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

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Creating Conditions for Scale Up:

Technical Assistance as an Implementation Research Uptake Strategy

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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:
  - Incorporated into and funded through existing systems
  - Embedded as routine procedures
  - 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)

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

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**Example: Bangladesh Emergency Contraception**

- **Phase I:** Introduction of ECP in Dhaka division covering 41 million populations
  - Training of 28,136 providers, provision of ECP services & setting up MIS
  - Monitoring of Phase I scale-up
  - 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
  - Review of program implementation in Phase I and gather recommendations
  - Planning, modifying, developing IEC and training materials

- **Phase II:** Scaled up in the rest of the country (89 million population)
  - Training of 15,007 providers and provision of services
  - Diagnostic studies: Qualitative need assessment for ECP services
  - OR to assess, acceptability of ECP and answer operational details for introducing ECP
  - Presentation of OR results to the Ministry by recommending appropriate strategies

- **Further policy change in program operations & effort for create demands**
- **Continue monitoring and gathering feedbacks from clients on service delivery**
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.