## CONTENTS

<table>
<thead>
<tr>
<th>Acknowledgements</th>
<th>iv</th>
</tr>
</thead>
<tbody>
<tr>
<td>Where to find what you need in this guide</td>
<td>iv</td>
</tr>
<tr>
<td>Why introducing and scaling up service improvements is crucial now</td>
<td>1</td>
</tr>
<tr>
<td>The big picture</td>
<td>2</td>
</tr>
<tr>
<td><strong>Phase I.</strong> Define the need for change</td>
<td>4</td>
</tr>
<tr>
<td><strong>Phase II.</strong> Plan for demonstration (with scale-up in mind)</td>
<td>6</td>
</tr>
<tr>
<td><strong>Phase III.</strong> Conduct the demonstration</td>
<td>12</td>
</tr>
<tr>
<td><strong>Phase IV.</strong> Plan for scale-up and go to scale</td>
<td>14</td>
</tr>
<tr>
<td><strong>Phase V.</strong> Monitor and evaluate</td>
<td>22</td>
</tr>
<tr>
<td><strong>Annex 1.</strong> Annotated bibliography of WHO resources for implementation and scaling up</td>
<td>25</td>
</tr>
<tr>
<td><strong>Annex 2.</strong> Annotated bibliography of additional WHO resources and tools for implementing and scaling up family planning and contraceptive services</td>
<td>30</td>
</tr>
<tr>
<td><strong>Annex 3.</strong> Resource list</td>
<td>34</td>
</tr>
</tbody>
</table>
ACKNOWLEDGEMENTS

The main draft of this document on strengthening implementation and scaling up family planning service improvements was initiated in the WHO Department of Reproductive Health and Research (RHR). Åsa Cuzin-Kihl and Mario Festin led the work. Ian Askew, Peter Fajans, Ronnie Johnson, James Kiariie, Jane Muthumbi and Suzanne Reier reviewed and contributed to previous versions of the document. Ward Rinehart of Jura Editorial Services drafted the current version.

WHO acknowledges the continued support of the Bill & Melinda Gates Foundation to WHO’s work on ensuring equitable access to quality family planning services at scale through the Strengthening Family Planning and Contraceptive Services Using WHO Contraception Guidelines – WHO FP Umbrella Project.

WHERE TO FIND WHAT YOU NEED IN THIS GUIDE

**PHASE I**
- Define the need for change (p. 4)

**PHASE II**
- Plan for demonstration (with scale-up in mind) (p. 6)

**PHASE III**
- Conduct the demonstration (p. 12)

**PHASE IV**
- Plan for scale-up and go to scale (p. 14)

**PHASE V**
- Monitor and evaluate (p. 22)


Want to test a potential intervention? Go here.

Ready to carry out the demonstration? Go here.

Ready to scale up. Go here.

Scale-up is underway? Go here.
WHY INTRODUCING AND SCALING UP SERVICE IMPROVEMENTS IS CRUCIAL NOW

There is now widespread agreement on the need to scale up the coverage of health interventions around the world. In the field of family planning, the FP2020 Initiative makes the commitment to reduce unmet need for family planning and sets the goal of another 120 million women using modern contraceptive methods by 2020. The Sustainable Development Goals call for universal access to sexual and reproductive health-care services, including for family planning, by 2030 (Goal 3.7) and universal access to sexual and reproductive health rights and reproductive rights (Goal 5.6).

These goals can be achieved only through a concerted effort to introduce promising and proven service improvements more widely and to expand existing small-scale projects into broader programmes. The response to the HIV pandemic and the achievement of many of the Millennium Development Goals demonstrate that ambitious goals can be met when many programmes align their efforts in pursuit of a common goal.

However, many barriers can inhibit the adoption and scale-up of best practices in family planning and other development fields. Among the major obstacles is often the limited culture of sharing information and knowledge: knowledge that is not shared has little impact. Another obstacle is uncertainty about how to go about applying the knowledge gained through research and local experience to improve programmes on the large scale. A systematic, step-by-step process is crucial. This concise guide seeks to address these obstacles by sharing a proven process for how to choose, implement and scale up improvements in services.

The tools referenced in this guide were developed by WHO and ExpandNet to help see that the benefits of proven health practices are sustainably expanded and institutionalized to benefit more people. The tools themselves are listed in Annex 1. The main purpose of this concise guide is to lead you step-by-step through the process for initially implementing and then scaling up service improvements while providing links to these WHO/ExpandNet tools on the WHO website (http://www.who.int/reproductivehealth/publications/en/) for more detail and specifics.

What is ExpandNet?

ExpandNet is a global network of representatives from international organizations, nongovernmental organizations, academic and research institutions, ministries of health and specific projects who seek to advance the science and practice of scaling up, as well as individuals from technical assistance and donor agencies and people with expertise and interest in issues related to scaling up.

ExpandNet’s mission is to promote equitable access to high quality health services by ensuring that the benefits achieved in successful pilot and experimental projects are expanded to serve more people, more quickly and in a sustainable manner.

For more information see ExpandNet’s website at: http://www.expandnet.net/
THE BIG PICTURE

Successfully implementing and scaling up improvements to reproductive health services requires a strategic approach. The World Health Organization (WHO) began working with countries to develop and apply such an approach in the 1990s. Since then, the approach has been applied and further developed in many countries, and much has been learned. The elements of WHO’s Strategic Approach provide the foundation for current guidance on implementation and scaling up:

1. **The ultimate goal** of improving health services is **large-scale, sustainable services and effective policy** that will lead to improved access to and quality of care.

2. **This goal can be achieved by following a concerted and deliberate process** for identifying, testing and scaling up innovations that improve services. The process seeks to ensure that decisions and investments in programmes are based on evidence of local effectiveness and stakeholders' input.

This process is well-proven and can be replicated in nearly any setting. As described in *A guide for fostering change to scale up effective health services* (2013), the process consists of five phases. This concise guide is organized according to these five phases:

- **Phase 1**: define the need for change (see p. 4)
- **Phase 2**: plan for a demonstration or pilot test of a programme innovation (see p. 6)
- **Phase 3**: support and conduct the pilot-test or demonstration (see p. 12)
- **Phase 4**: scale up successful innovations (see p. 14)
- **Phase 5**: monitor and evaluate scale-up and the impacts of the scaled-up innovation (see p. 22).

