the sustainability “tipping point”. During this phase, barriers can be identified and technical assistance can be provided to overcome the final hurdles to achieving sustainable scale.
- **Support a balance of vertical and horizontal factors.** Factors affecting institutionalization (“vertical”) and increased demand and expanded reach (“horizontal”) of the innovation are both important in order to achieve sustainable scale-up. Donors often request indicators reflecting the latter, encouraging the project to demonstrate large numbers (e.g.: # of people reached) as quickly as possible. Indicators measuring institutionalization are more difficult to identify, and change is relatively slow. While both are key to sustainable scale-up, the balance between vertical and horizontal factors will differ according to the specific intervention and the context. An example was provided by a participant based on recent in-country experience, whereby sustainable scale-up of particular contraceptive methods was not pursued, or even considered, until uptake expanded and service delivery points became involved in meeting the growing demand. It was not until demand by women wanting these contraceptive methods increased, along with an increase in the number of professionals who were able to provide them and who recognized that women wanted and used them (horizontal scale-up), that policy and government structures were moved to make changes (vertical scale-up). The participant pointed out that *“nothing moves in a single line – it is often a circuitous process”*.
- **Consider the role of the private sector.** To achieve scale-up that can be sustained, the role of the private sector should be considered during initial planning. The potential effect of the intervention on the private sector will also be an important consideration for the pre-scale-up assessment. For example, if the intervention is to be implemented by the public sector, will it have a negative (or positive?) effect on demand and willingness to pay for services or products from the private sector?

This presentation can be found in [Appendix C](#).

## 2. Responding to the environment

**Marie Mukabatsinda, IRH**

Environmental factors, which are found outside of the immediate family planning program, significantly influence the scale-up process. These forces can be found in the political and policy environment, within bureaucracies and the larger health sector, or emanate from the social-cultural environment and people's individual rights to achieve health and wellbeing. Some forces are positive, some are negative, and a critical scale-up challenge is managing environmental forces - harnessing the positive forces to move forward quickly aspects of the scale-up agenda and mitigating the less- positive forces. The brief presentation on the influence of the environment on scale-up processes and outcomes provided a focus to the breakout group. During the session, the group discussed the roles and interactions among governments, donors, and NGO partners when integrating new innovations into health services.

Dr. Gloria Asare, Director of the Family Health Division of the Ghana Health Service (GHS), reflected on their current introduction of SDM into public sector services and plans to expand into services nationwide, including the related environmental issues. When introducing a new method, partners should have an evidence-based rationale before deciding to take it to scale. Yet, that scientific evidence will not be enough to respond to environmental factors that arise during the scale-up phase. For example, there may be challenges convincing stakeholders to add a new commodity, in this case CycleBeads, to procurement and logistics systems. According to Dr. Asare, "you don't want scale-up to stall once it begins." It is important to assess the environment, identify stakeholders, and consider how to manage risks when scale-up begins. Then, make sure to monitor the changing environment so you do not get caught off guard or miss out on opportunities. You cannot make progress *without* considering environmental factors.

Mr. Boniface Sebikali, Senior Clinical Training Advisor at IntraHealth International, reflected on environmental factors at play within pre-service training systems. In particular, it is important to conduct situational-environmental assessments upon which partners can develop strategies. Pre-service education integration should be part of new method scale-up strategies because pre-service education is the information base for the future health workforce. For example, if the investment in SDM training occurs during pre-service training, it will allow for later economies of scale. However, working within pre-service systems is very complex. Therefore, IntraHealth has developed Bottlenecks & Best Buys, a set of tools and checklists to assess the pre-service training system and environmental factors that influence the system (see box).

Mr. Sebikali also shared IntraHealth's lessons learned about working to revise education within pre-service systems to support scale-up:

- Linkages between schools and professional associations cannot be ignored.
- Identify opportunities and TAKE THEM! Don't wait for the "right step in the process."
- If you want to invest, go to precepts of education.
- Champions are KEY for smoothing process, mitigating bottlenecks, opening doors, creating opportunities.
- Management of multiple systems adds complexity to understanding challenges of environmental factors. In some countries, nursing schools/health training is part of Ministry of Health while training for some cadres falls under the Ministry of Education.

Discussions among group participants were directed at reflecting on other environmental issues influencing scale-up of a new method. Key points included:

- **Program integration at the service provision level adds more complexity to scale-up** and to factors influencing scale-up. For example, integrating a new family planning method into services provided at HIV clinics sounds simple, but is actually very complicated. Questions partners would need to ask include:
  - Where is funding coming from? Might be from one organization, different departments within (i.e. Office of Population, Office of HIV/AIDS, etc, at USAID)
  - Are there discrepancies in the indicators, partners, stakeholders, and technical language used?
- **Managing environmental forces can be difficult**, especially when different parts of the health delivery systems are involved. Suggestions for mitigating these challenges included:
  - Help donors recognize that there is often overlap between different projects/goals. Through the project mandates given, one consequence tends to be competition among NGOs, making it harder to work together at field level.
  - Consider where funding comes from within country ministries/departments and engage equally these actors in order to maximize integration efforts
- **Addressing program integration at the central level of the Ministry of Health could simplify some of the scale-up complexity.**
  - If you have the stakeholders on board, then things will work more smoothly. Country ownership is key for sustainability. This is the only way to achieve integration between different sectors.
  - Ministries can be as constrained as implementers when donors lack flexibility – they have rigid goals, requirements, and quantitative/horizontal targets.
- **Donors should recognize their significant influence on the scale-up environment** which results from the mechanisms used to fund programs and projects. If there is a scale-up mandate within a project, then donors need to build flexibility into their results frameworks. Furthermore, if *sustainable* scale-up is the goal, donors need to recognize there may be trade-offs between achieving quantitative targets and achieving country ownership. It is likely that the latter may slow down the scale-up process but result in stronger sustainability.

This presentation can be found in [Appendix D](#).

### 3. Making strategic service delivery choices

**Priya Jha, IRH**

The FAM project has added extensively to the body of evidence around sustainable scale-up. One of the critical aspects in the process was making strategic service delivery choices so that SDM integration into existing method mix across five countries would have the measurable and sustainable impact that it set out to achieve.

From the very start of the FAM Project, an engaging process was adopted for design and implementation with all key stakeholders that included USAID, Governments and other partners so that ownership is assured and efforts put in by the project have a higher probability to sustain. The

ExpandNet model provided the framework to guide and facilitate the process of engagement and was particularly useful while making the strategic choices for service delivery. These choices were informed by local needs, current environment and priorities of key stakeholders. The success of the FAM Project was largely dependent on the ability of the design and implementation process to identify and adapt the innovations that are relevant to the local population and programs and not just those that meet donor goals.

