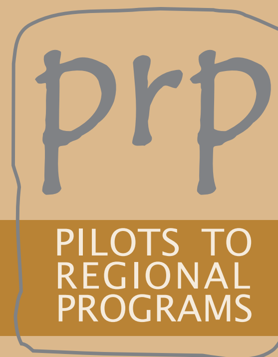
Solutions

newsletter of the PRP Initiative



expanding contraceptive choice innovative training strategies strengthening community linkages

Mwaisenipo Mukwai

Welcome back! For many years, *Solutions* offered its readers an inside look into the people, the activities and the issues surrounding the Expanding Contraceptive Choice (ECC) Pilot Study. Today, as the lessons of ECC expand out regionally across the Copperbelt, *Solutions* is back with a bold new look and a renewed commitment to exploring how health care workers can resolve the challenges of expanding contra-ceptive choice and improving the quality of reproductive health services. We at the Copperbelt Provincial Health Office look forward to the challenges ahead and we invite you to share with us the lessons and best practices we know will emerge from this valuable experience.

Peter Mijere, MD
Director, Copperbelt Provincial Heath Office

Moving to scale

from pilots to regional programs

In the late 1990s, the ECC Pilot Study changed the face of reproductive health care in many parts of the rural Copperbelt. Today, as the lessons and achievements of ECC scale-up, Solutions takes a closer look at what lies ahead for its successor, the PRP Initiative.

For almost half a decade, the name "ECC" was a household word to dozens of health care workers across the Copperbelt. An outgrowth of the 1995 Zambia Contraceptive Needs Assessment, the "Expanding Contra-ceptive Choice" Pilot Study demonstrated how the scope and quality of repro-ductive health services could be improved, even in the most remote, resource-poor settings. Between 1996 and 2001, the study introduced new contraceptive methods, including the injectable contraceptive Depo-Provera®. It provided new supplies and equipment; it developed new tools for provider training and supervision; and it employed a variety of media to communicate project accomplish-ments to the community at large.

But perhaps most significant of all, ECC made a notable difference in the lives and behavior of everyday people. study, contraceptive use increased; new family planning methods were readily accepted; continuation rates remained high; and community members shared a new sense of optimism - even empowerment - over the quality of reproductive health care services.

As the saying goes, "build a better mousetrap and the world will beat a path to your door". This was certainly true for ECC. Within months of the study's conclusion, rural communities, local leaders, and health districts throughout the Copperbelt called on the Zambia Central Board of Health to scale-up the successes and lessons learned. Their words came through loud and clear. In 2002, the Copperbelt Provincial Health Office launched the PRP Initiative with the support of its international partners: the Population Council, USAID, WHO and Georgetown University's Institute for Reproductive Health.

What is the PRP Initiative?

Pilots to Regional Programs, or PRP for short, is a two-year initiative to scale-up regionally key reproductive health interventions, first introduced under the ECC Pilot Study. Like its predecessor, the PRP Initiative seeks to expand contraceptive choice and improve the quality of reproductive health services. But unlike ECC, which covered about 240,000 people in only three health districts, PRP will reach eight districts, with a combined population of nearly a million.

As the first exercise of its kind anywhere in Zambia, the PRP Initiative applies new tools and strategies to overcome the many challenges associated with scaling-up pilot interventions. It seeks to expand services without sacrificing quality; broaden coverage while remaining locally relevant; and maximize efficiency while increasing in size and scope.

The Dimensions of Scaling-up: A Conceptual Framework

To address the challenges of moving from pilots to regional programs, the PRP Initiative views the scaling-up process as comprising three dimensions: *process, contents,* and *organization.* These dimensions serve as useful reference points for thinking about:

- *Where and when* the scaling-up will take place (process)
- *What* is to be scaled-up (contents); and
- *Who* is to do the scaling-up (organization)

Although the dimensions are distinct, they are very closely linked. In fact, the linkages are what give rise to the kind of challenges most commonly associated with scaling-up. The linkage between the dimensions of *process* and *content*, for example, is central to the trade-off between the "quantity" and "quality" of intervention efforts. In other words, the more widespread the scaling-up, the greater the risk its contents will suffer. Similarly, the interface between *content* and *organization* parallels the give-and-take between the higher costs of scaling-up and the increased potential to maximize efficiencies. And finally, it is the tension between *process* and *organization* that underlies trade-offs between the scale of geographic coverage and responsiveness to local needs.

Under the PRP Initiative, the dimensions of *content*, *organization* and *process* are addressed so as to overcome these potential challenges.

PROCESS
PLACE AND PACE OF SCALING-UP

How best to expand scope yet remain responsive to local needs?

How best to maintain quality while increasing quantity?

How best to maximize efficiency while increasing size and scope?

ORGANIZATION
ORGANIZATIONAL STRUCTURES AND ACTORS

CONTENTS
ACTIVITIES TO BE SCALED-UP

PRP is carried out in three phases...

Phase 1

Participating districts are exposed to the full range of PRP interventions so they can decide later on what makes the most sense to scale-up. Interventions are implemented at two to three specially selected health care facilities per district, called Centers of Excellence, or "COEs". At each COE, health care providers offer a full range of contraceptive methods; teach the fundamentals of reproductive health; and apply innovative strategies for forging stronger linkages with local communities.