3. A successful process pays attention to **interactions among (1) people, (2) policy and institutional capacities and (3) services and technologies** (see Fig. 1).

Also, to succeed, **the process must be participatory**, listening to and learning from a wide range of stakeholders – particularly the health services organization making the improvement or adopting the innovation and their clients, the consumers of health services.

4. **Guiding principles shape the innovation** – and the process of testing and scaling it up:

   - Respect and promote human rights, including individual freedom and dignity, reproductive rights, gender equity and the empowerment of women.
   - Focus on equitable access to good-quality services.
   - Put decision-making in the country’s hands.

---

**Key WHO resources for the big picture**

*The WHO strategic approach to strengthening sexual and reproductive health policies and programmes*, 2007. The WHO Strategic Approach consists of three basic steps for strengthening institutions: strategic assessment, developing and testing programme innovations and scaling up successful innovations.

*Guide to fostering change to scale up effective health services*, 2013. For each step in the process of fostering change, the Guide presents basic assumptions, needs and prerequisites; purpose; challenges; underlying causes of the challenges; and strategies for meeting the challenges.
The user organization: Who can succeed at change?

The user organization is the institution or organization that seeks or is expected to adopt and implement the innovation on a large scale.

Attributes of user organizations that facilitate successful scaling up are these:

- Members of the organization **perceive a need** for the innovation.
- The organization has the **capacity to implement** the innovation.
- The **timing and circumstances are right**.
- The organization has **effective leadership** and **internal advocacy**.
- The organization and the resource team are **compatible**.

The organization that recognizes its own problems and opportunities is most likely to be the organization that will adopt an innovation and make improvements.

Source: *Practical guidance for scaling up health service innovations, 2009, p. 16.*
PHASE I: DEFINE THE NEED FOR CHANGE

WHAT HAPPENS IN PHASE I?

As an initial step the need for change must be agreed and the desired change, defined. Crucial steps in defining the need for change are (1) problem identification and (2) reaching consensus on the desired change, its purpose, anticipated results and potential obstacles.

Step 1. Identify the problem and its causes. Turn the problem into a challenge or opportunity.

Purposes

• Establish the need for change and the reasons for making that change
• Establish ownership of the change process ahead
• Focus on causes rather than symptoms, so that change is sustainable
• Turn complaints into positive spurs to change.

What to do

• Discuss the impact of various practices on performance and, ultimately, on the population to be served.
• Reach consensus on one practice or set of practices that has a particularly damaging impact and, if changed, could make a big difference in services.
• Analyse the root causes of the persistence of the practices.
• Turn the negative problem (“We are facing these persistent obstacles”) into a challenge (“How can we overcome these obstacles and achieve the results we want?”).

Where do ideas for change come from?

Problems that hold back programmes and opportunities to advance come to light in various ways and at various times during the lifetime of a programme. For example:

• Managers or policy-makers seeking to meet goals recognize challenges and opportunities. Strategic assessment is a process for looking systematically for such challenges and opportunities (see box, next page).
• Research identifies service bottlenecks or shows that one practice is preferable to another.
• Clients or intended clients express dissatisfaction with aspects of access or quality (in a client survey, for example).
• Staff members come up with better ways to deliver services, or they point out problems.
• Managers or policy-makers learn of practices elsewhere that could improve services.
• Updated global guidelines need to be translated into changes in practices. (For help with introducing WHO guidance, see Introducing WHO’s reproductive health guidelines and tools into national programmes (2007).
Step 2. Identify and agree on the desired change, its purpose, anticipated results and potential obstacles

Purposes

- Build a consensus that all participants can work toward.
- Reach common understanding and agreement on the desired change and the course to making it.

What to do

- Openly and respectfully discuss the different views of the desired change.
- Ask and answer the questions: Why are we doing this? How will service providers and their clients benefit? What challenges lie ahead?
- Clarify what success will look like and how everyone will know that it has been achieved.

Other WHO resources for defining the need for change include the Implementation research toolkit, available at: http://adphealth.org/irtoolkit/, and Introducing WHO’s sexual and reproductive health guidelines and tools into national programmes: principles and processes for adaptation (see Annex 1 for annotated bibliography).

Tracking the process: Examples of indicators for Phase I

- A change coordination team has formed.
- The team has the resources to support the process of change.
- The problem has been identified.
- The desired change, its purpose and the expected result have been stated, and all stakeholders have agreed.

Source: Adapted from Guide to fostering change to scale up effective health services, 2013, p.26

Key WHO resource for Phase I. Define the need for change

Guide to fostering change to scale up effective health services, 2013.
WHAT HAPPENS IN PHASE II?

This phase begins with assembling the people who will develop the demonstration and later guide scale-up—the change agent and the resource team. This group then searches for practices that have successfully addressed a similar challenge in a similar setting, beginning close to home and extending the search to other countries and regions if necessary. With the potential for scale-up in mind, they choose a set of interventions – the innovation – that best meets criteria of effectiveness and feasibility. They make adaptations to the new context, and they plan a demonstration. They also decide on indicators of the success of the demonstration.

“Providing proof of implementation feasibility and laying the groundwork for future large-scale implementation is the first major step towards successful scaling up.” (Beginning with the end in mind, p.10)

What is an innovation? Innovations are technologies, procedures, service models or best practices that are new to a particular health services context. A health services innovation is a set of interventions, including the processes necessary to build sustainable implementation capacities.

What is a demonstration? A demonstration is a closely monitored pilot project or comparative research that implements the innovation (1) in a defined area or areas typical of the settings where it will be scaled up, (2) in the potential user organization and (3) under the conditions of everyday operations.

Conducted with scale-up in mind, the demonstration seeks to answer the question: “Can this work if scaled up?” Scaling up itself should await successful conclusion of the demonstration.

Why first demonstrate the innovation? A demonstration in the setting where it would be scaled up can:

• show how the innovation can work in everyday circumstances,
• test the feasibility of wide-scale implementation,
• help convince doubters that “it can work here”,
• identify the key features of the innovation that are crucial to success,
• when conducted in the setting of the potential user organization, test how the innovation fits with the culture, structure and resources of the organization, thus facilitating adjustments,
• uncover both obstacles in the local setting that must be overcome and conditions favourable to implementation and institutionalization,
• provide valuable information for scale-up – for example, cost data and time lines.

