

Scaling Up: An Annotated Bibliography

This short annotated bibliography contains reports, peer-reviewed literature, web sites, and other materials that contribute to the growing global knowledge base on the scale-up of community-based access to family planning services. The literature review process included a search on PubMed and an examination of the ExpandNet and Implementing Best Practices Consortium web sites. This annotated bibliography is not a comprehensive collection of resources on scale-up of community-based family planning efforts; rather, it offers a condensed selection of essential research findings, guidance documents, and case studies that shed light on key factors to consider when developing a scale-up plan.

Advance Africa. Scaling up family planning and reproductive health programs: Resources and publications. Available at:

http://www.advanceafrica.org/tools_and_approaches/Scaling_Up/su_resources.html

This web site features resources to guide program managers through the scaling up process. These include a series of papers on the 10 key dimensions of scaling up RH programs and a technical brief describing the scaling up process.

Akol A, Wamala P, Krueger K, Abbott A. Scaling Up Community-based Access to Injectables in Uganda: Lessons Learned from Private- and Public-sector Implementation. Research Triangle Park, NC: Family Health International; 2009. Available at:

<http://www.fhi.org/NR/rdonlyres/ed5qvlkzrg5j7iz2ropzu2scx6v24xmu6tgj2f7lfp6awt52yc53dy4gjinj p3qik6mp3t7qgzdrnj/CBAinjectablesUganda.pdf>

This document describes the experiences and findings of four efforts in Uganda to scale up a successful pilot project conducted by Family Health International, Save the Children, and the Uganda Ministry of Health, which demonstrated that appropriately trained community health workers (CHWs) could safely and feasibly provide injectable contraceptives. Two of the scale-up efforts were public-sector programs started by district health offices, and the other two were private-sector programs started by the nongovernmental organizations Conservation Through Public Health and Minnesota International Health Volunteers.

Cooley L, Kohl R. Scaling up—from vision to large-scale change: A management framework for practitioners. Washington, DC: Management Systems International; 2005. Available at:

<http://www.msiworldwide.com/files/scalingup-framework.pdf>

This document presents a framework and guidelines for improved management of the scale-up process. The framework depicts a three-step process to carry out 10 key tasks needed for effective scale-up.

Fajans P, Ghiron L, Kohl R, Simmons R. 20 Questions for Developing a Scaling up Case Study. MSI, ExpandNet, WHO: 2007. Available at: <http://www.expandnet.net/PDFs/MSI-ExpandNet-IBP%20Case%20Study%2020%20case%20study%20questions.pdf>

ExpandNet developed this list of 20 questions to support the development of retrospective case studies of scaling up experiences. The guideline grew out of the awareness that a number of partners had a great deal of experience in the area of scaling up but that documentation was sparse. This document is intended to help other projects formulate publications.

Genna S, Fantahun M, Berhane Y. Sustainability of community-based family planning services: experience from rural Ethiopia. *Ethioph Med J* 2006;44(1):1-8.

The important role of active Community Based Reproductive Health Services (CBRHS), formerly known as Community Based Distribution (CBD) of family planning program, in increasing contraceptive uptake has been reported from several studies. However, the sustainability of project based services has not been documented in Ethiopia. This study was conducted to assess the effectiveness and sustainability of community based Family planning services in rural communities of Ethiopia. The study was carried out in three sets of 30 peasant villages selected from five districts of Eastern Showa Zone in Ethiopia. Comparison was made between never former; and current CBRHS areas. Relevant information was collected using a structured and pre-tested questionnaire. The respondents were women in the reproductive age groups (15-49 years). Knowledge about contraception was higher in both former and

current CBRHS communities as compared to never CBRHS areas [MH-OR (95% CI) = 6.89 (4.69, 10.17) and 12.48 (7.84, 20.25)], respectively. Ever use of modern contraception was significantly greater among women from former and current CBRHS communities as compared to never CBRHS communities [MH-OR (95% CI) = 3.75 (2.54, 5.97) and 5.72 (3.93, 9.39), respectively]. Current use of modern contraception methods was however significantly better only in current CBRHS areas [MH-OR (95% CI) = 2.42; (1.16, 5.37)]; there was no statistically significant difference with former CBRHS areas [MH-OR (95% CI) = 1.13; (0.51, 2.49)]. Results of this study indicate that the effect of CBRHS in raising the level of modern contraception use in rural communities is transient. In order to sustain the effects of a good community based family planning services appropriate mechanisms must be designed to motivate and enable women to continuously utilize the services.

