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APPROACH
Best Practice Brief

A technical meeting held in Bangkok motivated public health stakeholders from across Asia and the Middle East to introduce life-saving FP/MNCH best practices.

Scaling-Up Best Practices to Meet Millennium Development Goals 4 & 5

A Tailored Approach to Spreading Best Practices

The Extending Service Delivery (ESD) Project, funded by USAID's Bureau for Global Health, is designed to address an unmet need for family planning (FP) and to increase the use of reproductive health and family planning (RH/FP) services at the community level, especially among underserved populations, to improve health and socioeconomic development. To accomplish its mission, ESD has strengthened global learning and application of best practices; increased access to community-level RH/FP services; and improved capacity for supporting and sustaining RH/FP services. ESD has worked closely with USAID missions to devise tailored strategies that meet the RH/FP service delivery needs of specific countries. A five-year Leader with Associate Cooperative Agreement, ESD is managed by Pathfinder International in partnership with IntraHealth International, Management Sciences for Health, and Meridian Group International, Inc. Additional technical assistance is provided by Adventist Development and Relief Agency International, the Georgetown University Institute for Reproductive Health, and Save the Children.

INTRODUCTION

Despite the existence of simple, inexpensive best practices in family planning and maternal, newborn and child health (FP/MNCH), high rates of maternal and child morbidity and mortality continue to persist in the developing world. Dissemination and use of these best practices often take too long; widespread adoption of evidence-based best practices can greatly contribute to health and socioeconomic development and the achievement of the Millennium Development Goals, while also empowering women to make informed reproductive health and family planning decisions.

Based on this premise, in 2007 the United States Agency for International Development (USAID) brought 13 countries in the Asia and the Middle East closer to meeting Millennium Development Goals 4 and 5 of reducing child mortality and improving maternal health by supporting a comprehensive international meeting organized by the Extending Service Delivery Project (ESD) in Bangkok, Thailand.[1] While there, participants learned about evidence-based best practices in maternal, neonatal and child health (MNCH) and reproductive health and family planning (RH/FP), shared knowledge with a network of prominent public health stakeholders from across the region, and developed plans to advance women's and girls' health.

With assistance from international partners, ESD organized the meeting, entitled Scaling-up High Impact Family Planning and Maternal, Newborn and Child Health (FP/MNCH) Best Practices: Achieving the Millennium Development Goals in Asia and the Near East. It allowed 435 participants to share and exchange knowledge through 150 technical presentations on state-of-the-art, evidence-based, low-technology FP/MNCH best practices, skills-building labs and e-learning sessions. Exposing the participants to empirical evidence for FP and MNCH interventions helped engage regional leaders, practitioners, and stakeholders, and empowered them to accelerate innovation in the field. Using a multi-pronged approach, the Bangkok meeting kicked off a process of learning and applying best practices on a wider scale: 13 Country Teams were formed, each one developing an action plan for scaling up selected MNCH and RH/FP best practices according to their country-specific needs. During the implementation process, ESD and other partners provided small grants and follow up technical assistance to aid the action plans.

Subsequent to the meetings, country teams and grantees were successful in introducing a number of best practices for the first time to their programs. In some cases, they spread the knowledge of new best practices on a national level through cascade conferences and meetings, advocating for policy changes that allowed them to scale up, utilizing methodologies such as fostering change and Improvement Collaboratives and issuing national declarations that support scaling up of FP/MNCH best practices. Afghanistan was able to scale up the use of zinc oxide for management of diarrhea by adding it to the essential drug

[1] MDG Goal 4: Reduce child mortality. MDG Goal 5: Improve maternal health.

list and its Integrated Management of Neonatal and Child Health program, Pakistan issued the Karachi Declaration, a national strategy for scaling up a package of FP/MNCH best practices, while Jordan introduced magnesium sulfate for the management of pregnancy-induced hypertension in all MOH hospitals. Yemen introduced postpartum family planning and counseling along with other five FP/MNCH best practices in the immediate postpartum period in 89 hospitals.