Source: Adapted from Practical guidance for scaling up health service innovations, 2009, pp. 2, 13–15.
Step 1. Select a change agent and a resource team to draw up the demonstration plan

Purposes

- Put a single person in charge and give that person authority to lead
- Create a team with the skills and access to resources to support the change agent and the process of change
- Involve stakeholder groups in the resource team and build their buy-in.

What to do

Choosing the change agent. The change agent is both the champion and advocate of the innovation and the leader and top manager of the process of demonstration and scale-up. The ideal change agent:

- is part of the leadership of the potential user organization – that is, the organization that will implement the innovation
- has demonstrated ability to lead a complex, large and long process
- is enthusiastic about making a change for the better
- is a natural leader who can generate enthusiasm in others
- is an able communicator and advocate
- has the respect of colleagues in the potential user organization and in partner organizations
- has technical expertise that colleagues rely on
- has the trust of those higher up in the user organization
- will have the support of the resource team
- can be given time to devote to the work.

Assembling the resource team. The resource team serves as a catalyst for change and provides guidance and technical assistance. Functions of the resource team can include:

- developing a unifying vision and consensus among stakeholders
- serving as advocates for the innovation and its implementation and scale-up
- generating financial resources
- tapping available technical resources
- providing technical expertise, including on monitoring and evaluation (M&E)
- orienting and, if needed, training staff of the user organization
- helping the user organization with management changes that will facilitate implementation.

Source: Adapted from Practical guidance for scaling up health service innovations, 2009, p. 25.

Members of the resource team should be strategically chosen, or invited, both for their personal abilities and expertise and for the organizations or groups they represent.

- Members represent stakeholder groups – likely to include government, nongovernmental organizations (NGOs), research centres, technical assistance agencies and donor agencies as well as consumer groups, health advocates and community organizations.
- The resource team often consists of two groups – a core group of facilitators who are guided by or work under the supervision of a technical advisory group consisting of prominent opinion leaders, technical experts or policy-makers.
**Step 2: Identify practices used elsewhere that may address the problem**

**Purposes**
- Identify what is likely to work
- Confirm that change is possible.

**What to do**
- Establish criteria for a practice that has proved effective (see box, “How do we select an innovation worth testing?”).
- Search systematically for practices that meet the criteria and will suit the needs of the country or regional programme.

**Step 3: Choose and adapt a proven practice**

**Purposes**
- Decide on a cohesive set of changes – an innovation – that appears to best address the challenge.
- Make changes to the innovation as applied elsewhere so that it fits the present needs and context.

**Strategy**
- **Tailor the innovation** to the settings where it will be demonstrated. The resource team organizes stakeholders to make these adaptations.
- The innovation may need modification in order to:
  - be consistent with community values and social institutions
  - suit the organizational culture of the health service delivery system
  (See Practical guidance for scaling up health service innovations, p. 4)
  - fit the implementing organization’s capacities for service delivery at various levels
  - reflect regional or national epidemiological patterns (for example, STI prevalence)
  - accord with policy, regulations or law. Or will policy, regulation or law need to change?
  (See Introducing WHO’s reproductive health guidelines and tools into national programmes. Principles and processes of adaptation and implementation, 2007, p. 9)

**Key WHO resources for Phase II. Plan for demonstration**

- **Beginning with the end in mind: planning pilot projects and other programmatic research for successful scaling up, 2011.** Twelve recommendations for designing a pilot project or other programmatic research, planning from the outset for later scale-up (pp. 3–10). Includes a checklist to assess an innovation’s potential for scale-up (pp. 11–13). [Beginning with the end in mind: Planning pilot projects and other programmatic research](http://www.who.int/reproductivehealth/publications/strategic_approach/9789241598521/en/)

- **Practical guidance for scaling up health service innovations, 2009.** Focuses on how to scale up innovations, from pilot development and implementation to management of scaling up. It also explores the strategic choices to be made when scaling up. [Practical guidance for scaling up health service innovations, 2009](http://www.who.int/reproductivehealth/publications/strategic_approach/9789241598521/en/).
How do we select an innovation worth testing?

Sometimes a number of different innovations might seem desirable. What criteria will identify the most promising choice? The relevance of the innovation, its potential for scale-up and the context of implementation all are important.

Relevance of the innovation, as indicated by:

- significant public health impact
- based on sound evidence
- preferable to alternatives, feasible in the settings where it will be implemented
- promises substantial improvements in health systems effectiveness, efficiency and equity
- implementation is feasible for the health system
- advances goals of the national health sector.

Source: Beginning with the end in mind, 2011, p. 3.

Potential for scale-up (“CORRECT”)

- Credible, that is, based on sound evidence or advocated by respected persons or institutions
- Observable, to ensure that potential users can see the results in practice
- Relevant for addressing persistent or sharply felt problems
- Relative advantage over existing practices so that potential users are convinced that the benefits of change will outweigh the costs of implementation
- Easy to install and to understand, rather than complex and complicated
- Compatible with the potential users’ values, norms and facilities; fits well into the practices of the national programme
- Testable without committing the potential user to complete adoption when results have not yet been seen.

Source: Practical guidance for scaling up health service innovations, 2009.

Context

(If each of these criteria is not fully met, the plan for the demonstration can address strengthening those elements.)

- The change matters to those making the change.
- Leadership will support the change at each organizational level.
- A credible, committed change agent is present within the user organization.
- This change agent will have the support of her or his organization.
- The purpose, benefits and anticipated results of the change need are clear.
- Staff can be motivated and supported throughout the process of change.
- Responsibility for the change can be clearly assigned and will be accepted.
- Change can start now.

Source: Adapted from Guide to fostering change, 2013, pp. 4–6.
Step 4: Design the demonstration plan and its monitoring

Purposes

• Develop a demonstration that will convincingly test the effectiveness and feasibility of the innovation.
• Clarify with stakeholders the purpose of testing.
• Develop indicators to monitor progress and gauge the success and sustainability of the innovation. (See Guide to fostering change, 2013.)