The group members shared their valuable inputs in the discussion that focused around identifying elements that are essential to making choices that enable sustained impact. Some key points of conversation included:

- **Define sustainability plans and expectations early on.** Initiatives to scale-up an innovation should define sustainability at the very onset, along with rigorous, well-developed MLE plans and indicators to measure impact. Clearly defined plans help projects focus on improving capacity building, scalability, and sustainability in the design and implementation phases. Project plans should include a description of the specific condition(s) the project is trying to improve. Salwa Bitar led the discussion describing the “CORRECT” (Credible, Observable, Relevant, Relative advantage, Easy to install and understand, Compatible, Testable) criteria as a useful checklist for making strategic choices. She also explained that assessing scalability from the beginning was critical to ensuring sustainability of the implementation and scale-up efforts. For example, SDM has some relative advantages: FBOs are willing to work with it; it addresses concerns of women who fear the side effects of hormonal contraception, etc. Once implementation begins, engaging stakeholders early on and including them in strategic decision making can support sustainability by creating a sense of ownership.
- **Adapt to local context and build capacity locally.** While making strategic choices, projects must prioritize addressing local needs and building capacity that will contribute to sustainability. However, pilot projects and service-delivery oriented projects are often designed in controlled environments without long-term plans and, therefore, are not easy to replicate or scale up in real life situations. When service delivery elements for the innovation are developed and adapted for the local context, the potential to scale up and expand the innovation beyond the life of the project to other projects or realms supports sustainability and builds local capacity should be considered. The service delivery channels and partners that are selected in the scale-up of the innovation are, therefore, critical to achieving the greatest impact and paving the way for further scale-up.
- **Consider cost implications and funding sources.** Another important consideration for making strategic choices is cost analysis. For example, under the FAM project in Jharkhand, India, engagement of the government was critical because they supported all service delivery costs including capacity building efforts and IEC campaigns. At the same time, other important considerations for service delivery choices included values and principles and potential to meet the needs of marginalized and underserved communities for impact and sustainability.
- **Adapt often and be open to new opportunities.** One of the lessons from the FAM scale-up effort was the ability to evolve in the face of new opportunities and challenges. For example, CycleTel and other direct-to-consumer approaches that were developed, designed and tested in India were addressing new opportunities that arose over the years when the project was being implemented through a booming mobile sector and rapid penetration of internet and other communication channels reaching out to the huge adolescent and young population that have reproductive and sexual health needs and would benefit from SDM.
- **Coordinate partners to align goals.** When donors such as USAID lead coordination efforts between implementing organization, technical assistance organizations and other stakeholders it forges greater ownership and defined roles in the implementation process. The Resource Teams that IRH facilitated in the five scale-up countries served as strong

coordinating mechanisms. The service delivery partners are better equipped to align project timelines with country budgeting timelines and trainings to make best utilization of resources that enable missions and local governments recognize the importance of strategic planning for scale-up and scale-up frameworks. Clarity of goals across different projects by USAID is also critical so that projects do not compete with each other and instead work towards complementing the larger goals. For example, the goals of the FAM Project did not always mesh with those of organizations supported by USAID working solely with long-acting and permanent methods (LAPM). USAID and or other donors play a key role in sharing the larger vision and enabling projects to streamline goals and issue projects with similar or mutually reinforcing goals.

This presentation can be found in [Appendix E](#).

## 4. Ensuring innovation values remain during scale-up: Male involvement, equitable access, and quality

**Melissa Adams, IRH**

IRH's experience in scaling up generated a number of lessons learned relating to retaining innovation values including gender equality and empowerment during scale-up and at scale. During a breakout discussion, participants discussed key learnings relating to ensuring values throughout scale-up from both IRH's FAM Project and their own experiences. Dr. Marsden Solomon (FHI360), Mariah Preston (PSI/SIFPO), and Karina Arriaza (IRH) presented briefly on projects they collaborated on in Kenya, Nigeria, and Guatemala respectively, highlighting successes and challenges they had observed. IRH's Melissa Adams then moderated a discussion among participants, posing questions relating to the processes of defining values to include in a program, developing indicators to measure those values, and integrating values (including gender equity and empowerment) into programs throughout the scale-up process. The following is a brief summary of the discussion, followed by three top recommendations for USAID and its implementing partners in future projects.

**Move beyond exclusive use of health indicators by measuring innovation values, including gender equality.** Family planning programs tend to focus exclusively on health indicators – including contraceptive prevalence rates, unmet need, and birth spacing – and rarely include empowerment or gender equality indicators. While values like attitudes and norms are more challenging to operationalize and measure, defining and developing indicators of important values is imperative in ensuring fidelity to the initial purpose and objectives of the project. Clearer markers of values will also lead to a stronger evidence base, which in turn will help programs and organizations make a stronger case for family planning as important to women's empowerment. Explicitly stated values indicators also improve fidelity during scale-up. By making values measureable and preserving indicators in post-pilot MLE, program teams ensure a way to monitor quality and intensity of values during scale-up, allowing for the adjustment of intervention components as needed to retain impact.

Adding values measurements to MLE plans is not without drawbacks: too many indicators overall can be time-consuming and resource-draining, and certain values measurements will always require specialized data collection. Ultimately, however, defining and including values indicators

such as equality and empowerment markers into pilot programs and scale-up efforts will help to both retain an innovation's focus throughout the stages of implementation and expansion.

**Integrate men into family planning services to improve overall sexual and reproductive health for both men and women.** Involvement of men – including male providers, users, partners, religious leaders, and municipal leadership organizations – in family planning interventions has been shown to have positive results, though there is again a need for stronger and more defined indicators to strengthen the evidence base. IRH's experience with the FAM Project showed increased couples' communication, improved cooperation between couples regarding fertile and infertile days, and decreased opposition from men regarding use of family planning methods. Additionally, FAM research showed that men have significant interest in information on fertility/family planning and in being involved in family planning use with their partners, though lacking knowledge of fertility and the menstrual cycle presented a frequent barrier to use. By harnessing men's interest and desire to be involved in family planning and by equipping them with the information necessary to discuss fertility and methods, programs can greatly increase the community buy-in and support for use of family planning and fertility awareness methods.

Integrating men in family planning, however, does not mean mandating male participation in family planning counseling and decision making. It is important to prioritize women's needs and desires. Programs must recognize and address factors such as alcohol use, violence and machismo. Past experiences with male involvement have shown that involving men in family planning can, in fact, be disempowering if done without careful thought and research, as in an Iran-based advertising campaign encouraging men to "make sure [their] women take their birth control pills," which reinforced gender roles of male dominance and control. Male involvement in family planning initiatives can certainly have strong positive impact on sexual and reproductive health outcomes, and it likely has strong positive gender equality outcomes as well, but careful planning, education, research, and monitoring – including specific and well-defined measurement indicators – are essential to achieving those goals.

**Disseminate pilot findings within the scale-up region before implementation to get buy-in from stakeholders.** After the pilot stage, it is important to disseminate pilot program findings to key current and future stakeholders including regional government, healthcare providers, religious leaders, social groups, and potential implementing organizations. Circulating results of a successful program is important in gaining buy-in, generating interest in the innovation, and catalyzing champions both locally and internationally, all of which strongly contribute to a smoother scale-up experience.

**Work through existing channels (social, cultural, and political) to maintain values at scale.** When scaling up, work with existing organizations and social, cultural, and political structures to retain values across implementation sites. Male religious leaders, such as imams for example, have been very positive and influential partners in increasing family planning uptake in East Africa, and working with networks of traditional birth attendants in Guatemala proved effective in increasing women's access to family planning methods and information during the FAM Project. Expanding through existing channels improves social, political and cultural acceptance of programs and increases stakeholder participation in scale-up while curtailing costs that would otherwise be necessary to set up and operate new structures.

This presentation can be found in [Appendix F](#).



# PLENARY SESSION 2

## MOVING FORWARD: SYSTEMS-ORIENTED SCALE-UP

**Dr. Victoria Jennings**, IRH (Moderator)

**Dr. Gloria Asare**, Ministry of Health, Ghana

**Miriam Fernandez**, APROFAM Guatemala

**Laura Ghiron**, ExpandNet Secretariat

**Dr. Manish Ranjan**, Mission Director of National Rural Health Mission in Jharkhand, India

**Dr. Marsden Solomon**, FHI 360, Kenya

In a final plenary session, five distinguished panelists joined moderator, Dr. Jennings, in discussing the process of scale-up and lessons learned for improving future scale-up efforts.