Following the success of the first technical meeting, ESD and its partners organized a follow-up meeting of equal caliber in March 2010: Reconvening Bangkok: 2007-2010 – Progress Made and Lessons Learned in Scaling up FP/MNCH Best Practices in Asia and the Middle East Region. Former participants and new stakeholders gathered to learn more about state-of-the-art best practices and to hear lessons learned from countries that had already begun scaling-up as a result of the 2007 meeting. The 2010 meeting again advanced the agenda of Asian and Middle Eastern countries toward meeting Millennium Development Goals 4 and 5, while also providing a fresh impetus to hasten the scaling-up process.

PARTNER INVOLVEMENT

ESD leveraged continued funding from its partners, worked with them to develop an interactive platform for sharing best practices at the event, and selected which best practices and scale-up methodologies to share. Through these partnerships, the meeting opened effective communication channels between country teams and world experts.

These partnerships continued beyond the workshop to include:

Egypt and Yemen: ESD, in partnership with the University Research Co. , LLC (URC), worked with country teams using the Improvement Collaborative approach for quick spread.

Jordan: ESD partnered with WHO, Abt Associates Inc. (leading in-country bilateral project), and the Jordan Ministry of Health to introduce postabortion care to the Ministry's hospitals.

Bangladesh, Nepal, Pakistan and Yemen: The White Ribbon Alliance (WRA) assisted these countries with small grants to scale-up best practices.

LEAD PARTNERS, 2007 TECHNICAL MEETING

- IBP Partners
- World Health Organization (WHO)
- White Ribbon Alliance (WRA)
- USAID/Washington Asia and Middle East Bureau and Service Delivery Improvement Division (SDI)
- U.S.-based agencies managing global USAID-funded reproductive health and family planning programs

KNOWLEDGE EXCHANGE

The 2007 Bangkok meeting was designed to help country practitioners:

- Identify effective, local best practices that are being implemented through Ministries of Health, NGOs, bilateral programs and other partners.
- Expand use of local and global best practices through application of proven, effective scale-up methodologies.
- Apply new, best practices that are based on recent evidence/data/WHO recommendations, but are not widely known.
- Create opportunities for countries to learn from each other and apply the lessons in their respective country settings.
- Expand local communities of practice.

Specifically, the initiative sought to build capacity of health staff to implement proven, high impact FP/MNCH best practices in the ANE region countries and support scale-up of best practices in 3-5 focus countries. In addition to technical presentations, the Bangkok meeting combined technical on-site gatherings and direct person-to-person knowledge exchange to share information.

The participants worked in 13 country teams, who

each left the meeting with action plans for scaling-up selected MNCH and RH/FP best practices. Country teams chose best practices that corresponded with their national goals and learned methodologies for spreading the practices across the health care continuum. Teams discussed barriers they might encounter – such as policy hurdles, human resource shortages, and socio-economic factors – that could impede the introduction of some best practices. While developing their work plans, they also learned and applied three known methodologies for scaling up: Improvement Collaborative, Fostering Change, and Nine Steps for Developing a Scaling up Strategy (see sidebar).

ESD motivated the countries to take action by awarding small grants to seven country NGOs with the most cost-effective and creative programs to implement and scale up best practices. These time-bound agendas ranged from educational and advocacy interventions to service delivery. To ensure effective use of the grants and progress of the country teams in implementing action plans, ESD continued to follow up with implementing partners and country teams during the two- to three-year life spans of the interventions to help participants improve maternal and neonatal health in their respective countries.

THREE METHODOLOGIES FOR SCALING UP

1. Improvement Collaborative[2]:

The improvement collaborative is an approach for rapidly improving the quality and efficiency of healthcare. It focuses on a single technical area and seeks to spread existing knowledge or best practices to multiple settings through systematic improvement efforts in a large number of teams. A collaborative is a time-limited improvement strategy, usually lasting from 12 to 24 months.

