2015

Creating conditions for scale up: Technical assistance as an implementation research uptake strategy

Ian Askew
Population Council

Follow this and additional works at: https://knowledgecommons.popcouncil.org/departments_sbsr-rh

Part of the International Public Health Commons, and the Quantitative, Qualitative, Comparative, and Historical Methodologies Commons

How does access to this work benefit you? Let us know!

Recommended Citation

This Presentation is brought to you for free and open access by the Population Council.
Creating Conditions for Scale Up:

Technical Assistance as an Implementation Research Uptake Strategy

Ian Askew, PhD
Co-Director, Strengthening Evidence for Programming on Unintended Pregnancy (STEP UP)
Population Council
Nairobi, Kenya
Why do so many research projects remain small-scale or end without uptake?

- Funding limited to duration of research (and dissemination) activities
- No requirement that those doing the pilot-testing be engaged in, or responsible for, using the results or scaling-up the intervention
- Expectation of use / scale-up.....by someone else
- No conditions in place for health systems to scale-up innovations demonstrated on a pilot basis

How to change this paradigm?
Changing the paradigm: 3 stages to scale-up

**EFFECTIVENESS** (operations research)
Pilot-testing intervention; focusing on feasibility and effect, resource needs and implementation procedures

**EFFICIENCY** (creating conditions)
Modify systems to implement intervention at appropriate scale, use implementation research to learn and institutionalize

**EXPANSION** (scale up)
Introduce and fund standard procedures at scale with M&E
Research and Technical Assistance: An inverse relationship over 3 stages

- **Research**
  - Operations Research
  - Implementation Research
  - M&E

- **Technical assistance**
  - Test intervention
  - Institutionalize through modifying health systems
  - Expand coverage through routine implementation at scale
Creating conditions for scale-up

✓ Review implementation experiences during pilot project and identify policy / systems modifications needed

✓ Technical assistance to modify systems on a limited scale:
  • At most appropriate administrative level for planning and budgeting decisions (e.g. district)

✓ Demonstrate through research that the intervention can be institutionalized and sustained:
  i. Incorporated into and funded through existing systems
  ii. Embedded as routine procedures
  iii. Implemented and funded at a sustainable scale

✓ Team approach that combines TA with research
Example – Kenya Adolescent Reproductive Health Project (KARHP)

1. Operations Research
   2 districts (30 months)

2a. Adaptation and institutionalization throughout 2 districts (20 months)

2b. Expansion to remaining 6 districts (12 months)

3a. Expansion within Nyanza & Eastern (12 months)

3b. Replication in Nyanza & Eastern 2 districts each (13 months)

3b. Replication in Nairobi & Central 2 districts (12 months)

3b. Replication in Coast (2 districts) & Rift Valley (3 districts)

- 2000-2003
- 2004-2006
- 2006-2007
- 2007-2008
- 2008-2009

Example – Kenya Adolescent Reproductive Health Project (KARHP)

1. Operations Research
   2 districts (30 months)

2a. Adaptation and institutionalization throughout 2 districts (20 months)

2b. Expansion to remaining 6 districts (12 months)

3a. Expansion within Nyanza & Eastern (12 months)

3b. Replication in Nyanza & Eastern 2 districts each (13 months)

3b. Replication in Nairobi & Central 2 districts (12 months)

3b. Replication in Coast (2 districts) & Rift Valley (3 districts)

- 2000-2003
- 2004-2006
- 2006-2007
- 2007-2008
- 2008-2009
**Example: Bangladesh Emergency Contraception**

- **Phase I: Introduction of ECP in Dhaka division covering 41 million populations**
  - Planning, modifying, developing IEC and training materials
  - Training of 15,007 providers and provision of services
  - Monitoring of Phase I scale-up
  - Review of program implementation in Phase I and gather recommendations
  - Presentation of OR results at the national level to press people, program managers, researchers, educationalists, representatives of NGOs

- **Policy decision to introduce ECP in the National FP program in two phases**
  - Presentation of OR results to the Ministry by recommending appropriate strategies
  - OR to assess, acceptability of ECP and answer operational details for introducing ECP
  - Diagnostic studies: Qualitative need assessment for ECP services
  - Continue monitoring and gathering feedbacks from clients on service delivery

- **Phase II: Scaled up in the rest of the country (89 million population)**
  - Training of 28,136 providers, provision of ECP services & setting up MIS
  - Monitoring of Phase I scale-up
  - Further policy change in program operations & effort for create demands

- **Further policy change**
  - Diagnostic studies: Qualitative need assessment for ECP services

- **Diagnostic studies**
  - OR to assess, acceptability of ECP and answer operational details for introducing ECP

- **Phase I scale-up**
  - Presentation of OR results to the Ministry by recommending appropriate strategies
  - Diagnostic studies: Qualitative need assessment for ECP services

- **Diagnostic studies**
  - OR to assess, acceptability of ECP and answer operational details for introducing ECP

- **Continue monitoring and gathering feedbacks from clients on service delivery**
  - Diagnostic studies: Qualitative need assessment for ECP services

- **Further policy change**
  - Diagnostic studies: Qualitative need assessment for ECP services

- **Diagnostic studies**
  - OR to assess, acceptability of ECP and answer operational details for introducing ECP

- **Diagnostic studies**
  - OR to assess, acceptability of ECP and answer operational details for introducing ECP
Implications and challenges

1. Implementers committed to modifying systems informed by research-based evidence

2. Donors appreciate and able to fund phased approach and intimate relationship between research and technical assistance

3. Researchers able to organize and implement a multifaceted mechanism to implement this strategy:
   - teams; consortia; coalitions; partnerships
The **STEP UP (Strengthening Evidence for Programming on Unintended Pregnancy) Research Programme Consortium** is coordinated by the Population Council in partnership with the African Population and Health Research Center; icddr,b; the London School of Hygiene and Tropical Medicine; Marie Stopes International; and Partners in Population and Development. STEP UP is funded by UK aid from the UK Government.