Dr. Solomon noted the importance of a feasibility assessment before going to scale and its utility in both guiding project-related decisions and gaining support of regional authorities and partners. Dr. Asare continued the thought, stating that after the innovation is determined to be effective in a pilot, countries like Ghana need a phased-in approach allowing for adaptation according to region, political, and social differences and clarification of the plan for scaling up.

Ms. Fernandez stressed that scaling up success often depends heavily on stakeholders' engagement: she noted that because of IRH's strong engagement with stakeholders in Guatemala, APROFAM was able to continue replicating the project and building the public-private partnerships that will ensure sustainability. Echoing Fernandez's emphasis on stakeholder relationships, Dr. Ranjan offered an example from Jharkhand state in India: "Around 88% of SDM users are using family planning practices for the first time. The challenge is to reduce fertility from 3.2 to 2.1 children born per woman, meaning that we need to take SDM from the household level to the community level, which requires the help of people in those communities. With their help, we're scaling up over time so that the intervention will be sustained over time."

To a question about MLE in scale-up and its differences from MLE in a pilot, Fernandez and Ranjan emphasized adaptability and clarity in the research plan, while Asare noted the importance of gaining champions and enabling them to advocate with data. "When we started post-abortion care in Ghana, many people were unhappy with that decision. But then we showed through data collection that we *could* do it, and do it well. Once we proved that we were making an impact, we could include it in policy because the evidence was there."

Panelists summed up their greatest take-away from their scaling up experiences. Fernandez highlighted creativity in involving different sectors and departments in implementing an innovation despite potentially limited resources, and Solomon agreed, stating that involving the public sector in conjunction with private sector or faith-based organizations would advance and support scale-up of innovations. For Ranjan, the lesson was that integration of approaches on a wider scale could become a platform for outcomes even beyond family planning, including communication between couples and reduction in malnutrition rates. Asare's last lesson was on including a weaning period in planning for scale-up of an intervention instead of simply planning for a pilot followed by an abrupt transition to self-sufficiency. For Ghiron, the take-away was about balance in planning scale-up: "Scaling up is an art and a science, and you have to balance both of those sides. This is no linear

process – it's a complicated matter, and there has to be dynamism between the process and creative adaptation."

## CONCLUDING THOUGHTS

**Dr. Mihira Karra**, Office of Population and Reproductive Health, USAID

The event concluded with a word on the success of the FAM Project from Dr. Karra, the FAM Project's advisor at USAID. Karra thanked meeting participants of the meeting and expressed particular appreciation for IRH and USAID staff who have worked closely on the FAM Project throughout the process. Recognizing the multiple pilots and avenues that were needed to convince policy makers of the importance and efficacy of family planning well before the FAM Project, she noted that "It took 200 years to take Vitamin C to a treatment for scurvy. Depo was first tested over 20 years ago, and it took multiple avenues and multiple pilots to move it forward as a wide-scale modern method. SDM has moved [toward scale-up] very quickly comparatively. We're learning to take things to scale faster and more effectively." The major questions moving forward, she said, were how to help organizations take multiple interventions to scale simultaneously, and what new approaches might be more efficient in getting family planning methods to potential users. "It seems like all of the bad stuff goes viral very fast. Let's figure out how to make the good stuff go viral faster."

## NEXT STEPS & RECOMMENDATIONS

Participants met in small breakout groups to discuss ways to move forward with scaling up. Following are the top recommendations proposed by each group for overcoming scale-up challenges.

### **Rethinking the way we do business: Achieving sustainable scale-up**

1. Clearly define what success looks like. Be sure to measure it according to that vision. This includes distinguishing your success measures for sustainability and for scale-up.
2. Maintain a strong focus and plan for ensuring collaboration and coordination among donors and implementers at all levels (both globally and in-country). Donors should take the initiative to facilitate this.
3. Pace, scope, and appropriateness are key. Therefore, it is important to have a phased approach, which includes an assessment at the beginning and a phase-out plan.
4. In initial and ongoing planning, carefully consider the potential role of the private sector, including commercial enterprises, non-public sector and commodities suppliers.
5. There should be a separate, post-intervention analysis to measure sustainability.



## **Responding to the environment**

1. Know your environment before you start, and be constantly monitoring as you work. Core conditions need to be in place before even planning for scale-up such as a fundamental understanding of the situation, stakeholder collaboration, infrastructure (monitoring/reporting systems) to promote sustainability, and an understanding of realities on the ground.
2. Establish mechanisms to regularly scan the environment and understand changing capacities. Allow flexibility to adapt strategies in relation to changes in the donor community, government, etc.
3. Create a diversified and committed resource team (or core group of scale-up players) operating at the local and national levels that can help manage environmental factors. This team can cultivate champions and pivotal stakeholders (not just institutional but also administrative and political).

## **Making strategic service delivery choices**

1. USAID (or other donors) should coordinate with implementing organizations and key stakeholders to maximize limited resources and complement each other towards achieving larger goals.
2. Include requirements for evidence, a clear definition of sustainability, and an MLE plan in project planning.
3. Ensure strategic planning continues throughout the project and includes stakeholder needs. This fosters a culture of adaptability and flexibility within the project. Prioritizing what is available, feasible, and of high value to the country while considering costs are critical components in decision making.
4. Refine MLE indicators to measure the process and incremental progress towards sustainable scale-up.

## **Ensuring innovation values remain during scale-up: Male involvement, equitable access, and quality**

1. Move beyond purely health indicators. Include indicators for measuring values (e.g. gender equity indicators).
2. Use existing channels (social, cultural, political) to maintain values at scale.
3. Monitor fidelity to the innovation at scale to ensure that values are maintained.

# APPENDIX A: KEY RESOURCES

## Promising Practices for Scale-Up: A Prospective Case Study of Standard Days Method® Integration

This summary document presents conclusions from a six-year, five-country initiative conducted by the Institute for Reproductive Health (IRH) and its many in-country partners to scale up Standard Days Method® (SDM) of family planning. SDM is itself not the topic of this document. Rather, the SDM scale-up experience is the source of the contributions that IRH makes to global knowledge of the process of scaling up tested health service innovations.



## Country Briefs: Scale-Up of Standard Days Method®

Since the early 2000s, IRH has introduced and tested SDM in a variety of service delivery settings around the world. Under the Fertility Awareness Methods (FAM) Project, IRH and partners scaled up SDM services in family planning programs in the Democratic Republic of Congo, Guatemala, India, Mali, and Rwanda.



These country briefs summarize events including strategic choices, approaches, enabling/limiting factors, and results of systematic SDM scale-up and related research. They conclude with an analysis of the sustainability of scale-up success in each country.

## Expanding Contraceptive Choice: Experiences from Jharkhand, India

This short film, presented by the Government of Jharkhand and IRH, showcases the experience of scaling up SDM in the Indian state of Jharkhand.



## Scale Up of the Standard Days Method® in Rwanda

This short film describes how, over the past decade, SDM grew from a small pilot innovation to national-level scale in Rwanda. The Ministry of Health in Rwanda is committed to giving all women access to modern family planning, including SDM which helps fill a critical gap in family planning programs since it meets an important demand of women.




## Scaling Up the Standard Days Method® of Family Planning in Five Countries

Scaling Up the Standard Days Method® of Family Planning in Five Countries, authored by Ruth Simmons, Laura Ghiron and Peter Fajans, uses the ExpandNet framework to analyze the process of scaling up access to an innovative, natural, modern family planning method — SDM — in five countries: Democratic Republic of Congo, Guatemala, India, Mali and Rwanda.