2. Implementing Best Practices in Reproductive Health (IBP) Consortium's A Guide to Fostering Change to Scale Up Effective Health Services[3]

Fostering change is a phased approach to scaling up, including:

- Preliminary Phase: Forming the Change Coordination Team
- Phase I: Defining the Need for Change
- Phase II: Planning for Demonstration and Scale up
- Phase III: Supporting the Demonstration
- Phase IV: Going to Scale

3. ExpandNet/WHO Nine Steps for Developing a Scaling up Strategy[4]

The Nine Steps include:

1. Planning actions to increase the scalability of the innovation
2. Increasing the capacity of the user organization to implement scaling-up
3. Assessing the environment and planning actions to increase the potential for scaling-up success
4. Increasing the capacity of the resource team to support scaling up
5. Making strategic choices to support vertical scaling up (institutionalization)
6. Making strategic choices to support horizontal scaling up (expansion/replication)
7. Determining the role of diversification
8. Planning actions to address spontaneous scaling up
9. Finalizing the scaling-up strategy and identifying next steps

FORMING STAKEHOLDER COUNTRY TEAMS

Creating Stakeholder Country Teams and involving prominent decision-makers was essential for cultivating support for in-country innovation and demonstrating the serious intent of each team's action plan. During the two Bangkok meetings IN 2007 AND 2010, technical experts disseminated information on proven best practices through technical presentations and discussion panels. Experts then trained country teams in methodologies for scaling up best practices. The Yemen Country Team (next page) serves as an example of a country team's organizational structure.

USAID/Washington requested the support of Population/Health/Nutrition (PHN) officers from country missions to facilitate the initial formation of FP/MNCH stakeholder country teams with strong leadership from the host government. USAID and local missions worked with country level counterparts to create country teams comprised of government representatives, donors, in-country USAID funded programs, and civil society organizations, and encouraged them to support participants' attendance and help with the technical content of their presentations These teams exchanged success stories in scaling-up FP/MNCH best practices with regional teams and world experts.

Groups met daily to identify appropriate best practices, pledge resources, and develop scaling-up action plans. Once a plan was in place, country teams obtained the

[2] "The Improvement Collaborative: An Approach to Rapidly Improve Health Care and Scale Up Quality Services," accessed June 6, 2011, http://www.hciproject.org/node/1057

[3] "A guide for fostering change to scale up effective health services," accessed June 6, 2011, http://www.who.int/reproductivehealth/publications/health_systems/fostering_change/en/index.html

[4] "Nine steps for developing a scaling-up strategy," accessed June 6, 2011, http://whqlibdoc.who.int/publications/2010/9789241500319_eng.pdf

YEMEN COUNTRY TEAM	
Leader	Secretary General of Health
Coordinator	Deputy Secretary of Health
Executive Manager	Chief of Party for USAID funded BHS Project
Members from MOH	Directors of Gynecology and Obstetrics in select Hospitals
	Directors of Hospitals
	Representatives from Quality Assurance Teams
Donor Agencies	USAID
	GTZ
	UNFPA
	WHO
Religious Leaders	From local NGOs and Ministry of Religious Affairs

endorsement of leaders from the Ministry of Health and USAID. Following the meeting, certain team members assumed a leadership role to introduce the best practices and ensure sustainability.

FROM THOUGHT TO ACTION

Country teams left the 2007 technical meeting with time-bound plans requiring immediate and specific actions. Eight country teams created plans for scaling-up family planning, while another five focused on neonatal and maternal health interventions to reduce mortality and morbidity.

Small financial awards from ESD and additional support from NGOs, USAID partners and USAID Missions in participating countries were a great catalyst for mobilization. Choosing interventions tailored to the health goals of each country and working with on-site and through remote technical assistance also set the action plans in motion. ESD provided technical assistance by identifying and sharing state-of-the-art materials, guidelines, standards and curricula; supporting development of monitoring and evaluation plans; and exploring practical approaches for e-learning in low-technology settings. With high-authority team leaders in place, the majority of countries capitalized on the momentum following the meeting.

