

Community-Based Access to Injectable Contraceptives: Guidance for Developing a Scale-up Plan

You have successfully completed a community-based access to injectables (CBA2I) pilot project that expands access to contraception in hard to reach areas. Now you are ready to develop a scale-up strategy for this service. At this point, you have already determined that it is feasible to scale up, and you have analyzed the organizational and social context for scaling up CBA2I in your country. You have considered the following questions:

- Do relevant stakeholders, potential partners, and intended beneficiaries perceive a need for this practice?
- Has the implementation process been documented, including the cost? Is there any evidence that the model is more cost-effective than other approaches?
- How easily can the elements that were key to the pilot's success be replicated or expanded?
- Which stakeholders can support the scale-up process?
- Do the adopting organizations have the capacity to sustainably and successfully implement the practice?
- Does funding exist for replicating the model on a large scale?

Now there are a number of elements you must consider when developing a scale-up strategy. The following elements are not necessarily chronological and often must be addressed in parallel. For additional guidance on addressing each of these elements, please visit the Community-Based Access to Injectable Contraceptives Toolkit at www.k4health.org/toolkits/cba2i.

Develop a scale-up work plan

A good first step is to work with your stakeholders to write a scale-up work plan. This plan should:

- Outline the objectives of the scale-up effort and how they tie into national and international strategies and goals.
- Clarify the roles of each partner in the scale-up process and outline the scope of the scale-up effort.
- List planned activities and their proposed time frame.
- Explain how the achievement of scale-up activities and milestones will be monitored and documented.
- Include a budget.

The process of developing a scale-up work plan might help you identify gaps that must be addressed prior to scale-up, such as missing information, partners, or financial resources.

See the Appendix for a sample outline of a scale-up work plan.

Gather more evidence if needed

Your pilot project yielded success, but stakeholders might want evidence that the practice can succeed in other contexts. If the pilot was conducted in the private sector, the Ministry of Health might wish to examine the practice in public sector context. Early horizontal scale-up, or expansion, with different types of implementing partners in different locales can demonstrate that the practice is replicable. It can also provide insight as to how the program can be adapted to suit different contexts.

Glean lessons learned

What worked well during the pilot phase? What elements needed to be eliminated, reworked, or added in order for the program to succeed? What and who were the facilitators of the program's success? What and who posed barriers, and how were those barriers addressed, or how must they be addressed moving forward? All of these lessons will strengthen the program as it is expanded to a larger scale.

Engage in advocacy work to achieve buy-in

As you create and document a strategic but flexible advocacy plan as part of your scale-up work plan, consider the following questions.

- What more needs to be done to persuade relevant decision makers, funders, and opinion leaders that CBA2I is necessary and desirable and that it is safe, feasible, acceptable, and cost-effective?
- Which organizations, organizational units, or individuals are responsible for key decisions regarding the funding and implementation of scaling up? Who has authority to make the decisions within these organizations, and how can their buy-in be achieved?
- Which spokespersons and messages are most likely to have an impact on these audiences and persuade decision makers?
- What are the most effective networks and alliances for carrying out this advocacy, and how can they be most efficiently mobilized and organized?

There are a number of strategic advocacy actions that can be taken to reenergize your stakeholders and encourage buy-in. Now that the pilot project is complete, it is important to continue to convene stakeholder meetings in order to share the final results of the pilot and to plan for scale-up. Regularly convening stakeholders and asking for their input will keep them invested in the program. You might decide to establish a technical working group (TWG) to support scale-up efforts. If a TWG already exists, this is a good time to revitalize and engage the group in planning for scale-up. New partners might be brought into the TWG or stakeholders group as expansions grows beyond the original pilot.

As you advocate for scale-up of CBA2I, it will be important to package the evidence for your intended audience and tailor your messages as appropriate. Interview your stakeholders to get a sense of their concerns. The final results you present should

directly address these concerns. Developing a policy brief will allow messengers to communicate the rationale behind CBA2I and the positive results of the pilot in a clear, concise format. Evidence can also be presented in a report, slide presentation, poster, video, or other format. Your messengers should be champions of CBA2I—influential people who have authority in the realm of family planning and who are respected in their communities. Different messengers will be needed to reach diverse audiences on both a local and national scale. Educational tours are also an effective means of achieving stakeholder buy-in. This allows decision makers and other key stakeholders to see the impact of CBA2I in person. Interacting with the supervisors, community health workers (CHWs), and clients who benefit from CBA2I can provide stakeholders with new insight into the benefits of the program.