Howard-Grabman L, Snetro G. Prepare to scale up. In: How to mobilize communities for health and social change. Health Communication Partnership. Washington, DC: Save the Children Federation; 2003. Available at:

http://www.savethechildren.org/publications/reports/chapterthree_a_1.pdf

This chapter offers step-by-step guidance on the planning and implementing scale-up activities. This guidance is followed by several case studies featuring different approaches to scaling up programs as well as lessons learned from each experience.

Implementing Best Practices Consortium. A guide for fostering change to scale up effective health services. Management Sciences for Health; 2007. Available at:

<http://www.esdproj.org/site/DocServer/a-guide-for-fostering-change-to-scale-up-effective-health.pdf?docID=1541>

This guide outlines the links between proven change practices and evidence-based clinical and programmatic practices by describing fundamental principles and proven approaches to effective change; providing step-by-step guidance for successful change; exploring key challenges and strategies and tools for addressing those challenges; and offering illustrative case studies.

Janowitz B, Bratt J, Homan R, Foreit J. How much will it cost to scale up a reproductive health pilot? Frontiers in Reproductive Health Brief No. 8. 2007. Available at:

<http://www.popcouncil.org/pdfs/frontiers/pbriefs/PB08.pdf>

When managers begin to plan for scaling up a pilot project to new areas, cost is a critical factor. This brief provides guidance for program managers on how to adapt and modify cost data from a pilot project to inform planning for scale-up.

Krueger, K. Scaling Up Community Provision of Injectables through the Public Sector: A case study from Uganda. Submitted for publication in Studies in Family Planning.

Mangham LH, Hanson K. Scaling up in international health: What are the key issues? Health Policy and Planning 2010;25(2):85-96. Available at:

<http://heapol.oxfordjournals.org/cgi/content/full/25/2/85>

The term 'scaling up' is now widely used in the international health literature, though it lacks an agreed definition. We review what is meant by scaling up in the context of changes in international health and development over the last decade. We argue that the notion of scaling up is primarily used to describe the ambition or process of expanding the coverage of health interventions, though the term has also referred to increasing the financial, human and capital resources required to expand coverage. We discuss four pertinent issues in scaling up the coverage of health interventions: the costs of scaling up coverage; constraints to scaling up; equity and quality concerns; and key service delivery issues when scaling up. We then review recent progress in scaling up the coverage of health interventions. This includes a considerable increase in the volume of aid, accompanied by numerous new health initiatives and financing mechanisms. There have also been improvements in health outcomes and some examples of successful large-scale programs. Finally, we reflect on the importance of obtaining a better understanding of how to deliver priority health interventions at scale, the current emphasis on health system strengthening and the challenges of sustaining scaling up in the prevailing global economic environment.

Mansour M, Mansour JB, El Swesy AH. Scaling up proven public health interventions through a locally owned and sustained leadership development programme in rural Upper Egypt. Human Resources for Health 2010;8(1).

INTRODUCTION: In 2002, the Egypt Ministry of Health and Population faced the challenge of improving access to and quality of services in rural Upper Egypt in the face of low morale among health workers and managers. From 1992 to 2000, the Ministry, with donor support, had succeeded in reducing the nationwide maternal mortality rate by 52%. Nevertheless, a gap remained between urban and rural areas.

CASE DESCRIPTION: In 2002, the Ministry, with funding from the United States Agency for International Development and assistance from Management Sciences for Health, introduced a Leadership Development Programme (LDP) in Aswan Governorate. The program aimed to improve health services in three districts by increasing managers' ability to create high performing teams and lead them to achieve results. The program introduced leadership and management practices and a methodology for identifying and addressing service delivery challenges. Ten teams of health workers participated.