Illustrative results include a drop of maternal deaths in four hospitals in Indonesia by more than 50% and postpartum family planning counseling in and contraceptive uptake rising from zero to over 80% and 20%, respectively, over a period of one year in six Yemeni hospitals. In the same hospitals, Vitamin A provision to mothers after delivery was introduced and provided to more than 90% of postpartum women. The scaling up of magnesium sulfate use for all patients with pregnancy-induced hypertension was implemented in all 28 public hospitals in Jordan through a multifaceted approach, which included on the job competency-based training for practitioners, as well as the establishment of safe motherhood committees at MOH hospitals.

The scaling-up process was most successful in cases where the country team received support from an in-country USAID contractor, in addition to grants and technical assistance from ESD or other partners. However, all grantees and country teams took pride in being a part of the international network established by the technical meeting, which in turn motivated them to contribute time and resources to their plans.

RECONVENING IN 2010

To The Bangkok 2010 meeting was attended by 415 participants and achieved four main objectives. The objectives included:

1. Sharing state of the art FP/MNCH best practices from known experts;
2. Providing an open platform for countries to share their successes and challenges in scaling up;
3. Emphasizing tested methodologies for scaling up best practices; and
4. Assisting participating countries in developing new action plans.

The approach of mobilizing country teams was tested at the 2007 meeting, and based on its success, was replicated in the 2010 meeting. This method was improved by requesting the country team meet before traveling to Bangkok, summarizing their progress, and preparing data on the country's main health and FP indicators. For the meeting, USAID and lead partners identified 24 public health experts to help the country teams incorporate the principles of scaling up into their action plans and build country capacity for scaling up. A facilitators' guide was developed and used to

unify the country team facilitation approach, helping them identify best practices for scaling up. The country action plans developed in 2010 are currently being implemented across the region in an effort to increase the uptake of family planning services, reduce mortality, and improve maternal, newborn and child health.

As an example, the country team from Bangladesh stated objectives to implement an integrated postpartum care package focused on postpartum hemorrhage including Neonatal, Infant, and Child Health and Family Planning/HTSP. Action steps included trainings and incentives for clients and service providers, encouragement via supportive supervision and continued comprehensive monitoring and evaluation with in-country stakeholders ranging from the MOH to professional associations. The country team from Jordan set increased use of modern family planning methods as a key objective. This objective would be achieved though working with the MOH to nominate a task force that identified trainers to roll out competency-based training; subsequently, a training of trainers and step down training were held for for service providers at MOH facilities.

FOLLOWING UP WITH COST-CONSCIOUS AND CREATIVE APPROACHES

Country ESD appointed a Regional Advisor and two Program Officers after the 2007 technical meeting to award subgrants, monitor, and support the grantees and country teams. Immediate follow-up by the ESD team was crucial for maintaining energy and commitment. Sharing experiences, supporting capacity-building, documenting the process, and monitoring and evaluating results helped fortify each team's commitments.

Leaders from USAID/Washington sent follow-up letters of encouragement to the teams, and in-country and U.S.-based partners leveraged funding and technical assistance to select countries. ESD also posted a biannual newsletter on its web site, highlighting successes in the 13 countries and forming a community-of-practice to share progress and challenges during the scale-up process.

After the second Bangkok meeting in 2010, ESD and USAID's AME Bureau were able to provide a concerted effort for following up with country teams and providing technical assistance for scaling up. This assistance was implemented with facilitation from the local USAID Missions. To gauge their progress and assess accountability for their action plans, grantees and in- country counterparts who attended Reconvening Bangkok organized country team meetings focused on sharing team dynamics, successes, and challenges faced in scaling up the selected best practices post-Bangkok. By engaging each team in a verification exercise adapted from the nine steps for scaling up methodology, ESD constructively helped the teams examine their current status and focus on future improvements.

In most countries, the extent to which a country team remained intact relied on USAID and Government leadership. Yemen, Nepal and Bangladesh were examples of countries where the team was led effectively by one government leader, with USAID and its partners facilitating the process; each of these teams successfully implemented the action plans they developed in Bangkok. The India team also had strong encouragement from the USAID Mission Director and the Minister of Health, but after returning home and reviewing their action plan, they modified it to reflect the needs of the huge population in each intervention area. The team remained dedicated to their work in Bangkok by developing new, separate scaling up plans for different states.