Phase 2

Each district evaluates its experience with the PRP interventions as a basis for developing its own implementation plan for scaling-up. Relatively short in duration, this phase is designed to ensure that the project remains "demand-driven", and that the interventions supported by the Initiative always reflect the unique characteristics of the locality in which they are being implemented.

Phase 3

The scaling-up process shifts into high gear. At this point, the COEs become springboards for expanding into neighboring facilities and communities, the interventions identified in each district's implementation plan. The PRP Initiative then assists the districts to secure the human and financial resources needed to implement their plans and sustain the scaling-up effort over time. Within two years, PRP expects to have reached at least 43 health centers, or about 40 percent of all facilities in the eight districts.

...supports three broad sets of activities...

Expanding contraceptive choice. Central to expanding choice is the establishment of a "minimal method mix", a core set of contraceptive methods to which any client attending any participating health center is guaranteed access, either on-site or through referral. Implementation of the minimal mix entails the introduction of new methods, the strengthening of commodity logistics mechanisms, and the establishment of effective referral and outreach mechanisms.

Training health care workers to provide better quality services. Under the PRP Initiative, provider skills are strengthened through ongoing technical support, supervision, and the implementation of both traditional and innovative self-directed training approaches.

Bringing together communities and the health care system. The PRP Initiative continues efforts, begun under the ECC Study, to extend the benefits of expanded choice and quality care to the community at large. It expands the use of so-called "chiefs' tours" to disseminate information about reproductive health; it encourages the active involvement of health care staff in community-based sensitization meetings; it revitalizes community-based health neighborhoods, safe motherhood committees and "circles of friends"; and it revives the publication of *Solutions* to share the experiences of health care providers.

...and is implemented by the Copperbelt PHO

Under the PRP Initiative, management and implementation are consolidated under the authority of the Copperbelt Provincial Health Office (PHO). Key PRP staff are housed at PHO headquarters, together with other PHO professionals who provide the Initiative with technical, logistical, administrative and other needed support. This consolidation enhances efficiency, it builds credibility in the Initiative, and it encourages sustainability by ensuring local ownership.

But the success of the PRP Initiative also rests on the active involvement and collaboration of the eight participating health districts. Horizontal linkages among the districts are strengthened through regular meetings of PRP district coordinators and through joint programming exercises where districts maximize efficiencies by pooling resources, sharing expenses, and achieving broad-based management decisions.

People You Should Know

Just as the scale of operations has increased under PRP, so too has its cast of characters. Today, the Initiative relies on no less than 32 health care professionals to keep things moving. Some are full-time staff, some work part-time, and others volunteer their services. But all bring with them a wealth of experience and skills - in some cases, honed during the original ECC study.

Heading the Initiative as Principal Investigator is Dr. Peter Mijere, Director of the Copperbelt Provincial Health Office. Both he and his counterpart Dr. Marriam Chipimo, Adolescent and Reproductive Health Specialist at the Zambia Central Board of Health, play pivotal roles in shaping the PRP Initiative and ensuring its timely implementation.

Overseeing the day to day operations of PRP is its Project Manager, Ms. Mary Zama. Based at PHO headquarters in Ndola, Ms. Zama and her colleague, Ms. Sabina Miti, Reproductive Health Specialist, provide the hands-on technical support needed to undertake activities in the three focus areas: expanding contraceptive choice, training, and community/health sector linkages.

Salome Kafulila	Chililabombwe DHMB
Peggy Katambi	Chingola DHMB
Dorothy Kasongamulilo	Kalulushi DHMB
Gospel Katuta	Lufwanyama DHMB
Florence Lungu	Luanshya DHMB
Angela Ikowa	Masaiti DHMB
Julie Lees	Mpongwe DHMB
Manda Kalobi	Mufulira DHMB

At the district level, the PRP Initiative is represented by eight coordinators who oversee local intervention activities and supervise the PRP-trained providers within their respective districts. In some cases, the local coordinators are housed at the District Health Management Board headquarters; in others they are based at one of each district's Centers of Excellence (COE).

At the health facility level are the 22 nurses and midwives, responsible for the future expansion of PRP interventions. Based at the COEs, these providers serve as trainers of trainers so that they can sustain the learning process and share their skills with colleagues, co-workers, and the community at large. Their work and the challenges they face will be highlighted in future issues of this newsletter.

The research and intervention activities described in this newsletter have been made possible through the generous financial and technical support of the World Health Organization, Department of Reproductive Health Research; the US Agency for International Development under its Cooperative Agreement with the Population Council, HRN-A-00-99-00010; and Georgetown University s Institute for Reproductive Health. The opinions expressed herein are those of the authors alone.

For more information on the PRP Initiative or *Solutions* newsletter, please contact:
Zambia Central Board of Health,
Copperbelt Provincial Health Office,
P0 Box 70032, Ndola, Zambia
Tel: (02)680265, (096)453243
Email: mzama@zamtel.zm