What to do

• Design a demonstration or research to test the innovation in light of the objectives of the project and decision-makers’ expectations.
• The resource team and the user organization design the research together, so that the research is not isolated from the programme context.
• If the innovation requires special resources, beyond routine public-sector capacities, a fully supported “proof-of-concept” study may need to come first, followed by a validation study under routine operating conditions (see Practical guidance for scaling up health service innovations, 2009, p. 13.)
• Decide what level of evidence the demonstration must yield to inform decisions about scaling up: Will service statistics suffice (on uptake of a new service, for example)? Or do decision-makers need impact data on health outcomes?
• Plan to collect both quantitative and qualitative (observation, interview) information. Some stakeholders will find one or the other more convincing and, together, they tell the story best.
• Build into the demonstration plan mechanisms to motivate, acknowledge and reward staff members for changing their accustomed practices to implement the innovation.
• Assign clear responsibilities for carrying out the demonstration and monitoring it.

Step 5: Make initial decisions about how to scale up

Purposes

• Plan ahead for scaling up, should the demonstration succeed and decision-makers agree.

What to do

• Start considering the resources needed for scaling up and how to obtain them – including funding, stakeholders’ buy-ins, advocacy and dissemination.
• Include indicators for monitoring scale-up in the implementation plan (see box, Possible indicators for monitoring and evaluating scale-up, p. 23).
### Tracking the process: Examples of indicators for Phase II

- A dedicated change agent and resource team are identified, and they have a clear vision for leading the change.
- An innovation to address the problem has been identified and adapted to the user organization and the operational context.
- The user organization and other key stakeholders have committed to demonstrating the innovation.
- A work plan for the demonstration has been developed, including objectives, activities, indicators, timeline, budget and assignments of responsibilities.

*Source: Adapted from Guide to fostering change, 2013, p. 26.*
WHAT HAPPENS IN PHASE III?

Supporting the demonstration involves implementing and monitoring change efforts at selected sites. This could involve testing an innovation in a programme or intervention or in an implementation research study. During this phase the priority for monitoring and evaluation is to track accurately the process of implementing the innovation and to measure whether anticipated results are achieved. What is accomplished and learned during the demonstration will determine decisions about scale-up.

**Step 1. Help to create and maintain an environment that will encourage change**

**Purpose**

- Support the change agent, resource team and staff at the test sites throughout the demonstration.

**What to do**

- **Keep stakeholders and staff members informed** of:
  - the progress of the demonstration: what has taken place and what is to come
  - how the innovation will enhance the work of all units.
- **Specify the contributions** of every organizational unit to the success of the demonstration.
- **Create cross-organizational working groups** responsible for specific activities.

**Role of the resource team in Phase III**

- The resource team plays a crucial role during this phase, helping to maintain the energy, focus and consistency of the change process at test sites, and overseeing the continuous monitoring and modification of the process. ([Guide to fostering change to scale up effective health services, p. 19.](#))

**Step 2: Use the change plan and indicators to continually assess, monitor, and modify the change effort.**

**Purpose**

- Obtain evidence to inform decisions on scaling up.
- Learn from the ongoing demonstration and adjust the innovation to improve the chances that the demonstration and, later, scale-up, will succeed.
What to do

- **Monitor interim indicators** to get an early reading on whether change is progressing as planned.
- **Assess and document the process of implementation** of the demonstration (in addition to health outcomes and impacts). Findings can be useful for planning scale-up.
- **Plan to promote learning and disseminate information**.
- **Advocate the changes** in policies, regulations and other health-systems components that will be necessary for scaling up. (See box, "4 types of scaling up", p. 16.)
- **Consider what changes scale-up will require of the user organization** and how to facilitate them.
- **Approach funding sources now** to obtain financial support for scale-up.
- **But wait for full results** before deciding on scale-up.

**Tracking the process: Examples of indicators for Phase III**

- A functioning system is in place for sharing information on the progress of the demonstration.
- Supportive supervision is in place and conducted regularly.
- The staff has been trained and provided the resources necessary to carry out and maintain the innovation.
- Indicators on the output and effects of the demonstration itself can be specific to the innovation being demonstrated – for example, percentage of intended beneficiaries reached, number of service sites adopting the innovation.

*Source:* Adapted from [Guide for fostering change to scale up effective health services, 2013, p. 27.](#)

**Key WHO resources for Phase III. Conduct the demonstration**

- [Guide for fostering change to scale up effective health services, 2013.](#)
- [Practical guidance for scaling up health service innovations, 2009.](#)
- [Beginning with the end in mind: planning pilot projects and other programmatic research for successful scaling up, 2011.](#)
PHASE IV: PLAN FOR SCALE-UP AND GO TO SCALE

WHAT HAPPENS IN PHASE IV?

Scaling up can be defined as “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 programme development on a lasting basis.” (Practical guidance for scaling up health service innovations, p. 1).

Scaling-up does not happen just because the demonstration succeeded. Scaling-up itself requires careful planning and skillful and strategic management. Typically, it can take years to accomplish fully. The greater the change, the longer it takes. Support must be maintained throughout.

**Step 1. Evaluate lessons from the demonstration and decide whether to scale up.**

**Purpose**

- Reach a “Go” or “No go” decision on the basis of evidence from the demonstration.

**What to do**

- When deciding whether to proceed with scale-up, consider evidence from the demonstration:
  - **Effectiveness:** Will the innovation improve services and/or have positive health impacts? By how much?
  - **Feasibility:** What change, and how much, does the innovation require for the user organization?
  - **Cost and cost-effectiveness** – and can funding and/or other resources be found to scale up and maintain the innovation system-wide?
  - **Support:** Will implementation have sufficient backing from top managers, policy-makers and other stakeholders?
- **Identify the key features** central to success so that the innovation can be streamlined and more readily replicated when scaled up.

---

**Role of the resource team in Phase IV**

The team brings the findings of the demonstration to a larger audience and works with decision-makers to select, carry out and evaluate an implementation strategy.

The team helps government mainstream new practices into policies, systems and programmes.

Finally, the team oversees measuring and communicating interim and final results of the scaled-up innovation. (Guide to fostering change, p. 24.)
Step 2: If the demonstration has succeeded and a decision to scale up has been made, design a scale-up strategy that best suits the country or regional programme environment.