# **APPENDIX B: PROMISING PRACTICES FOR SUSTAINABLE SCALE-UP (PLENARY PRESENTATION)**

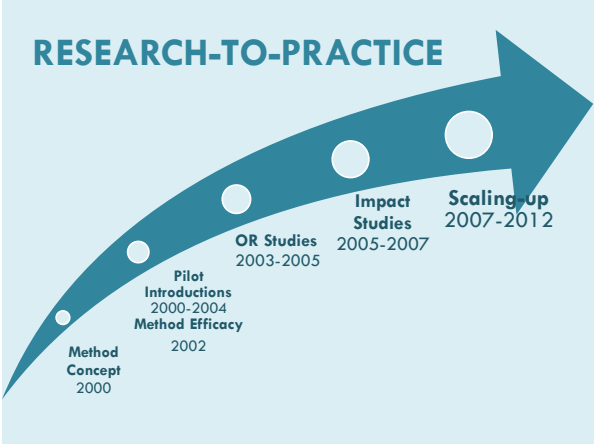


# Promising Practices for Sustainable Scale-Up:

## A Prospective Case Study of SDM Integration

Victoria Jennings, Susan Igras, Rebecka Lundgren | IRH  
July 25, 2013





# 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.

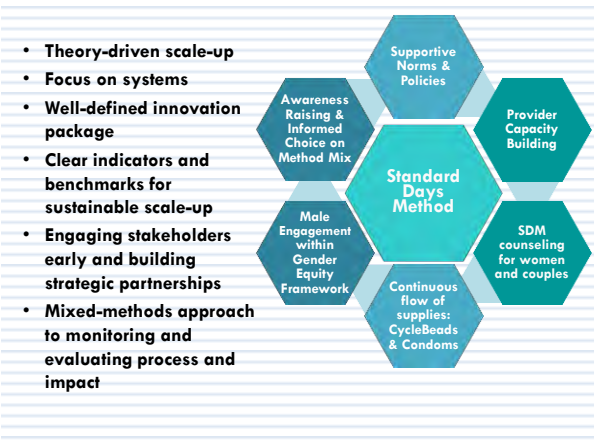
7. SDM helps bring new partners to the FP field.

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

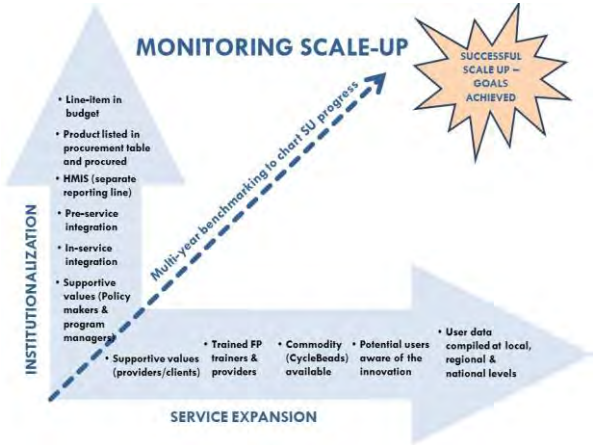
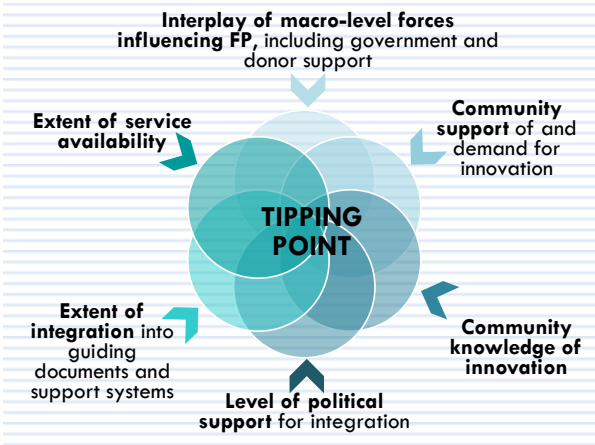
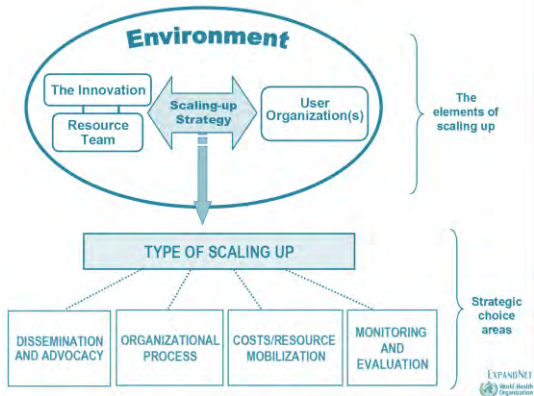


SCALING-UP DEFINED

“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.”

[Resource: Nine Steps for Developing a Scaling-Up Strategy, WHO/ExpandNet, Pre-publication version April 2009]

EXPANDNET MODEL FOR STRATEGIC SCALE-UP

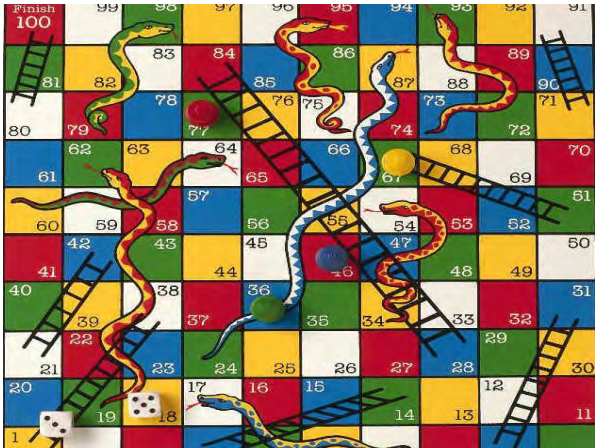


M&E OF SCALE UP

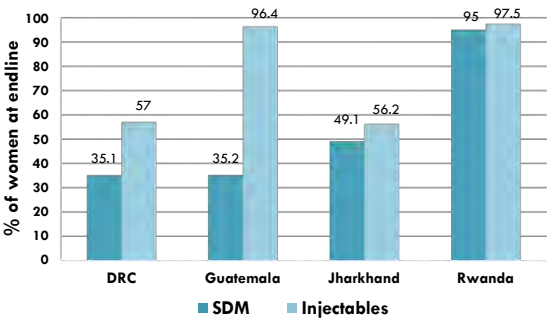
TYPE OF INDICATOR	METHOD
OUTCOMES AT SCALE <ul style="list-style-type: none"><li>Awareness and use</li><li>Availability of quality services</li><li>Supportive environment</li></ul>	Household survey
	Service statistics
	Most Significant Change
	Quality assurance tools
OUTPUTS <ul style="list-style-type: none"><li>Providers trained</li><li>Clinics offering SDM</li><li>Demand-oriented IEC</li><li>Supportive partners/stakeholders</li><li>Systems integration</li></ul>	Facility/SDP survey
	Stakeholder interviews
	Performance benchmark reports
PROCESS <ul style="list-style-type: none"><li>SU strategy development</li><li>Advocacy and progress dissemination</li><li>Human resource capacity building</li><li>Organizational capacity-building</li><li>Resource mobilization and leveraging</li><li>Managing environmental influences</li></ul>	Focus group discussions
	Key events timeline