Following the two meetings, ESD and its partners provided additional technical assistance on two of the methodologies of scaling up - the Improvement Collaborative and fostering change. Four improvement collaboratives were initiated in Yemen, Egypt, Nepal, and Indonesia where the methodology accelerated scaling up of FP/MCNH best practices that proved successful at demonstration sites. A fifth improvement collaborative was introduced in Philippines at the request of USAID/Philippines and in collaboration with a USAID-funded project implemented by Helen Keller International. The fostering change methodology was introduced by ESD and Management Sciences for Health (MSH) to six country teams in the Asia and Middle East region to help them develop action plans.

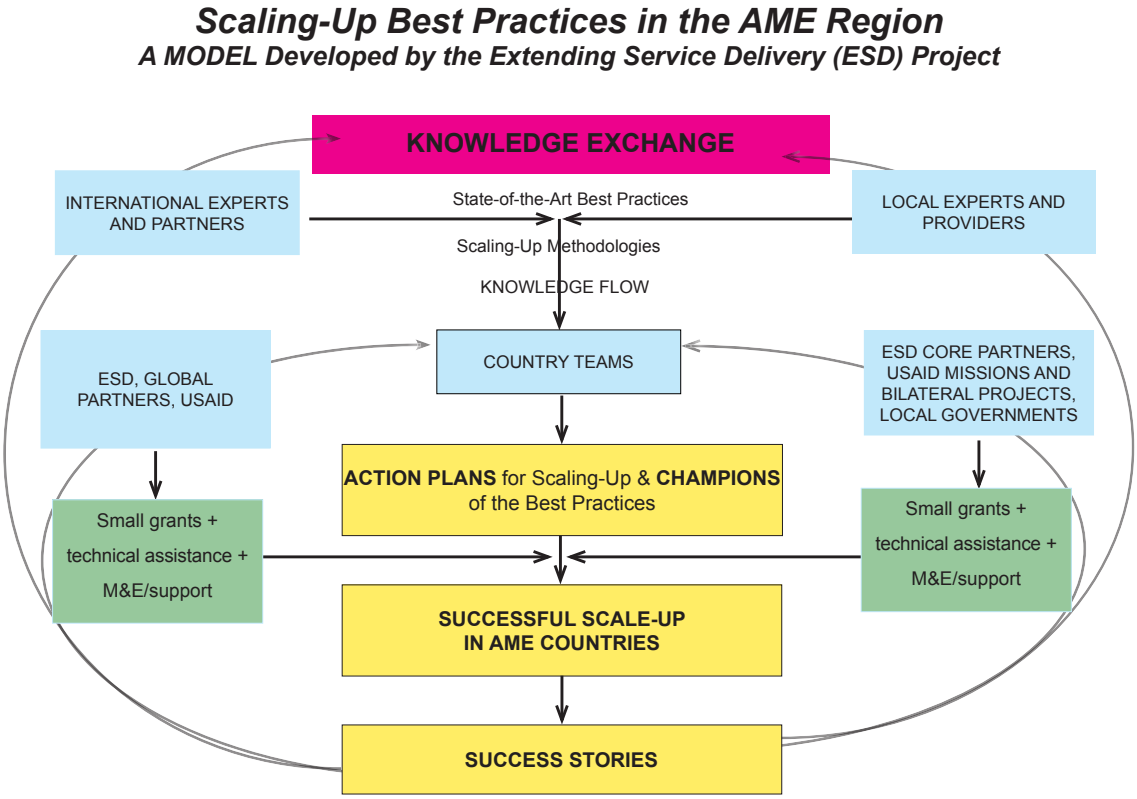
PROGRESS IN SCALING UP

The following table shows progress achieved in introducing or scaling up a FP/MNCH best practice as a result of the country team action plans developed at the 2007 or 2010 technical meetings and ESD grants awarded to local NGOs. Interventions include introduction and scaling up best practices, continued knowledge exchange and advocacy led by country teams and, policies and initiatives issued by governments in support of scaling up of best practices in their respective countries.

