M&E of scale-up in two complex systems—community and health care delivery—how systems, methodologies, and stakeholder approaches differ

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Presentation Overview

1. Program theory for scale up of health innovations and implications for M&E

2. Systems-oriented M&E of scale-up in two complex systems – What is the same? What differs?
   - Defining the innovation and systems parameters
   - M&E system – variables of interest & methods
   - Measuring success in a complex systems context

3. Conclusion and questions
SCALE-UP PROGRAM THEORY AND IMPLICATIONS FOR M&E
Scaling-up Defined

Deliberate efforts to increase the impact of health service innovations successfully tested in pilot or experimental projects so as to benefit more people and to foster policy and program development on a lasting basis.”

Achieving Scale-Up Goals

Significant Outcomes – At Scale - Sustained
Scale up does not occur in a vacuum
The focus of scale-up is the system (political, social, economic)
And systems are complex...

It’s not so linear...

The zone of complexity!
What Complexity Tells Us

- Expect the unexpected

- Some systems may move more quickly than others – tailor your approach, pay attention to local context

- Use M&E to track and react to events as they unfold – see what emerges and how it will have an impact on scale up
Complexity-Informed Evaluation

• Evaluates from within - work with the system

• Collects data frequently
  ○ Capitalize on quick feedback cycles

• Works to understand the interactions within systems
  Systems are the focus of change

 ➤ Developmental Evaluation (Patton, 2011)
 ➤ Implementation Science (Peters et al 2013)
M&E of Scale-Up in Two Complex Systems

What is the Same?

What Differs?
Scale-up within Complex Systems - Conceptual Approach

- Scale-up planning and M&E informed by systems-based ExpandNet conceptual model
- Resource Team to guide complexities of multi-organization, multi-sector, and multi-level process
M&E Implications
Scale-Up Within Complex Systems

First - PLAN

- Define the innovation – implementation landscape, innovation components, demand
- Define the scale-up process – benchmarking and potential sources of secondary data for M&E
- Define the capacity of organizations using the innovation to support introduction & expansion

Then – IMPLEMENT

- Measures
  - Process
  - Pace
  - Coverage
  - Fidelity of innovation
- Observe links between scale up strategy and innovation fidelity
- Be flexible – remember the zone of complexity, tailor indicators and approach to the context
M&E Process

- Planning meetings to define innovation and operationalize scale up

- Results shared regularly with resource team and user organizations – transparency and buy-in

- Participation needed from national, district and local levels and from different partner organizations
Comparing 2 Innovations
Going to Scale
Defining innovation & system parameters

**Innovation**

- Family planning product, services & related systems support
- Social change process/activities & peripheral systems support

**System parameters**

- Public sector health care system
- Well defined system and program boundaries
- Formal policy environment & stakeholders
- Valuing health as an outcome
- Unconnected NGOs
- Org boundaries greatly defined by funded projects
- Community norms environment & guardians
- Valuing social development as an outcome
MONITORING SCALE-UP WITHIN A HEALTH SYSTEM

- Line-item in budget
- Product listed in procurement table and procured
- HMIS (separate reporting line)
- Pre-service integration
- In-service integration
- Supportive values (Policy makers & program managers)
  - Supportive values (providers/clients)
  - Trained FP trainers & providers
  - Commodity (CycleBeads) available
  - Potential users aware of the innovation
  - User data compiled at local, regional & national levels

SUCCESSFUL SCALE UP – GOALS ACHIEVED

Multi-year benchmarking to chart SU progress

INSTITUTIONALIZATION

SERVICE EXPANSION
## M&E Approaches & Tools by Scale-Up Domain – What changes with community systems?

<table>
<thead>
<tr>
<th></th>
<th>Benchmarking table</th>
<th>HH surveys</th>
<th>Provider interview + facility assessm’t</th>
<th>Quality assurance tools</th>
<th>Indepth interview - Stake holders</th>
<th>Env’al scans + event tracking</th>
<th>MOH service statistics</th>
<th>Most Signif Change</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Pace &amp; Coverage</strong></td>
<td>√</td>
<td></td>
<td></td>
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<td></td>
<td>√</td>
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<tr>
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<td><strong>Quality</strong></td>
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<tr>
<td><strong>Values</strong></td>
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<td>√</td>
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<tr>
<td><strong>Sustainability</strong></td>
<td>√</td>
<td>√</td>
<td></td>
<td>√</td>
<td>√</td>
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*NB: Secondary data, eg, assessment reports, often provide useful monitoring and evaluation info.*
MEASURING EXPANSION