M&E APPROACHES AND TOOLS BY SCALE-UP DOMAIN

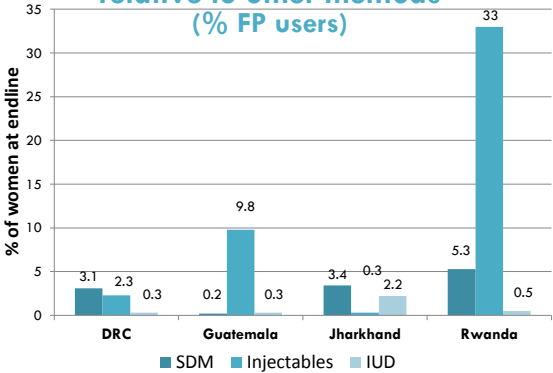
Tools/Approaches	Health outcomes	Coverage	Sustainability	Process	Quality	Values
Household survey & Facility assessment						
Provider interviews						
Benchmarking table						
Service statistics , sales, stock out reports						
Event tracking						
Quality assurance tools						
In-depth interviews with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



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



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



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	27	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)

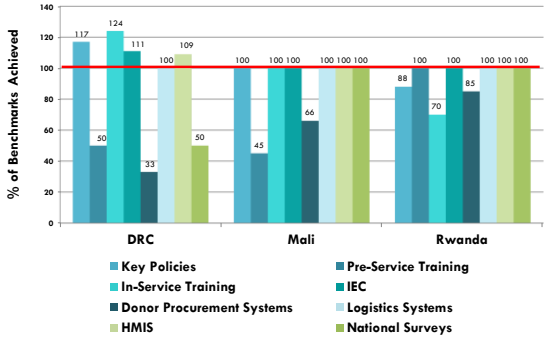
SDM...	In key norms & procedures documents	In in-service training curricula	In pre-service training curricula	In key IEC materials
DRC	✓	✓	✓	✓
Guatemala	✓	✓	✓	✓
India (Jharkhand State)	In process	✓	In process	✓
Mali	✓	✓	✓	✓
Rwanda	✓	✓	✓	✓

INSTITUTIONALIZATION: LOGISTICS, PROCUREMENT, HMIS & NATIONAL SURVEYS

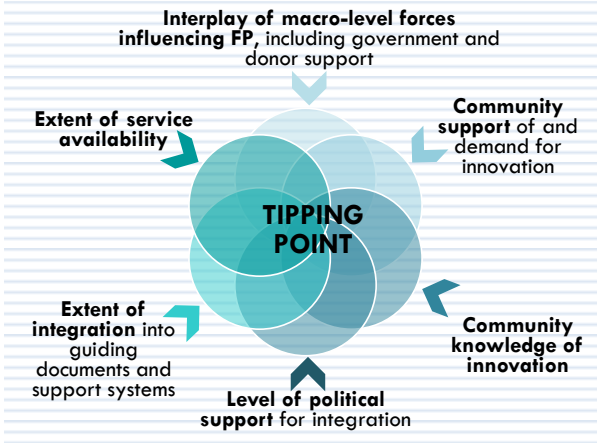
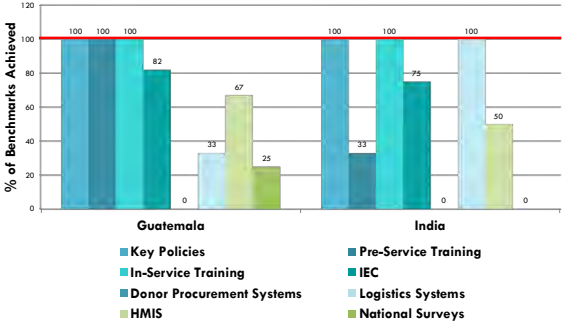
(Source: Project Benchmark Tables)

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)





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



“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

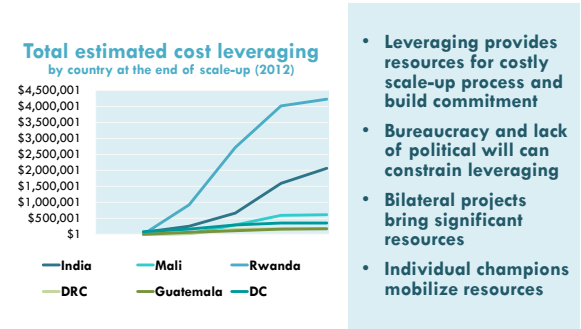
Pilot innovation

Advocate

Adapt innovation

Build capacity

Systems



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

INNOVATION



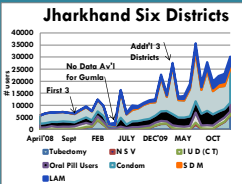

DEFINE      SIMPLIFY

TECHNICAL ASSISTANCE



RESOURCE TEAM:  
EVOLVING SUPPORT

PROCESS



PARTICIPATORY, OWNERSHIP,  
DEMAND, M&E

6

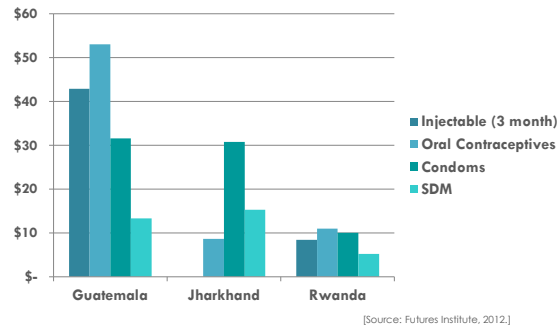
International organizations influence scale-up processes in expected and unexpected ways.

	FACILITATING FACTORS	CONSTRAINTS
USAID	<ul style="list-style-type: none"><li>Alignment with policies<ul style="list-style-type: none"><li>HTSP initiative</li><li>Community-based FP</li></ul></li><li>CycleBeads in USAID   DELIVER procurement mechanism</li><li>Consistent Mission support</li></ul>	<ul style="list-style-type: none"><li>Contrary to some policies<ul style="list-style-type: none"><li>Emphasis on LAPM, LARC</li></ul></li><li>SDM excluded from bilaterals emphasizing LAPM</li><li>Single method promotional campaigns</li><li>Mission staff turnover</li></ul>
WHO	<ul style="list-style-type: none"><li>SDM in technical cornerstones</li><li>Policy guidance for CB procurement</li><li>Use of ExpandNet framework</li></ul>	<ul style="list-style-type: none"><li>CycleBeads excluded from list of essential medicines</li><li>Exclusion from key procurement mechanisms</li></ul>

7

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?

**COST PER BIRTH AVERTED  
over a two-year time horizon**



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

[www.StandardDaysMethod.org](http://www.StandardDaysMethod.org) | [www.irh.org](http://www.irh.org)

# **APPENDIX C: RETHINKING THE WAY WE DO BUSINESS: ACHIEVING SUSTAINABLE SCALE-UP (RAPID PRESENTATION 1)**






## RETHINKING HOW WE DO BUSINESS

to Support Sustainable Scale-up

Linda Sussman, USAID | July 25, 2013

(Photo credit: Chella Frank, USAID)




## DISCUSSION OBJECTIVE:

Identify issues to consider as donors/implementing organizations move forward to support:

The scale-up of evidence-based practices (EBP); and monitoring, learning & evaluation (MLE) efforts to:

- Maximize effectiveness and efficiency of scale-up efforts
- While also contributing to the knowledge base



## USING THE EXPANDNET FRAMEWORK


- Identify a framework from the beginning; commitment by all stakeholders, including staff, toward utilization
- Add a “weaning period”
- Add a more intensive pre-planning phase
- Consider local interest in the practice – govt/missions/ private sector
- Consider potential for continued resources post-project