Country	Intervention	Change Agent	Status
Afghanistan	Introduction of Zinc oxide for under-5 diarrhea	MOH; Country Team	Result of 2007 meeting: Zinc Oxide introduced and sustained as a component of the IMCI package at the national level.
Bangladesh	Replication of 2007 knowledge exchange and advocacy meetings in local provinces.	MNBNET (ESD Grant)	Completed in 2009.
	National Policies removing barriers to FP methods such as barriers to tubal ligation use by couples who have only two children and long term methods use by women with one child	MOH; Country team	2010 Meeting and follow up by country team contributed to policy change.
	Community outreach program to increase use of FP though postpartum and antenatal care counseling in FP	MOH; Shimantik (ESD Grant)	Ongoing, with moderate potential for sustainability as Shimantik is exploring assistance from other donors.
Egypt	Community outreach for FP/MNCH via 6 postpartum home visits to rural women in Kafr Shukr, Sohag and Assiut districts	ESD; URC; Population Council; Save the Children; USAID/Egypt; MOH	Continued scale-up, with moderate potential for sustainability as the Secretary General is leading the effort for scaling up.
Indonesia	Updating national training curricula for Kangaroo mother care (KMC)	USAID/Indonesia; JSI; country team	With JSI support, KMC standard protocol established for LBW babies, TOT conducted and a pilot started. KMC to be included in the Basic Delivery Package used by the MOH
	JNPK applied and streamlined a supervision system for emergency obstetric and neonatal services. Activity started in one MOH hospital then expanded through the Improvement Collaborative approach to four more.	ESD; JNPK (ESD Grant). MOH	MOH is applying the supervision system in the five hospitals. Spread to other hospitals is currently taking place with MCHIP support. More than 50% reduction of maternal and neonatal mortality achieved in the first four hospitals.
	New allocation of funds by the Government for a new Quality of Care initiative related to emergency obstetric care	MOH; JNPK advocacy	Government taking the lead in training and supervision for the new quality of care initiative in emergency obstetric care.
Jordan	Introduction of Magnesium Sulfate for the management of Eclampsia. Introduction of postabortion care in public hospitals	ESD; WHO; HSS/Abt.*	USAID/Abt support has helped introduce magnesium sulfate to all 28 public sector hospitals and PAC services in 12 hospitals.
	Developing guidelines for Implanon	HSS/Abt	With USAID/Abt support, Implanon guidelines developed, a TOT implemented, MOH bought 5000 implants and introduced the service to biggest public hospital as a demonstration site.

Country	Intervention	Change Agent	Status
Pakistan	Advocacy to scale-up FP/MNCH best practices through a national meeting	USAID/Pakistan; Pathfinder and ESD	Pathfinder International conducted BP dissemination workshops on HTSP/FP and PAC in all 4 provinces with support of ESD, Gates and Packard Foundations.
	The Government of Pakistan signed the Karachi Declaration, which formed the basis of a country action plan to introduce and scale up 7 Best Practices in Pakistan.	MOH; MOPW; USAID contractors	Karachi declaration includes 7 best practices. Pakistan is undergoing a major decentralization effort. Work-plans that translate the declaration to action plans are being developed in 6 provinces using Gates and ESD grants. CT members individually applying BPs in selected areas.
Yemen	A package of the following Postpartum Care best practices introduced gradually by the country team to MOH hospitals: • Kangaroo Mother Care • Vitamin A to mothers • Preventing neonatal infection • Family planning counseling and services • Immediate and Exclusive Breast-feeding • Neonatal resuscitation • Active Management of Third stage of Labor (AMTSL) • BCG vaccine to newborn	ESD; BHS (with ESD support); country team; MOH	Continued scale-up that started after Bangkok 2007 with five best practices piloted in one hospital. Currently MOH has successfully spread 8 best practices to 89 out of 113 hospitals with a plan to achieve national spread by end of 2012
Nepal	Community outreach program to increase LAM and Modern contraceptive method use through postpartum care and community mobilization	ESD;USAID; NTAG (ESD subgrant) ;MOH; municipality	Number and Percent of Postpartum Clients who meet the criteria for LAM use, who are practicing LAM within 6 months postpartum reached 67.80% (=n=1,382), LAM was not a known method in the NTAG intervention site .
	GON issued a policy to allow Female Community Health Volunteers (FCHV) to dispense Misoprostol for home deliveries	Country Team, MOH, JSI	Number and Percent of Postpartum Clients who meet the criteria for LAM use, who are practicing LAM within 6 months postpartum reached 67.80% (=n=1,382), LAM was not a known method in the NTAG intervention site .
	Funding allocated by the Government of Nepal for training roll out of Misoprostol by FCHV and for purchasing Misoprostol	Country Team	Continued scale up of Misoprostol use. MOH plans to allocate funds to add 6 more districts each year until it achieves national scaling up