- PROCESS
- PACE AND COVERAGE
- FIDELITY, INCLUDING QUALITY
- VALUES
### Horizontal scale-up

<table>
<thead>
<tr>
<th></th>
<th>Year 1*</th>
<th>Year 2</th>
<th>Year 3</th>
<th>Year 4</th>
<th>Year 5</th>
<th>Target (n)</th>
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<tbody>
<tr>
<td>No of SDPs that include SDM in method mix</td>
<td>356</td>
<td>379</td>
<td>687</td>
<td>687</td>
<td>717</td>
<td>690</td>
</tr>
<tr>
<td></td>
<td>(52%)</td>
<td>(55%)</td>
<td>(100%)</td>
<td>(100%)</td>
<td>(103%)</td>
<td></td>
</tr>
<tr>
<td>Estd no of individuals trained to counsel on SDM (IRH-supported)</td>
<td>1679</td>
<td>2396</td>
<td>2842</td>
<td>6816</td>
<td>7472</td>
<td>5,400</td>
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<tr>
<td></td>
<td>(31%)</td>
<td>(44%)</td>
<td>(52%)</td>
<td>(126%)</td>
<td>(138.3%)</td>
<td></td>
</tr>
<tr>
<td>No of organizations with capacity to undertake SDM activities (ie, resource organizations)</td>
<td>5</td>
<td>6</td>
<td>8</td>
<td>7</td>
<td>7</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td>(56%)</td>
<td>(67%)</td>
<td>(80%)</td>
<td>(70%)</td>
<td>(70%)</td>
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</table>

### Vertical scale-up

<table>
<thead>
<tr>
<th></th>
<th>Year 1*</th>
<th>Year 2</th>
<th>Year 3</th>
<th>Year 4</th>
<th>Year 5</th>
<th>Target (n)</th>
</tr>
</thead>
<tbody>
<tr>
<td>SDM included in essential policies, norms, guidelines, protocols</td>
<td>2</td>
<td>3</td>
<td>3.5</td>
<td>3.5</td>
<td>3.5</td>
<td>4</td>
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<tr>
<td></td>
<td>(50%)</td>
<td>(75%)</td>
<td>(88%)</td>
<td>(88%)</td>
<td>(88%)</td>
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</tr>
<tr>
<td>No of public or private training organizations that include SDM in pre-service training</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td></td>
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<td>(100%)</td>
<td>(100%)</td>
<td>(100%)</td>
<td>(100%)</td>
<td></td>
</tr>
<tr>
<td>No of public or private training organizations that include SDM in in-service training</td>
<td>4</td>
<td>6</td>
<td>6</td>
<td>7</td>
<td>7</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td>(44%)</td>
<td>(67%)</td>
<td>(67%)</td>
<td>(70%)</td>
<td>(70%)</td>
<td></td>
</tr>
<tr>
<td>Inclusion of CycleBeads in govt &amp; donor procurement systems</td>
<td>0</td>
<td>1</td>
<td>1.5</td>
<td>1.5</td>
<td>1.5</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>(50%)</td>
<td>(85%)</td>
<td>(85%)</td>
<td>(85%)</td>
<td>(85%)</td>
<td></td>
</tr>
<tr>
<td>Inclusion of CycleBeads in logistics systems</td>
<td>5</td>
<td>5</td>
<td>6</td>
<td>6</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>(83%)</td>
<td>(83%)</td>
<td>(100%)</td>
<td>(100%)</td>
<td>(100%)</td>
<td></td>
</tr>
<tr>
<td>Inclusion of SDM in HMIS</td>
<td>0.5</td>
<td>0.5</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>(50%)</td>
<td>(50%)</td>
<td>(100%)</td>
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</tr>
</tbody>
</table>

Rwanda end of project goals (by July 2012):
- Integrate the SDM into at least 95% of health facilities
- Integrate the SDM into at least 20% of Pharmacies and Private clinics through Social Marketing

*Population coverage: 10.2m, with est’d 2.4m women of repro age and their partners*


**BENCHMARKING PROCESS**

**Process, Pace, & Coverage**

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Benin NGO Goals: Collectively achieve: 1) 50% coverage in 3 health zones by Sep 2016. 2) Innovation-competent staff offering the innovation.