## A REALISTIC “END IN MIND”


### GIVEN TIME FRAME AND RESOURCES:

1. Determine an end that is “do-able”
2. Avoid over-ambitious goals



## A FINE BALANCE

VERTICAL FACTORS	HORIZONTAL FACTORS
<ul style="list-style-type: none"><li>• Ultimately achieve sustainability</li><li>• Enable potential for larger horizontal reach</li></ul>	<ul style="list-style-type: none"><li>• Build consumer demand toward “tipping point”</li><li>• Ultimately influence sustained institutional vertical change</li></ul>



## CHALLENGES IN BALANCING HORIZONTAL & VERTICAL

### HORIZONTAL

- Easier to collect data
- “Comfort Zone” – long history of counting for reports
- Donors (including Congress) want big numbers

### VERTICAL

- More difficult to measure; incentives less palpable
- Takes more time
- Especially vulnerable to environmental shifts like government turn over, ‘champion’ attrition, shift in government priorities, coups

**USAID**  
FROM THE AMERICAN PEOPLE

## HOW MUCH "SYSTEMS" CHANGE?

Policy change is **necessary**, but may not be sufficient without Systems change

Considering available resources and realistic potential for change:

## HOW MUCH "HSS" TO TACKLE? Can/will it be sustained?

Implications:

- Cross-agency/cross-sector coordination
- Potential for linking funds – FP and HSS

**USAID**  
FROM THE AMERICAN PEOPLE

## DECIDE TO COMMIT TO SUSTAINABILITY – OR NOT!

**Define "sustainability" specific to the EBP and context**

- Continued funding via CA? Govt? Private sector?
- Reaching "tipping point" of consumer demand?
- Sustainable structural factors?

**Identify and collect data on indicators reflecting steps toward achieving sustainability**

## SUSTAINABILITY

**USAID**  
FROM THE AMERICAN PEOPLE

## DETERMINE DATA NEEDS

- To guide corrections
- To expand knowledge base – local, national, global



[Photo credit: IRH]

## MLE MIGHT INCLUDE ANY OR ALL...

- Monitor implementation process/inputs/outputs
- Document evolution of the intervention
- Determine uptake
- Assess quality
- Identify "challenges" toward achieving results
- Assess the "do-ability" of current plans/goals
- Monitor demand
- Monitor change in assumptions
- Develop, test and use indicators to monitor vertical scale-up
- Determine direct effect of adaptations to the practice


## COLLECT AND USE DATA

**USAID**  
FROM THE AMERICAN PEOPLE

Post-project data collection to determine sustainability:  
**Who and how to fund?**

**Determine how long/how much data to collect at various phases of scale-up**

- Will the data, indeed, be used? By Whom?
- Will there be funds for data collection?
- Is there adequate flexibility for midcourse corrections?
- Is there support for acknowledging and responding to "failure"?



[Photo credit: IRH]

## COLLECT AND USE DATA

**USAID**  
FROM THE AMERICAN PEOPLE

## THINGS CHANGE AND EXPERIENCE TEACHES WHAT IS REALISTIC (OR NOT)

1. TAKE STOCK
2. REASSESS
3. REVISE AS NEEDED



[Photo credit: IRH]

Incorporate space/time/funds to make change  
(with implications on workplan and funding flexibility)

## FLEXIBILITY

**USAID**  
FROM THE AMERICAN PEOPLE

## DETERMINE:

whether 5 year (or X-year) project is enough to achieve stated goal

## RE-ASSESS:

**Stated goals and/or time period**  
(including initial assessments; start up; weaning period)

Implications re:

- Bureaucratic constraints
- Fostering complementary efforts and partnerships

## PROJECT TIME PERIOD

 **USAID**  
FROM THE AMERICAN PEOPLE



**COORDINATION/COMPLEMENTARITY**

**Seek partnerships for short and long-term**

**Identify opportunities through early/regular communication**

- Intra/inter USAID/USG – Hdqs/missions/cross sectors (including HSS)
- With and Among CAs
- With other implementing organizations
- With governments

(Photo credit: Chris Hook, USAID)

 **USAID**  
FROM THE AMERICAN PEOPLE

**IMPLICATIONS**

- **Synchronize agendas** across the Agency for commitment to complementarity re: expanding method choice
- **Strengthen mechanisms to share information earlier/more** consistently within Agency to enhance short/long term commitment and coordination
- **Strengthen mechanisms to identify partnerships** with other donors, government, etc.
- **Identify links between organizations** implementing scale-up and research entities/funding

**COORDINATION/COMPLEMENTARITY**

 **USAID**  
FROM THE AMERICAN PEOPLE




**TEAM ABILITY & COMMITMENT**  
are key to igniting scale-up

Recognize and support evolving roles of team members throughout SU process

- From adapting materials and conducting training
- To quality assurance and systems integration
- And more....

**TEAM CAPACITY**

(Photo credit: Chris Hook, USAID)

 **USAID**  
FROM THE AMERICAN PEOPLE


**UNPREDICTABILITY is the most predictable factor as scale-up progresses**

Recognize balance between:

- Creativity, persistence, problem solving, flexibility, diplomacy, leadership AND
- Technical capacity

Formidable requirements:

- How to find and support/nurture/grow/maintain the team?



**TEAM CAPACITY**

(Photo credit: Chris Hook, USAID)

 **USAID**  
FROM THE AMERICAN PEOPLE



**TO BE CONTINUED...**

(Photo credit: IFP)

## **APPENDIX D: RESPONDING TO THE ENVIRONMENT (RAPID PRESENTATION 2)**





# RESPONDING TO THE ENVIRONMENT:

## CASE EXAMPLES FROM DR CONGO & RWANDA

Marie Mukabatsinda & Susan Igras | IRH




**USAID**  
FROM THE AMERICAN PEOPLE




**FAM PROJECT**  
FROM GEORGETOWN UNIVERSITY

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



### DR CONGO

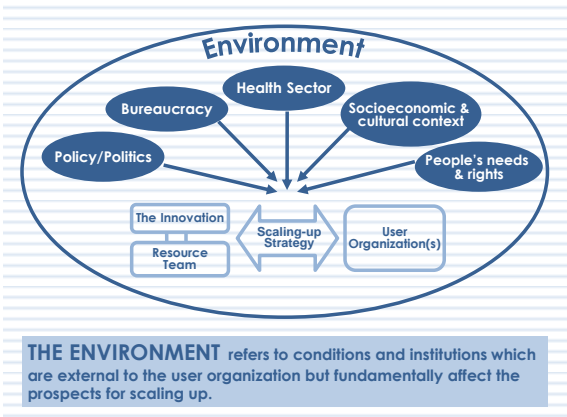
- Large country with very poor infrastructure
- Federal system devolves health authority to provinces
- Post-conflict, revitalization of FP goal is 100% HZs by 2017
- Over 242 languages
- Many gaps in health system support by donors



### RWANDA

- Compact country with good infrastructure
- Strong central & district coordination of health system and system actors
- FP is part of national development plan
- One language
- Until recently, donors supported health activities in all districts

## DISTINCT PHYSICAL, POLITICAL, SOCIAL ENVIRONMENTS





### Positive

- Strong govt/MOH support for family planning revitalization includes SDM
- NFP/SDM well accepted in cultural-religious social context
- Strong USAID Mission support

### Less positive

- Pronatalist culture values large families
- European and multi-lateral donors have not made strong commitment yet to ensuring SDM is part of FP programs they support
- Relatively weak MOH bureaucracy & health systems to support scaling up

## DR CONGO: ENVIRONMENTAL SCAN OF FP STAKEHOLDERS



### Positive

- Family planning part of national development agenda
- Strong MOH support for SDM in family planning programs
- Strong Catholic Church support for SDM option
- USAID procurement of CycleBeads

### Less positive

- Relative preference among donors and govt for Long-Acting and Permanent Methods
- Other govt entities (eg, Performance-Based Financing) not supportive of SDM option
- Neutral USAID Mission support for non-commodity aspects of scale up

## RWANDA: ENVIRONMENTAL SCAN OF FP STAKEHOLDERS



## STORIES FROM DRC & RWANDA

## MAXIMIZING POSITIVE ENVIRONMENTAL FORCES

“ STORIES FROM RWANDA

MITIGATING LESS POSITIVE ENVIRONMENTAL FORCES

DRC & Rwanda

Both have strong positive environmental forces that are stronger than negative forces

DRC

Key challenge: ensuring bureaucracy and health system environment continues to support scale up of FP and SDM

REACHING A 'TIPPING POINT' OF SUSTAINABLE SCALE-UP

Rwanda

National level scale-up status likely makes it more assured of sustained scale-up

DO ENVIRONMENTAL FORCES HAVE AN INFLUENCE?