Purpose

- Adapt scale-up to the environment.
- Make crucial decisions about how scaling up will take place.
- Systematically anticipate and prepare for steps and directions in the course of scaling up.

The framework for thinking about scaling up

The publication *Nine steps for developing a scaling up strategy* (2010) describes a framework for thinking systematically about scaling up, which applies throughout the process. It consists of 5 elements (inside the oval), with the scale-up strategy as the centrepiece and 5 strategic choice areas (the boxes below the losenge).

Planning and management of scaling up requires constant attention to the balance among these elements. This balancing act is the essence of the strategic planning and management of scaling up.

Fig. 2. The ExpandNet/WHO framework for scaling up

Source: *Nine steps for developing a scaling-up strategy*, p. 5.
What to do
When drawing up the scale-up plan:

• Think overall in terms of the 5 elements of scaling-up (see box above) – the innovation, the user organization, the resource team, the scaling-up strategy and the environment in which change takes place. All five elements need attention throughout the process (see box, “Keeping the 5 elements of scaling up in balance”, p. 17).

• Keep in mind 4 key principles:
  Principle 2: A focus on sustainability. Requires attention to both programme development and policy.
  Principle 3: Enhancing scalability: Consider how to make scale-up easier (see step 1 in Nine steps, below, p. 19).
  Principle 4: Respect for gender, equity and human rights.

• If a capacity-building component was not tested in the demonstration, this needs major attention in the scaling-up strategy and possibly more testing.

• Decide on the 5 strategic choices.

Choice 1: Type of scaling-up (see box below)
  • Address both horizontal expansion and vertical scaling up to ensure sustainability.
  • Ensure scaling up is proceeding smoothly before adding new innovations.

Choice 2: Approaches to dissemination and advocacy (see also Step 3, p. 20)
  • Use multiple channels to tell a compelling story.
  • Build coalitions and networks.
  • Organize training strategies to address both content and process in scaling up.
  • Make the most of demonstration sites.
  • Create opportunities for ongoing learning.

For more help with advocacy, see Repositioning family planning: guidelines for advocacy action, 2008.

4 types of scaling up

Horizontal (expansion, replication): Innovations may be replicated in different sites or extended to larger or different population groups.

Vertical: policy, political, legal, regulatory, budgetary and other health systems changes needed to institutionalize the innovation at the national or sub-national level.

Diversification (functional, grafting): testing and adding a new innovation to one in the process of being scaled up.

Spontaneous: diffusion without deliberate guidance.

Keeping the 5 elements of scaling up in balance

Scaling-up strategies are implemented in ever-changing environments, and multiple processes come into play. Some are technical; others are political, managerial, organizational or social. Some are predictable; others are completely unexpected. In many cases they are almost impossible to control. Nonetheless, there are ways to continue to work toward balance and ultimate success.

• **Watch for and correct imbalances** as elements of the scaling-up system interact. Common imbalances are insufficient resources, a changing political context, too little attention to institutionalization (vertical scaling-up), “drift” in practices as the tested innovation becomes diluted or side-tracked during implementation, and incomplete or superficial implementation during spontaneous diffusion.

• Recognize that **trade-offs are often necessary**. For example, moving quickly to take advantage of a window of political opportunity can lead to doing what is relatively easy – such as introducing a new technology – but leaving aside what is more difficult – such as fully supporting needed organizational change.

Choice 3: **Organization** of the scaling-up process

• Additive or multiplicative approaches? (That is, working with the same user organization at broader scale or bringing in additional partners to promote and expand the innovation?)
  
  *To the extent possible, involve potential partners early.*

• Centralized, top-down or decentralized, bottom-up approaches?
  
  *Involve the central level to assure integration into the health system, while using a decentralized approach to implement the innovation.*

• Flexible, adaptive approaches or standardized implementation?
  
  *Adapt the innovation while ensuring that essential features are maintained.*

• Phased, gradual or rapid implementation?
  
  *Expand the innovation gradually, in phases; resist pressure for “explosive” scaling up.*

• Participatory or expert-, donor- or management-dominated approaches?
  
  *Use organizational development approaches to foster genuine participation in scaling up.*

Choice 4: **Costs and resource mobilization** *(see also Step 3, p. 20)*. Scaling up is not necessarily costly, but dedicated resources or donor support are necessary because it is not a routine process.

• Assess all costs – not just for service delivery, supplies and training, but also for advocacy and communication, technical support, M&E and further testing (where relevant) – and identify economies of scale.

• Mobilize resources from outside the health system to support the process of scale-up and from within to promote sustainability.

Choice 5: **Monitoring and evaluation.** *(See Phase V, p. 22).*
Keeping the 5 elements of scaling up in balance (contd)

- Commit to **upholding the participation** of a broad range of stakeholders. It can be tempting to reduce stakeholders’ diverse inputs to simplify decision-making, but the cost will be loss of support for scale-up and of important viewpoints, particularly those of intended beneficiaries such as the disenfranchised and the vulnerable.

- **Protect the elements of the innovation that differ most** from the culture of the user organization. The humanistic, participatory and gender-sensitive components of an innovation are often the most difficult to replicate and so often the first to be lost in scale-up. Particularly, resist the danger of sacrificing human rights to adapt to contexts where human rights are not valued. Dedicated efforts are needed to highlight their importance, make their benefits widely understood, and monitor their inclusion in services.

- **Maintain the staying power** of the resource team. A strong and persistent resource team with continuity provides the best assurance that scaling up will stay on course.

- **Be vigilant**: Expect the unexpected and be prepared to act quickly or pause momentarily. Because change is ongoing, so is the balancing act.

**Checklist: What should the implementation plan address?**

- enhance the credibility of the innovation
- streamline/simplify the innovation
- work with the strengths of the user organization
- address environmental constraints
- strengthen the resource team
- pace of expansion
- advocacy for policy commitment to support the innovation
- involve new partners
- cost/resource mobilization
- dissemination and supervision
- diversification, if relevant
- spontaneous scaling up, if relevant
- logistics
- monitoring and evaluation

*Source: Nine steps for developing a scaling-up strategy, 2010, p. 33.*

**Step 3. Engage the commitment of a broad group of stakeholders and secure resources to support the scale-up strategy.**

**Purpose**

- Build wider support for scaling up the innovation across service organizations, policy-makers, ministries, NGOs, consumers and other stakeholders.
- Help to assure that resources are sufficient for full scale-up and then sustainability.