DISCUSSION AND EVALUATION: In 2003, after participation in the LDP, the districts of Aswan, Daraw and Kom Ombo increased the number of new family planning visits by 36%, 68% and 20%, respectively. The number of prenatal and postpartum visits also rose. After the United States funding ended, local doctors and nurses scaled up the program to 184 health care facilities (training more than 1000 health workers). From 2005 to 2007, the Leadership Development Program participants in Aswan Governorate focused on reducing the maternal mortality rate as their annual goal. They reduced it from 85.0 per 100,000 live births to 35.5 per 100,000. The reduction in maternal mortality rate was much greater than in similar governorates in Egypt. Managers and teams across Aswan demonstrated their ability to scale up effective public health interventions through their increased commitment and ownership of service challenges. **CONCLUSIONS:** When teams learn and apply empowering leadership and management practices, they can transform the way they work together and develop their own solutions to complex public health challenges. Committed health teams can use local resources to scale up effective public health interventions.

Nine Steps for Developing a Scaling-up Strategy. ExpandNet/ World Health Organization: 2009. Available at:

<http://www.expandnet.net/PDFs/Nine%20Steps%20for%20Developing%20a%20Scaling%20up%20Strategy.pdf>

ExpandNet/WHO has prepared a nine-step guide to assist program managers, technical assistance personnel, researchers and policy makers with the process of developing a scaling-up strategy. This document has been used in a facilitated process of strategy development with program/project managers from a range of countries including China, Guatemala, Kyrgyzstan, Madagascar, Mali, Peru and Sierra Leone.

Nyonator FK, Awoonor-Williams JK, Phillips JF, Jones TC, Miller RA. The Ghana Community-Based Health Planning and Services Initiative for scaling up service delivery innovation. Health Policy and Planning 2005;20:25-34. Available at:

<http://heapol.oxfordjournals.org/cgi/content/short/20/1/25>

Research projects demonstrating ways to improve health services often fail to have an impact on what national health programs actually do. An approach to evidence-based policy development has been launched in Ghana which bridges the gap between research and program implementation. After nearly two decades of national debate and investigation into appropriate strategies for service delivery at the periphery, the Community-based Health Planning and Services (CHPS) Initiative has employed strategies tested in the successful Navrongo experiment to guide national health reforms that mobilize volunteerism, resources and cultural institutions for supporting community-based primary health care. Over a 2-year period, 104 out of the 110 districts in Ghana started CHPS. This paper reviews the development of the CHPS initiative, describes the processes of implementation and relates the initiative to the principles of scaling up organizational change which it embraces. Evidence from the national monitoring and evaluation program provides insights into CHPS' success and identifies constraints on future progress.

Phillips JF, Bawah AA, Binka FN. Accelerating reproductive and child health programme impact with community-based services: the Navrongo experiment in Ghana. Bull World Health Organ [online] 2006;84(12):949-955. Available at: <http://www.who.int/bulletin/volumes/84/12/06-030064.pdf>

OBJECTIVE: To determine the demographic and health impact of deploying health service nurses and volunteers to village locations with a view to scaling up results. **METHODS:** A four-celled plausibility trial was used for testing the impact of aligning community health services with the traditional social institutions that organize village life. Data from the Navrongo Demographic Surveillance System that tracks fertility and mortality events over time were used to estimate impact on fertility and mortality. **RESULTS:** Assigning nurses to community locations reduced childhood mortality rates by over half in 3 years and accelerated the time taken for attainment of the child survival Millennium Development Goal (MDG) in the study areas to 8 years. Fertility was also reduced by 15%, representing a decline of one birth in the total fertility rate. Program costs added 1.92 US Dollar per capita to the 6.80 US Dollar per capita primary health care budget. **CONCLUSION:** Assigning nurses to community locations where they provide basic curative and preventive care substantially reduces childhood mortality and accelerates progress towards attainment of the child survival MDG. Approaches using community volunteers, however, have no impact on mortality. The results also demonstrate that increasing access to contraceptive supplies alone fails to address the social costs of fertility regulation. Effective deployment of volunteers and community mobilization strategies offsets the social constraints on the adoption of contraception. The research in Navrongo thus demonstrates that affordable and sustainable means of combining nurse services with volunteer action can accelerate attainment of both the International Conference on Population and Development agenda and the MDGs.

Practical Guidance for Scaling up Health Service Innovations. World Health Organization; 2009. Available at:

http://www.who.int/reproductivehealth/publications/strategic_approach/9789241598521/en/index.html

Calls for scaling up successfully tested health service innovations have multiplied over the past several years. Many acknowledge that pilot or experimental projects are of limited value unless they have larger policy and program impact. Moreover, there is increasing recognition that proven innovations cannot simply be handed over with the expectation that they will automatically become part of routine program implementation. While there has been progress, there is still little practical guidance on how to proceed with scaling up. This document can begin to fill this gap.