YES.

- **Environment changes all the time.** Different forces come into play on the scale-up field at different moments.
- **A multi-organizational resource team led by the MOH is advantageous.** It allows different actors to lead response within their domain of influence.
- **Be vigilant.** Seize opportunities and mitigate threats!



THANK YOU



[www.irh.org](http://www.irh.org)



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

## **APPENDIX E: MAKING STRATEGIC SERVICE DELIVERY CHOICES (RAPID PRESENTATION 3)**



## MAKING STRATEGIC SERVICE DELIVERY CHOICES

Priya Jha | Country Representative, India



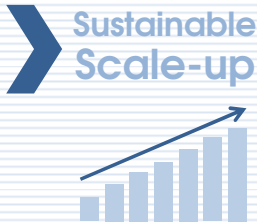

USING EVIDENCE TO EXPAND FAMILY PLANNING CHOICES, ADVANCE GENDER EQUALITY, AND INVOLVE COMMUNITIES.

- What to look for in making strategic choices
- Jharkhand context
- Healthcare Service Delivery
  - ✓ Public Sector challenges & opportunities
  - ✓ Other Available Options
- Expected vs actual process experience
- Impact of strategic choices
- Exploring new strategic choices



## WHAT WE'LL TALK ABOUT

- Minimize penetration time
- Seek established frameworks & committed resources
- Integrate into mainstream program
- Maximize acceptance in communities
- Adapt existing system



## WHAT TO LOOK FOR IN MAKING A STRATEGIC CHOICE

### JHARKHAND PROFILE

- 32 million population in 24 districts with 260 blocks and 32,620 villages
- Low literacy (52% in women); with 40% tribal and backward population
- Hard-to-reach areas (26% villages with road connectivity) and 30% forest cover
- Naxalite problem affecting 18/24 districts of the state



## OUR CONTEXT



- More than 2000 health facilities in 12 of 24 districts
- Trained providers at all facilities
- 40964 CHWs/Sahiyaas
- Reach in remote, inaccessible areas
- Communities largely dependent on services provided by public sector

## PUBLIC SECTOR HEALTHCARE DELIVERY

- New state open to try innovations and seek partnerships
- Established system with vast network of providers and facilities
- Committed resources to support training, IEC and service delivery
- Provide an established platform for innovations to reach out to communities facilitating early start up
- Integration of an innovation provides an opportunity to strengthen the system overall
- Sustainability is more likely



## PUBLIC SECTOR OPPORTUNITIES



- Public sector has an established framework, with standardized norms & protocols
- Integration of the innovation within the system requires the innovation to be flexible and adapting to the environment
- Systemic challenges with procurements

**PUBLIC SECTOR CHALLENGES**




**WHY NOT CHOOSE OTHER OPTIONS?**

**Issues with NGOs, FBOs & local organizations**

- Limited network and geographical coverage
- Heavily donor dependent and project mode
- Probability of ensuring sustainable services limited
- So many independent interventions to dilute the scale-up efforts
- Minimal cross learning between projects that operate vertically




**Issues with NGOs, FBOs & local organizations**



- **Continued advocacy efforts** due to frequent leadership changes
- **Integration within systems** has higher probability for sustainability
- **Credibility of intervention** since it is integrated and offered through public sector

- **Delays** due to lengthy decision-making process
- **Procurement** of contraceptive commodities **is complex, centralized**

**JHARKHAND: EXPECTED VS ACTUAL PROCESS EXPERIENCES**



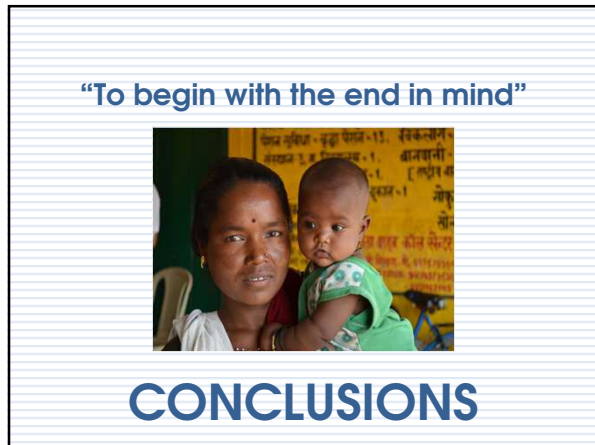
**EXPLORING NEW STRATEGIC OPTIONS: DIRECT-TO-CONSUMER**



**CYCLETEL™**



## Making Strategic Service Delivery Choices



# **APPENDIX F: ENSURING INNOVATION VALUES REMAIN DURING SCALE-UP: MALE INVOLVEMENT, EQUITABLE ACCESS AND QUALITY (RAPID PRESENTATION 4)**

## Ensuring Innovation Values Remain During Scale-up




**BECAUSE:**

- **Essential component** of innovation
- Innovation with values consistent with user organization values **easier to take to scale**
- **Values often lost** in scale-up process
- **Successful scale-up guided by key values/principles:** systematic thinking, human rights, equitable access, country ownership



- 1. Define** core values of the innovation
- 2. Identify** scalable approaches
- 3. Monitor** values at scale



- Defining an innovation includes defining its core values
- SDM developed within a human rights framework
- Core values of SDM include women's empowerment, equitable access, and quality

**1. DEFINE CORE VALUES**

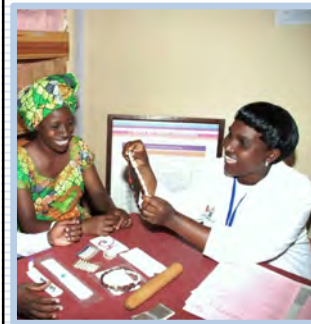


## Ensuring Innovation Values Remain During Scale-up

- Maintain appropriate intensity of focus on values
- Core values should inform modifications to innovation



### 2. IDENTIFY SCALABLE APPROACHES



- Structured provider checklist (KIT)
- Simulated client visits
- Stakeholder interviews
- Provider interviews
- Client follow-up interviews
- Most Significant Change methodology

### 3. MONITOR VALUES AT SCALE

## MAINTAINING VALUES: OUR EXPERIENCE SCALING UP SDM

- SDM offered within framework of **informed choice**
- Emphasis on **couple communication** and shared decision-making
- Fertility-awareness and **body literacy** as empowerment



### CORE VALUE: WOMEN'S EMPOWERMENT

#### ENGAGING MEN

- Communication approaches directed at men
- Work with male healthcare providers
- Support providers and clients to involve men




### CORE VALUE: EQUITABLE ACCESS

#### INCREASING ACCESS

- Underserved geographic areas
- Low-literacy materials
- Non-traditional service delivery channels

### CASE STUDY EXAMPLE: RWANDA

## Ensuring Innovation Values Remain During Scale-up



- Ensuring **provider competency** when training is scaled up
- Providing clients **practical tools** to support method use
- Ensuring **stock** of CycleBeads, condoms and other methods
- Implementing **quality assurance strategies to monitor** provider competency, service delivery systems, informed choice, correct use of method

**CORE VALUE:**  
**QUALITY**

“Your **beliefs** become your thoughts,  
Your **thoughts** become your words,  
Your **words** become your actions,  
Your **actions** become your habits,  
Your **habits** become your values,  
Your **values** become your **destiny**.”