Both these purposes contribute to the sustainability of the innovation at full scale.
What to do

- Test communication strategies first on a small scale.
- Help decision-makers and funders understand all the elements of scaling up that need support – adapting or redesigning the innovation for new settings, finding and training new change agents, forming organizational and/or governmental partnerships, introducing new management systems and tools, publicity and other communication.

Step 4. Carry out the scale-up strategy, building the innovation into policies, systems, programmes, plans, budgets and performance expectations.

Purpose

- Mainstream the innovation and foster its sustainability.

What to do

Nine steps contribute to successful management of scaling up. (Source: Nine steps for developing a scaling-up strategy, 2010.)

1. Plan actions to increase the scalability of the innovation.
   - **Clarify** what is the innovation.
     - Assess the attributes that determine the scalability of the innovation and identify needed actions: Is the innovation “CORRECT”?
       - credibility
       - observability
       - relevance
       - relative advantage
       - ease of transfer/installation
       - compatibility
       - testability.
     - Reflect on the conclusions, and decide if it is still appropriate to scale up.
   - **Act as needed to strengthen the scalability** of the innovation.

2. Increase the **capacity of the user organization** to implement scaling up.
   - Clarify who is the user organization.
   - **Assess the user organization’s capacity for large-scale implementation of the innovation** – for instance, does the organization feel a need for the innovation and have internal champions? Does it have implementation capacity? Is the organization ready now? Will any ongoing or expected changes in the organization help or hinder?
   - **Incorporate needed capacity building into the scale-up strategy.**
     - Recognize the value of policy entrepreneurs and champions
     - Assess strengths and weaknesses of the user organization and develop creative strategies to build capacity
     - Make use of existing processes and structures
     - Acknowledge that scaling up may be an institutional change task of major proportions.
3. Assess the environment.
   • Identify the various environmental factors influencing scaling up and understand how they affect the process – for example:
     — policy setting and political contexts
     — donor support
     — bureaucracy
     — the health sector
     — socioeconomic and cultural context
     — health status of the population
     — people’s needs, rights and perspectives.
   • Plan how to maximize opportunities and minimize constraints.
   • Make timely use of opportunities arising in the environment to enhance positive supports for scaling up.
   • Continue to assess changes in the environment as scaling up evolves.

4. Increase the capacity of the resource team to support scaling up.
   • Does the resource team have the necessary attributes?
     — leadership
     — a unifying vision
     — skills: training, service provision, management, advocacy, human rights and gender perspective, research and M&E, resource mobilization, policy development
     — sufficient size
     — sufficient resources/ability to mobilize resources
     — advocacy capacity
     — experience with scale-up
     — compatibility with the user organization
     — stability: key members available for several years.
   • Include individuals who have been part of the design and testing of the innovation.
   • Involve members of the user organization, particularly those involved in the demonstration project if possible.
   • Locate the resource team as close as possible to the user organization to promote effective communication.
   • Ensure the team has the necessary skills and capacities.
   • Anticipate the need to augment and adapt the resource team as scaling up proceeds.
   • Support ownership by the user organization of the innovation and the process.

5. Make strategic choices to support vertical scaling up (institutionalization). See p. 16.


7. Consider diversification (piggy-backing).
   • If new needs have surfaced during scale-up, adding another intervention may be appropriate. The same steps 1–6, above, will need to be applied to the additional intervention.
   • Assess the added burden and possible adverse effects on scaling up the original innovation. Consider whether the scale-up plan for the original innovation needs modification.
8. Address **spontaneous scaling up**.
   • Stay alert for spontaneous (unguided) scale-up of the innovation ahead of planned expansion. It is a sign of demand for the innovation and is most likely to happen when the innovation addresses a clearly felt need or a key event draws attention to a need.
   • Look for lessons that can apply to organized scale-up. For instance, how are costs covered?
   • Check that spontaneous scale-up is not changing the innovation so that its intended impacts are lost.
   • Consider how beneficial spontaneous scale-up can be encouraged – for example, by making resource materials available.

9. Finalize the **strategy and identifying next steps**. Looking at the entire scale-up strategy:
   • Prioritize the actions and activities required for scaling up: Which are essential? Which are highly desirable if resources and time permit? Which can be omitted if further simplification is necessary?
   • Order the actions and activities: What actions must come first so that others can follow?
   • Proceed to development of operational plans for carrying out the actions outlined in the strategy.
   • Throughout the implementation process, adapt the strategy to overcome obstacles and take advantage of opportunities.

### Tracking the process: Examples of indicators for Phase IV

- Lessons learned from the demonstration are documented and disseminated.
- A scale-up strategy has been developed, with objectives, activities, indicators, timeline, budget and assignment of responsibilities.
- The resources to support scale-up have been committed.
- The essential features of the innovation are being implemented during scale-up.
- The progress of scale-up is reviewed regularly with all stakeholders, and mid-course corrections and adaptations are made as indicated and agreed.
- For indicators of the progress of scale-up itself, see “Possible indicators for monitoring and evaluating scale-up”, p. 23.

*Source*: Adapted from [Guide for fostering change to scale up effective health services, 2013, p. 27](#).

### Key WHO resources for Phase IV. Plan for scale-up and go to scale

- [Nine steps for developing a scaling-up strategy](#), 2010. Leads users through an analysis of their project, resulting in a set of recommendations for action that will form the basis of a strategy for successful scale-up of health innovations. Includes worksheets that pose key questions for decision-making.
- [Practical guidance for scaling up health service innovations](#), 2009. Offers detailed tips on each of the 5 strategic choices.
WHAT HAPPENS IN PHASE V?

Monitoring and evaluation (M&E) involves systematic use of evidence to answer questions regarding the process of scale-up and the results and impacts of the scaled-up innovation. M&E is one of the five crucial strategic choices in scaling up (see p. 16). It is indispensable for programme management and a key element of demonstration and scaling-up processes. Furthermore, evidence of the value of beneficial new approaches can motivate their adoption elsewhere. And research on the process of scaling up contributes to more effective scale-up in the future.