Simmons R, Fajans P, Ghiron L. Scaling up Health Service Delivery: From Pilot Innovations to Policies and Programmes. World Health Organization; 2008. Available at:

<http://apps.who.int/bookorders/anglais/detart1.jsp?sesslan=1&codlan=1&codcol=15&codcch=720>

This book considers the topic of scaling up from a particular vantage point. The focus is on ways to increase the impact of health service innovations that have been tested in pilot or experimental projects so as to benefit more people and to foster policy and program development on a lasting, sustainable basis. The book addresses a major failure in the global health and development field: namely, the failure to expand the many successful small-scale pilot or demonstration projects that have been organized around the world so as to benefit larger populations than those initially served. It presents a conceptual framework for thinking about scaling up as well as case-studies from Africa, Asia and Latin America where the potential for expansion was a concern from the very inception of pilot or experimental projects. The case-studies discuss family planning and related reproductive health service interventions as well as other innovations in primary health care.

Simmons R, Brown JW, Díaz M. Facilitating large scale transitions to quality of care in family planning programs: An idea whose time has come. Studies in Family Planning 2002;33(1): 61-75. Available at: <http://www.expandnet.net/PDFs/Facilitating%20Large%20Scale%20Transitions.pdf>

In the field of reproductive health, investigation of the transfer of knowledge gained from demonstration and pilot projects to large public-sector programs typically has not been considered a relevant domain for research or other investigation. This article draws on a range of research in the social sciences and presents two frameworks for understanding the critical attributes of successful expansion of small-scale innovations. Seven key lessons are developed using examples from family planning where scaling up was an explicit objective, including the early Taichung Study of Taiwan, the Chinese Experiment in

Quality of Care, the Bangladesh MCH–FP Extension Project, the Navrongo Project in Ghana, and the Replatina Project in Brazil. Unless small, innovative projects concern themselves from the outset with determining how their innovations can be put to use on a larger scale, they risk remaining irrelevant for policy and program development.

Snetro-Plewman G, Tapia M, Uccelani V, Brasington A, McNulty M. Taking community empowerment to scale: Lessons from three successful experiences. Health Communication Insights 2007. Baltimore: Health Communication Partnership based at Johns Hopkins Bloomberg School of Public Health/Center for Communication Programs. Available at: <http://www.savethechildren.org/publications/programs/health/Taking-Community-Empowerment-to-Scale.pdf>

This report identifies 14 key components successful scaling up strategies and illustrates these pathways in three case studies of health-related community empowerment programs.

Task Force for Scaling Up Education and Training for Health Workers. Scaling Up, Saving Lives. World Health Organization and Global Health Workforce Alliance: 2008. Available at: http://www.who.int/workforcealliance/documents/Global_Health%20FINAL%20REPORT.pdf

This report presents evidence of previous scale-up initiatives around the world and provides guidance on how best to replicate these examples on a larger scale. Identifying a shortage of 1.5 million health workers in Africa alone, and financial needs of approximately 2.6 billion US \$ a year, the report urges Governments to develop long-term human resources development plans, prioritize community health workers and mid-level workers, and develop curricula based on health needs. Furthermore it urges development partners to provide coordinated and predictable long-term financial support to national scale up plans.

The WHO Strategic Approach to Strengthening Sexual and Reproductive Health Policies. World Health Organization; 2007. Available at: http://whqlibdoc.who.int/hq/2007/WHO_RHR_07.7_eng.pdf

The Strategic Approach involves a three-stage process for assisting countries to assess reproductive health needs and priorities, test policies and program adaptations to address these needs, and then scale up successful interventions. Essential components of the Strategic Approach include a staged implementation process that links assessment, pilot-testing, and scaling-up; a systems framework to highlight the relevant factors for decision-making about appropriate services; a reproductive health philosophy of reproductive rights, gender equity, and empowerment; a focus on improving equitable access and quality of care so that services are client-centered and responsive to community needs; a participatory process to consider the concerns of all relevant stakeholders; and country ownership of the process and the results.