<table>
<thead>
<tr>
<th>Selected indicators</th>
<th>Qtr 1</th>
<th>Qtr X</th>
<th>Expected by end of scale up</th>
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</thead>
<tbody>
<tr>
<td><strong>Horizontal expansion</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No of villages reached</td>
<td>Planned: 35</td>
<td>Achieved: 35</td>
<td>Planned: 35</td>
</tr>
<tr>
<td>No of groups selected</td>
<td>Planned: 115</td>
<td>Achieved: 100</td>
<td>Planned: 115</td>
</tr>
<tr>
<td>No group leaders oriented</td>
<td>Planned: 0</td>
<td>Achieved: 0</td>
<td>Planned: 115</td>
</tr>
<tr>
<td>No female group leaders</td>
<td>Planned: --</td>
<td>Achieved: 0</td>
<td>Planned: --</td>
</tr>
<tr>
<td>No group members diffusing to peers</td>
<td>Planned: --</td>
<td>Achieved: 0</td>
<td>Planned: --</td>
</tr>
<tr>
<td><strong>Vertical expansion</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No of trained staff</td>
<td>Planned: 20</td>
<td>Achieved: 25</td>
<td>Planned: 20</td>
</tr>
</tbody>
</table>
Measuring Innovation Fidelity at Scale

Client follow up

Provider supervision

**STANDARD DAYS METHOD, Knowledge Improvement Tool (KIT)**

Provider's Name: ____________________  Designation: ______________ Name of the Block: ____________________

Training date: ____________________  District: ______________

**Instructions**

Ask the following questions to the provider:

- On correct response, mark ‘1’.
- On non-response or incorrect response, mark ‘0’.
- For questions that were not answered or answered incorrectly, please re-ask these questions again during the next visit.

**How to use CycleBeads?**

1. **Explain how to use Cyclebeads**
   - Give a set of Cyclebeads to the provider for demonstration.
   - The red bead represents the first day of menstrual bleeding.
   - All brown beads represent days when pregnancy is unlikely to occur.
   - All white beads represent days when pregnancy is most likely to occur.
   - On the first day of menstruation, move the black band on to the red bead.
   - Consecutively mark that day on the calendar.
   - Move the black band to the next bead every day (even on days of menstrual bleeding).
   - Always move the black band forwards/avoiding the direction of arrow.
   - Use a condom on abstaining during the white bead days.
   - On Brown beads days, couple may have sex without using a condom.
   - On the start of your next.menstrual bleeding, slip the first brown bead and move the black band on the red bead. Leave aside the brown beads.
   - If the menstrual bleeding does not start even after the black band reaches the last brown bead, the periods are menstrual bleeding are late.
   - What should the woman do, if she forgets to move the black bead?
   - Start counting days from today and count the number of days that have passed in her menstrual cycle.
   - Then, starting from the red bead, count the number of beads (days) before the black band.
   - Who can use the SDM?
   - Women who have their periods (menstrual bleeding) once a month, or in other words, whose periods come every month.
   - A couple who wishes to use a condom or abstain on the days when pregnancy is likely to occur.

2. **Explain the code**

   - **Yes-1 (06 to 08)**
   - **Yes-2 (09 to 12)**
   - **No-2 (01 to 05)**

3. **Please see the code**
   - Abstinence 1
   - Condom 2
   - Either Abstinence or condom 3
   - Withdrawal 4
   - Do not use any family planning method and do not abstain - 1

4. **Mark on the calendar**
   - Yes-2
   - No-2

5. **Correct Demonstration by client**
   - Please see the code (in case of multipurpose, write them with a comma in between)
Measuring Fidelity of Community-based Innovation – Quality Assurance Tool

- Coaching volunteers (no supervisor-supervisees)
- Coaching √-list tool
- Motivation without remuneration
Fidelity (continued) – Defining, then Monitoring Values

- END-USER
  - Personal choice
  - Couple communication

- PROGRAM MGR
  - Male involvement
  - Brings new users
  - Informed choice

- END-USER
  - Knowing others share common life issues
  - Couple communication

- PROGRAM MGR
  - Gender equity
  - Breaking FP stigma
  - Social development
MEASURING INSTITUTIONALIZATION

DIFFERENCES IN MEASURING

• INTEGRATION INTO NORMS & POLICIES

• INTEGRATION INTO SUPPORT SYSTEMS
Institutionalization

**Health service delivery**

- Defined by MOH norms and procedures
- Integration into MOH subsystems, eg, reporting, supervision, procurement

**Community service delivery**

- Defined by organizational priorities
- Support functions integrated into existing org subsystems
- Volunteer network resides within social groups – institutionalization based on interest in continuing innovation offering
Environmental scanning &
Measuring the unexpected