M&E is not really the last phase of going to scale. Rather, it should begin early on, incorporated into the plan for the demonstration and continuing even after scale-up is completed.

Purpose

- During implementation, provide evidence to identify the need for mid-course corrections and to inform their direction.
- After implementation, provide objective evidence of the results and impacts of the scaled-up innovation.
- Document and make known the accomplishments and shortcomings of changed practices.
- Learn lessons about the scale-up process for application to other scale-up efforts.

Important questions for M&E to ask

- Has the innovation stayed true to its original design, or has it drifted during scale-up and lost its potential for impact?
- What have been the successful adaptations of the innovation?
- Are the 5 elements of scaling up staying in balance, or are trade-offs called for?
- How well is institutionalization of the innovation progressing?
- What have been the effects on services, service providers and the user organization?
- What have been the effects on health-care clients? Have new clients been reached, particularly in high-priority groups?
- What have been the effects on other stakeholders? How do they view the process and results?
- Has adherence to human rights principles been maintained throughout scale-up and throughout the scale-up area?
- What have been the unintended and unexpected consequences of implementation?
- What have been the actual costs, both total and per unit of service provided?
### Possible indicators for monitoring and evaluating scale-up

**Process**
- whether essential features of the innovation are implemented
- extent of community participation and support
- extent that management tools and procedures are used to address constraints
- whether adaptation of the innovation is appropriate
- whether ongoing strategy is adjusted based on M&E findings.

**Outputs/outcomes**
- number of sites implementing the innovation
- number of sites implementing the innovation in the expected time period
- statements of political support
- use of local and national resources
- clients’ and community satisfaction with improved services
- providers’ respect for human rights and dignity.

**Results/impacts**
- number of people with access to better services
- number of previously underserved people using improved services
- extent of institutionalization in standards, norms and practices
- extent of incorporation into national health policy
- extent of funding through national and local budgets
- improvements in health status.

*Source:* [Practical guidance for scaling up health service innovations, 2009, p. 42.](#)

### What to do

- Start with a joint vision of successful scaling up and include plans to use M&E data to adjust the scaling-up strategy as it unfolds.
- Develop indicators for **process**, **outputs/outcomes**, and **results/impacts** (Possible indicators for monitoring and evaluating scale-up, see box above).
- Use appropriate methodologies – both quantitative and qualitative – but keep them simple.
  - Useful qualitative methods include focus groups discussions, observation of client-provider interaction and monitoring of environmental change.
  - Special studies may be needed if data from routine monitoring systems cannot answer important questions. For example, population-based surveys are usually needed to measure changes in health status.
- Vary the frequency of monitoring to suit the need and the speed of change.
- Document findings and lessons, including how best practices work, which elements work (or do not work) and why they work. Share this knowledge widely so that those working in the health sector can learn from others’ experience, avoid previous mistakes and improve performance (See [A guide to identifying and documenting best practices in family planning programmes, 2017.](#))
Practical suggestions for M&E

- At the start, establish a principle of transparent and honest reporting. Plan to communicate negative as well as positive results.
- Add indicators to management information systems as appropriate, agreeing on an acceptable level of accuracy and timeliness in reporting.
- Where possible, adapt existing data collection forms, but maintain consistency.
- Set up sentinel surveillance sites to collect more detailed information.
- Communicate findings. All stakeholders, including staff in service delivery sites, will want to learn how implementation is going. Also, sharing the triumphs and day-to-day lessons plays an important role in motivating implementation. (Practical guidance, p. 41)
- Together, quantitative and qualitative data can tell the compelling stories that numbers alone may not.

Key WHO resources for Phase V. Monitoring and evaluation

- Practical guidance for scaling up health service innovations, 2009. Offers detailed tips on each of the five strategic choices, including M&E.
- Guide to fostering change to scale up effective health services, 2013.
## ANNEX 1

### Annotated bibliography of WHO resources for implementation and scaling up

This is a listing of the documents referenced above, as well as links to other WHO/RHR planning tools and guides for implementation and scale-up. These resources were developed, and can be used, as stand-alone documents, but in some instances they complement one another and, together, can support a process of managed change.

<table>
<thead>
<tr>
<th>Resource</th>
<th>Summary</th>
</tr>
</thead>
<tbody>
<tr>
<td>WHO Strategic Approach to strengthening sexual and reproductive health</td>
<td>Designed to assist countries in assessing their sexual and reproductive health needs and priorities, test policies and programme adaptations to address their needs, and scale up successful interventions.</td>
</tr>
<tr>
<td>policies and programmes, WHO, 2007.</td>
<td>Provides an overview of a three-stage process for strengthening policies and programmes that can be applied to a broad range of sexual and reproductive health (SRH) areas and in different contexts and settings.</td>
</tr>
<tr>
<td></td>
<td>The Strategic Approach is a participatory process that encourages collaborative decision-making among managers and other stakeholders in SRH to identify actions required to improve quality of care.</td>
</tr>
<tr>
<td></td>
<td>The Strategic Approach has been applied in various SRH areas in over 35 countries in Asia, Africa, Latin America and Central Europe.</td>
</tr>
</tbody>
</table>

**Intended users:** Policy-makers and programme managers responsible for sexual and reproductive health programmes and services.
<table>
<thead>
<tr>
<th>Resource</th>
<th>Summary</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Guide to fostering change to scale up effective health services</strong>, WHO, 2013.</td>
<td>A primer on how to initiate and support change in order to scale up effective health services.</td>
</tr>
<tr>
<td><strong>Intended users</strong>: Policy-makers, programme managers, and other stakeholders working to initiate, direct and support change in a health practice or set of practices.</td>
<td>Details a step-by-step approach to initiating, directing and planning change in order to improve the availability and quality of health services and expand their use.</td>
</tr>
</tbody>
</table>

**Defining the need for change** (Phase I, pp.13–14) covers identifying a problem impeding provision of high-quality services. Elements critical to defining the need for change include problem identification and reaching consensus on the desired change, its purpose, anticipated results and potential obstacles as well as the identification of indicators to assess the need for and agreed upon or desired change.

**Planning for demonstration and scale-up** (Phase II, pp. 15–18) identifies the process for selecting, planning and adopting proven practices and developing an implementation plan. Resources required as well as key steps and indicators to assess planning for change are identified.