Build relationships

As you go through the site selection process, look to organizations whose mission is to improve the policy environment for family planning and reproductive health and use advocacy and outreach to engage them. Assess the capacity and the existing programs of your potential partners using a rapid assessment tool like the one available in the Implementation Handbook.¹ Collaborate with these potential partners to weigh the costs and benefits of implementation and address any weaknesses revealed by the assessment.

Once a partnership is formed, formalize and clarify the roles and responsibilities of each service provider, including the Ministry of Health, donors, and implementing organizations. Once interested parties are engaged in expansion, offer technical assistance to track and maintain fidelity as the program is adapted to new contexts and implemented by new partners. Whether scale-up will take place in the public sector, the private sector, or both, it is important to partner with the Ministry of Health to ensure the sustainability of new programs. Establishing site-led core teams that include regional health officers, clinic managers, clinic midwives, health assistants, and others will also help keep the program accountable and sustainable.

Change policy and service delivery guidelines to support practice

While policy change is not a pre-requisite to scale-up, it is a valuable component of the scale-up process. Each country's policy change process is unique, but in every country, strategic advocacy is necessary for policy change. Similarly, each implementing organization will have a unique process for changing service delivery guidelines to support CBA2I. As new partners implement the practice, their service delivery guidelines must support the essential components of CBA2I to ensure adherence to the program.

¹ Weil B, Krueger K, Stanback J, Hoke TH. Provision of Injectable Contraception Services through Community-Based Distribution: Implementation Handbook. 2008. USAID, FHI, Save the Children. Available at: <http://www.k4health.org/toolkits/cba2i/implement-0>

Assess financial and other needs and mobilize resources

If you collected costing data during the pilot project, the next step will be to analyze the data to determine the cost of scaling up CBA2I. As you examine the pilot costs, you'll need to consider the additional human, institutional, and financial resources needed to support the scale-up process and determine what actions must be taken to secure those resources. This might include seeking out new partnerships with government, multilateral, or private donors.

Once donors and other resource providers have been engaged, form a committed, supported resource team to work on planning and allocating financial and human resources appropriately to support scale-up and sustained implementation. Consider the following questions:

- Which groups have existing CBD programs that wish to take part and can serve as the implementing partners?
- Who will lead and coordinate the scale-up process?
- Who will oversee the scale-up process? Consider tasking an existing group (such as a Family Planning Technical Working Group) or assembling a new committee to serve as an advisory committee for the scale-up process. Clearly define the role of the committee and establish a governance structure.
- Which partners will be the technical experts in the scale-up effort? Consider utilizing the partners from the original pilot project who now have experience and technical expertise. Technical experts can coordinate and lead the training of trainers, supervisors, and CBD agents.
- Which partner will monitor and document the achievement of activities and milestones throughout the scale-up process?

Ensure product availability and effective logistics systems

In many countries, commodity stock outs present a continual challenge to facility-based services and community-based distribution programs. Therefore, your scale-up strategy should include a clear plan for commodities management that will ensure a steady supply of auto-disable syringes, DMPA, and other supplies such as cotton. Your commodities management plan should include contingency plans in the event of a stock out. Creative solutions are often needed to minimize the impact of stock outs, and options should be clearly outlined in your plan. A clear waste management protocol is also critical to the success of the program and should be detailed in your logistics strategy. Establishing linkages to the public health care system will provide access to established commodities, logistics, and waste management systems and will offer a valuable support network.

Establish a monitoring and reporting system

To assess the progress, lessons learned, outcomes, and impact of the program as it expands to serve new audiences, [key indicators](#) must be determined and routinely measured. It might be necessary to update tracking forms and other monitoring and

evaluation (M&E) procedures in order to use the resulting data to continually adapt and improve the implementation process.

You must also formulate effective mechanisms for ensuring that this information is fed back to key stakeholders and the broader public and that the information is used to make necessary adaptations.