Based on the progress outlined above, ESD created a model for scaling up and a "recipe for replication." The model was extrapolated from the successes experienced through the Bangkok meetings, country teams, and grantees. By learning what did and did not work, ESD derived steps for replication in the form of the following model.



LESSONS LEARNED

- A multi-pronged approach to scaling up (e.g. country team participation in a high-quality technical meeting; a joint action plan for scaling up endorsed by high level stakeholders; providing small grants to stimulate and help introduce best practices in a demonstration site; and targeted technical assistance to introduce best practices and methodologies of scaling up) can be more effective than using any one of the above approaches individually.
- The challenges of scaling-up are best met with global and local leadership and group effort. US and in country partners' collaboration and commitment increases the probability of success.
- Knowledge exchange technical meetings should focus on proven and promising high Impact best practices as well as methodologies for scaling up.
- A detailed FP/MNCH Best Practices gap analysis should be conducted for all participating countries to help address those gaps through SOTA presentations and action plan development by participating country teams.
- Country teams need to be selected carefully to represent stakeholders who are authorized to address the FP/MNCH gaps in each country. Country teams should be formed around specific best practices and develop specific plans rather than a simple list of FP/MNCH best practices that require strengthening.
- Enabling environment for country teams including strong leadership, clear terms of reference, authority to implement action plans and to mobilize resources, as well as experience in advocacy for scaling up are essential elements for success of the country teams during planning and implementation of their action plans.
- Many life saving FP/MNCH practices still lack the evidence of efficiency and effectiveness. The

international community needs to generate and disseminate the evidence to assist country teams in their advocacy efforts for scaling up.

- Adding a best practice to an already existing package of successful BPs facilitates rapid spread and scale-up.
- Testing (and success) in demonstration sites is essential before considering scaling-up, including testing of technical package, data, and approach for implementing the BPs.
- The approach of awarding small grants to local NGOs or development partners has proven very successful in introducing and piloting BPs, especially when it responds to the action plans developed by the country teams during the technical meeting. The other approach to support action plans developed by country teams is to utilize existing USAID or other donor projects until plans for institutionalization are firm.

RECIPE FOR REPLICATION

The following "recipe for replication" consists of suggested recommendations for any program seeking to successfully scale-up FP/MNCH best practices:

Exchange and share knowledge at technical on-site meetings to exhibit state-of-the-art knowledge, and encourage direct person-to-person networking and knowledge exchange in groups and teams.

Create a country team by obtaining the endorsement and participation of high-level officials at the Ministry of Health and donors.

Teach country teams to not only understand the technical methodology of scaling-up, but to also prepare for multiple barriers, such as policy, human resources and socio-economic factors.

Prepare a time-bound plan of action that requires immediate decisions, actions, and assigned responsibilities.

Forecast realistic next steps that can be implemented through the leadership of in-country representatives.

Connect in-country scale-up teams to strong local partners who can support the introduction of best practices at the demonstration stage with financial and human resources to build local capacity.

Endow country teams or local NGOs with small grants coupled with on-site and/or electronic technical assistance and monitoring and evaluation support.

Maintain a high level of energy and commitment among country teams by obtaining immediate follow-up through one focal person for projects supporting the process.

Document and share success stories in scaling-up FP/MNCH best practices with regional teams and world experts

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