Key events tracking
Open ended eval tools such as Most Significant Change
Environmental Scanning
Using Key Events Timelines
Rwanda, through June 2010

- FAM project begins. Rwanda is picked as focus country
- SDM included in performance-based finance mechanism
- SDM included in mini-DHS
- Pre-service training activities begun
- National training of trainers with the MOH (1 trainer/2 districts)
- Training of trainers for PSI
- SDM extended in UNFPA zone (full integration of SDM in Rwanda)
- FP community-based distribution starts in Rwanda, including SDM
- DHS 2010, includes SDM

DEFINING WHAT CONSTITUTES A SUSTAINABLE OUTCOME

(HINT: IT IS NOT JUST NUMBERS OF PEOPLE REACHED BY THE INNOVATION!)
Interplay of macro-level forces influencing FP, including government and donor support

- Extent of service availability
- Community support of and demand for innovation
- Extent of integration into guiding documents and support systems
- Level of political support for integration
- Community knowledge of innovation

Measuring the TIPPING POINT of Systems Sustainability
Interplay of macro-level forces influencing demand side of FP, including government and donor support

- Community support and demand for innovation
- Extent of integration into NGO priorities and support systems
- Level of org’al leadership support for integration
- New NGO support and demand to integrate the innovation

What is the TIPPING POINT of sustainability of community change processes?

How much normative change is needed to ensure sustainability?
Some key takeaways
Use the same scale-up M&E domains

*but*

Innovation and receiving system determine how M&E is structured

Different stakeholders require different feedback processes

M&E tools & how used may shift

Community systems often not part of MOH reporting systems – no 2ary data
Importance of frequent feedback loops for data use

Quarterly feedback to a core group at different levels

Data visualization

Participatory, problem solving approaches
Planning must be intimately linked to M&E

Define the innovation completely—a package being integrated into support systems receiving the innovation

Plan & monitor globally and within participating organizations
Community based, social change programs can be designed to go to scale

Focus on scalability during pilot phase - simplicity, cost, ease of adoption by new users

Greater M&E focus – and measurement challenges – needed for normative change processes & outcomes

Beginning with the end in mind
Planning pilot projects and other programmatic research for successful scaling up

World Health Organization ExpandNet
Available on the www.irh.org website, in the scale-up focus area

- **Doing it right: Monitoring, Learning, and Evaluating for Sustainable Scale-up** (2013)


- **Theory and practice: Monitoring and evaluating scale-up of health systems innovations** (2013)

- **Promising scale-up ML&E practices: A compendium of resources** (2014)
  http://irh.org(scale-up-mle-compendium-of-resources/)
M&E of scale up of innovations in complex health service systems versus complex community systems: How systems, methodological approaches, stakeholders, and use of M&E data differ

Two innovations going to scale – one a health services-based innovation aiming to increase access to a new family planning method in Rwanda, the other a community-based innovation aiming to reduce social barriers to seeking family planning services in Benin – provide an opportunity to contrast scale-up monitoring and evaluation (M&E) in formal health delivery and less structured, community service delivery system contexts. M&E frameworks for both innovations were informed by complexity theory and the application of a systems and values-oriented conceptual scale up framework, ExpandNet, developed by WHO. Scale up variables remained unchanged to monitor coverage, quality, institutionalization, sustainability, and adherence to innovation fidelity. Applying a systems-oriented M&E framework to scale up of a community-based innovation, though, required adaptations, including defining parameters of community systems, operationalizing process and outcome indicators, identifying stakeholders relevant to guiding a community scale-up process and modalities of ensuring use of information for scale up decision-making.

Relevance:

Sustainable scale up of new products, services, and approaches is a key goal of Ministries and civil society organizations intent on improving a population’s health outcomes. Scale up and monitoring of a scale up process and outcomes is often simplified and not viewed using a complex systems lens, though, and many efforts lead only to short-term program impacts. This is particularly true for community-based innovations that do not benefit from being situated within a formal service delivery system, are rarely designed to go to scale, yet have potential to reach the significant number of people who do not actively seek preventive health services. Using a systems-oriented scale up model should lead to more sustained integration of new services and approaches in differing system contexts. Likewise, M&E systems need to be designed to capture community systems dynamics, environmental changes, and the complexity of multi-year and multi-organizational efforts. The presentation will explore similarities and differences in designing and implementing monitoring and evaluation of health innovations going to scale in different kinds of systems and will add to a relatively small body of knowledge of good evaluation practice of scale up of community-based efforts and to understanding scale up as a process that occurs within complex systems that requires specific evaluation strategies.