Establish a training and supervision structure

It is important to develop a clear plan for training trainers, supervisors, and CHWs. A good first step is to assess the learning needs of your CHWs. In some cases, CHWs being trained to provide CBA2I might also require family planning refresher training, which can be incorporated into existing meetings. Additionally, it is important to understand the literacy level of the CHWs being trained so that the curriculum, job aids, and other materials are tailored appropriately. Curricula for trainers, supervisors, and CHWs should be standardized and distributed to participating sites along with relevant job aids and other supportive materials. Whenever possible, harmonize the CBA2I program with existing health care systems and tap into those systems' existing resources. This can yield benefits such as the opportunity to adapt existing data collection tools, train additional staff as supervisors, orient clinic-based providers to the CBA2I program, and use existing meetings as training venues.

Once the CHWs have been trained, routine monitoring and supervision will ensure they are providing high-quality services. Developing and implementing a supervision checklist and convening meetings to sensitize the supervisors will strengthen the supportive supervision the CHWs receive. In some cases, the scaled-up CBA2I program might require more support than resources allow. CHW motivation also must be considered. Often CHWs are volunteers, and programs must find non-monetary ways to compensate or motivate these essential staff. Careful planning is necessary to ensure the training and supervision structures are as efficient and effective as possible and to retain high-quality CHWs as the program grows.

Promote CBA2I and mobilize communities

Though CBA2I is well received in places it has been implemented, new audiences might have a lot of questions about the practice. It is important to promote CBA2I using messages specific to the culture and context of implementation areas. Community sensitization meetings are one effective way of educating communities and creating demand for the service. In addition to sensitization meetings for community members, similar meetings for community leaders and decision makers should also be held. Through these meetings, local champions can be identified to help spread the word about CBA2I and allay questions about the safety of CHW provision of injectable contraception or of injectable contraception itself.

This document relies heavily on the following references:

Cooley L and Kohl R. Scaling Up – From Vision to Large-Scale Change: A Management Framework for Practitioners. 2006. Management Systems International. Available at: http://www.msiworldwide.com/index.cfm?msiweb=productdetail&product_id=12

Krueger K, Akol A. Snapshot: The Process of Changing National Family planning Policy to Support Community-based Access to Injectables (CBA2I) in Uganda. 2011. FHI. Available at: <http://www.k4health.org/toolkits/cba2i/snapshot-process-changing-national-family-planning-policy-support-community-based-acc>

Appendix

Outline for Community-Based Access to Injectables (CBA2I) Scale-up Work Plan

Note: This outline includes an illustrative selection of tasks and is not a comprehensive list of work plan activities.

- I. Pre-Implementation
 - a. Administrative tasks
 - i. Hold planning meeting with Ministry of Health (MOH)
 - ii. Develop a budget
 - iii. Establish a memorandum of understanding with implementing partners
 - iv. Finalize national action plan
 - b. Develop an advocacy brief
 - c. Conduct a stakeholder assessment
 - i. Identify key stakeholders and conduct interviews
 - ii. Produce synthesis report
 - iii. Share findings with MOH
 - d. Finalize training curriculum
 - e. Hold a national stakeholder meeting to build consensus around CBA2I
- II. Scale-up
 - a. Advocacy and social mobilization
 - i. National level advocacy
 - ii. Community level advocacy
 - iii. Community sensitization activities
 - iv. Quarterly community mobilization meetings
 - b. Site preparation
 - i. Identify sites
 - ii. Conduct site assessments
 - iii. Identify CHWs and supervisors
 - iv. Conduct sensitization meetings with CHWs and supervisors
 - v. Finalize M&E and supervision strategies
 - c. Training
 - i. Identify and train trainers
 - ii. Identify and train CHWs
 - iii. Recruit CHW clients for practicum
 - iv. Conduct cascade training at regional level
 - d. Service provision
 - i. Procure community-based distribution kit and family planning seed stock from MOH and then distribute
 - ii. Commence CBA2I services
 - iii. Conduct commodities management activities as planned
 - iv. Conduct regular supportive supervision

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- e. Sustainability
 - i. Train supervisors and other local staff to conduct independent advocacy activities with community leaders and policy makers
- f. Monitoring and Evaluation
 - i. Review pilot M&E tools and data reporting structure
 - ii. Procure M&E data collection and reporting tools
 - iii. Commence service data collection and analysis
 - iv. Conduct regular regional M&E meetings
 - v. Produce regular reports at district, state, and national level