Mahatma Gandhi



**THANK YOU**

 **USAID** FROM THE AMERICAN PEOPLE

[www.irh.org](http://www.irh.org)



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

## APPENDIX G: AGENDA

# Lessons Learned from Scaling up a Reproductive Health Innovation: Implications for Future Work

July 25, 2013 | 9:00am-2:45pm

National Press Club | 529 14th St. NW, 13th Floor, Ballroom

### OUR MEETING OBJECTIVES

- Share information/lessons learned about scaling up a reproductive health innovation using a system-focused approach—what worked and what didn't work
- Reflect on different ways of working under donor funded projects to achieve sustainable scale-up
- Engage participants on how to do business differently to achieve sustainable scale-up
- Discuss how these lessons learned can help the field develop a better understanding of underlying principles; monitoring, learning, and evaluation strategies; and the role of partnerships in scale-up

### INTRODUCTION | 9:00 – 9:30

#### OPENING REMARKS

Victoria Jennings (IRH), Sarah Harbison (USAID), Hon. Dr. Agnes Binagwaho (Minister of Health, Rwanda)

### PLENARY SESSION 1 | 9:30 – 10:30

#### SCALING UP A REPRODUCTIVE HEALTH INNOVATION: 5-COUNTRY STUDY

In a multi-year, 5-country study of scaling up the Standard Days Method® (SDM) of family planning, the FAM Project and its partners made substantial progress toward sustainable scale-up. Lessons learned during this process can inform the reproductive health field with its growing emphasis on local ownership and scaling up evidence-based practices.

- What was achieved and how?
- What wasn't achieved?
- What could have been done differently?
- What was the cost?

### COFFEE BREAK | 10:30 – 10:50

Please be sure to visit the exhibits during this time.

### RAPID PRESENTATIONS | 10:50 – 11:45

#### PRINCIPLES OF SCALE-UP: ELEMENTS OF A SYSTEMS APPROACH

Moderator: Jewel Gausman (USAID)

1. Rethinking the way we do business: Achieving sustainable scale-up

Linda Sussman (USAID)

2. Responding to the environment

Marie Mukabatsinda (IRH)

### 3. Making strategic service delivery choices

Priya Jha (IRH)

### 4. Ensuring innovation values remain during scale-up: Women's Empowerment, Equitable Access, and Quality

Melissa Adams (IRH)

## BREAKOUT SESSIONS | 11:45 – 12:45

### PRINCIPLES OF SCALE-UP: ELEMENTS OF A SYSTEMS APPROACH

Take a deeper look at the scale-up elements discussed during the rapid presentations. Contributors are present in each group to share their experiences and catalyze group discussion with the help of a moderator.

#### 1. Rethinking the way we do business: Achieving sustainable scale-up

Moderator: Linda Sussman (USAID)

Contributors: Trish MacDonald (USAID), Marie Mukabatsinda (IRH), Manish Ranjan (NRHM India)

#### 2. Responding to the environment

Moderator: Susan Igras (IRH)

Contributors: Gloria Asare (Ministry of Health, Ghana), Boniface Sebikali (IntraHealth)

#### 3. Making strategic service delivery choices

Moderator: Priya Jha (IRH)

Contributors: Salwa Bitar (E2A), Miriam Fernandez (APROFAM), Trinity Zan (FHI 360)

#### 4. Ensuring innovation values remain during scale-up: Women's Empowerment, Equitable Access, and Quality

Moderator: Melissa Adams (IRH)

Contributors: Karina Arriaza (IRH), Mariah Preston (PSI), Marsden Solomon (FHI 360)

## NETWORKING LUNCH | 12:45 – 1:30

Please be sure to visit the exhibits during this time.

## PLENARY SESSION 2 | 1:30 – 2:30

### MOVING FORWARD: SYSTEMS-ORIENTED SCALE-UP

Moderator: Victoria Jennings (IRH)

Panelists: Gloria Asare (Ministry of Health, Ghana), Miriam Fernandez (APROFAM), Laura Ghiron (ExpandNet), Manish Ranjan (NRHM India), Marsden Solomon (FHI 360)

## CONCLUDING THOUGHTS | 2:30 – 2:45

Victoria Jennings (IRH), Mihira Karra (USAID)

# APPENDIX H: BREAKOUT GROUP DISCUSSION QUESTIONS

## PRINCIPLES OF SCALE-UP: ELEMENTS OF A SYSTEMS APPROACH

Take a deeper look at the scale-up elements discussed during the rapid presentations. Contributors are present in each group to share their experiences and catalyze group discussion with the help of a moderator. Once they have shared, the whole group will discuss the relevant questions below. You will have an hour in your small groups. Remember to leave 15 minutes at the end to discuss your top three recommendations (question 3) which will be collected and shared during the last session today.

### 1) RETHINKING THE WAY WE DO BUSINESS: ACHIEVING SUSTAINABLE SCALE-UP

1. Considering this topic, what changes in results and project approaches are needed within donor supported activities (USAID Missions, USAID Washington and other donors)? Within projects conducted by implementing partners (e.g. research, service delivery, capacity building)?
2. Who should determine which innovations should go to scale and which should not go to scale: donors, governments, others? How can the international community support and contribute to such discussions and decision-making?
3. What would be your top 3 recommendations for donors (including USAID/W and Missions) about how to do business going forward? And your 3 top recommendations to its implementing partners?

### 2) RESPONDING TO THE ENVIRONMENT

1. Considering this topic, what changes in results and project approaches are needed within donor supported activities (USAID Missions, USAID Washington and other donors)? Within projects conducted by implementing partners (e.g. research, service delivery, capacity building)?
2. Certain projects with scale-up mandates do not operate at central level, but only district level. What are the different environmental factors at the central and district levels? Given a scale-up aim, how would you manage these different environments? Are there elements in a systems-oriented scale-up framework that could be employed (e.g. district or central resource teams)?
3. What would be your top 3 recommendations going forward for USAID and its implementing partners?

### 3) MAKING STRATEGIC SERVICE DELIVERY CHOICES

1. Considering this topic, what changes in results and project approaches are needed within donor supported activities (USAID Missions, USAID Washington and other donors)? Within projects conducted by implementing partners (e.g. research, service delivery, capacity building)?
2. Limited resources always influence strategic service delivery choices. How should strategic choices be determined? Which service delivery strategies should go to scale and which should not? What should such decisions be based on? How can the international community support and contribute to such discussions and decision-making?
3. What would be your top 3 recommendations going forward for USAID and its implementing partners?

### 4) ENSURING INNOVATION VALUES REMAIN DURING SCALE-UP: WOMEN'S EMPOWERMENT, EQUITABLE ACCESS, AND QUALITY

1. Considering this topic, what changes in results and project approaches are needed within donor supported activities (USAID Missions, USAID Washington and other donors)? Within projects conducted by implementing partners (e.g. research, service delivery, capacity building)?
2. How should innovation values be defined and by whom during the pilot phase (or by the end of the pilot phase, prior to scale-up, etc.)?
3. What would be your top 3 recommendations going forward for USAID and its implementing partners?