**Supporting the demonstration** (Phase III, pp. 19–20) discusses how to determine whether the practice warrants scale-up and addresses scale-up strategy and monitoring as well as communicating results.

**Going to scale with successful change efforts** (Phase IV, pp. 21–25) covers the decision whether to scale up, engaging resources and stakeholders’ commitment and choosing and implementing a scale-up strategy.

Indicators to assess the pilot and lessons learned, and to assess the implementation of the scaling up strategy are also provided (p. 26).

Illustrative examples delineate the steps taken when changing health services practices (pp. 28–39).
<table>
<thead>
<tr>
<th>Resource</th>
<th>Summary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introducing WHO's sexual and reproductive health guidelines and tools</td>
<td>Provides general principles for a systematic approach to adaptation and adoption of WHO guidelines on SRH. It covers various SRH topics, including maternal and neonatal health, family planning, prevention and control of reproductive tract infections and sexually transmitted infections (RTIs/STIs), and prevention of unsafe abortion.</td>
</tr>
<tr>
<td>into national programmes: principles and processes for adaptation and</td>
<td>Outlines a six-step process for introducing new guidance (pp. 5–19).</td>
</tr>
<tr>
<td>implementation, WHO, 2007.</td>
<td>Identifies approaches to scaling up and discusses how reviewing and disseminating results of pilot studies can facilitate scaling up.</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Intended users: Policy-makers, programme managers and other stakeholders</td>
<td>Supports design of pilot projects and programmatic research so as to maximize the potential for expansion and institutionalization if the intervention proves successful.</td>
</tr>
<tr>
<td>Introducing with the end in mind: planning pilo</td>
<td>Offers eight recommendations that can be applied to a broad range of health and development implementation/research projects.</td>
</tr>
<tr>
<td>beginning with the end in mind: planning pilot projects and other</td>
<td>Includes a checklist for assessing the scalability of pilot projects.</td>
</tr>
<tr>
<td>programmatic research for successful scaling up, WHO/ExpandNet, 2011.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Intended users: Researchers, policy-makers, programme managers and</td>
<td></td>
</tr>
<tr>
<td>other stakeholders directing the design and leading implementation of</td>
<td></td>
</tr>
<tr>
<td>pilot and other programmatic research.</td>
<td></td>
</tr>
</tbody>
</table>
The resource outlines a concise, nine-step process for developing a strategy for scaling up for successfully tested field innovations and provides guidance on how to plan and manage the scale-up process.

Steps 1–4 focus on strengthening elements of the framework for scaling up – the innovation, the user organization, the environment and the resource team. Steps 5–8 cover the four types of scaling up. Step 9 covers finalizing the scaling-up strategy and identifying next steps.

Can be used in a broad range health and development fields.


**Intended users:** Programme managers and others who plan to scale up successfully tested health service innovations in pilot projects or other field tests.

---

**Practical guidance for scaling up health service innovations.** WHO/ExpandNet, 2009.

Both identifies general principles and makes specific suggestions on how to scale-up an innovation that has proved successful in a demonstration project.

Organized around the five elements of scaling up, including attributes for success, and the five strategic choices. Includes an in-depth definition of scaling up.

Illustrated throughout with country examples.

An extensive list of references draws from literature on SRH programming, other development areas, organizational development, diffusion of innovation and research utilization.

**Intended users:** Public health programme managers, donors and technical assistance providers seeking to scale up health service innovations.
This resource is intended to serve as a guide for the integration of the World Health Organization (WHO) *Medical eligibility criteria for contraceptive use* (MEC) and *Selected practice recommendations for contraceptive use* (SPR) into national family planning guidelines. It is part of a global initiative to translate guidance into practice, through the principles of implementation science.

**Intended users:** Ministries of Health, national programme managers, WHO country offices, other UN agencies, and NGOs providing sexual and reproductive health services.

This toolkit contains resources, for each of the four implementation stages, to aid the process of implementing the MEC and SPR guidance into national family planning guidelines.

**Intended users:** Ministries of Health, national programme managers, WHO country offices, other UN agencies, and NGOs providing sexual and reproductive health services.
ANNEX 2

Annotated bibliography of additional WHO resources and tools for implementing and scaling up family planning and contraceptive services

This section provides additional technical information about specific content areas, such as service provision of contraceptive commodities and task sharing of service activities.

<table>
<thead>
<tr>
<th>Resource</th>
<th>Summary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Programming strategies for postpartum family planning, WHO, 2013.</td>
<td>A resource for designing and implementing interventions to integrate postpartum family planning (PPFP) into national and sub-national strategies. It identifies key points for integrating PPFP services within the health system. Can be used when developing a comprehensive family planning programme or to strengthen existing services.</td>
</tr>
<tr>
<td>Understanding the landscape for PPFP programming (pp. 5–12) helps to identify where needs lie within the health system and how programmes can be strengthened.</td>
<td></td>
</tr>
<tr>
<td>Planning for demonstration and scale-up (pp. 13–30) identifies how to design a PPFP intervention for multiple points within the health system – for example, antenatal care, labour and delivery, post-natal care and immunization, healthy child visits.</td>
<td></td>
</tr>
<tr>
<td>Covers programming strategies and activities that could be used to integrate PPFP into various health-care services for women at the national, institutional, site or community level.</td>
<td></td>
</tr>
<tr>
<td>Provides illustrative programme goals and activities with their indicators.</td>
<td></td>
</tr>
<tr>
<td>Includes country programme case examples (pp. 22–30).</td>
<td></td>
</tr>
</tbody>
</table>

**Intended users:** Managers of family planning and reproductive health programmes.
<table>
<thead>
<tr>
<th>Resource</th>
<th>Summary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family planning: a global handbook for providers. 3rd edition. WHO &amp; CCP, 2018.</td>
<td>Offers technical guidance to help health-care professionals at all levels provide family planning methods effectively and appropriately.</td>
</tr>
<tr>
<td></td>
<td>Highlights 20 family planning methods and covers health issues arising in the context of family planning.</td>
</tr>
<tr>
<td></td>
<td>Has an accompanying wall chart, “Do you know your family planning choices?”, with information on methods that can be displayed for clients.</td>
</tr>
<tr>
<td></td>
<td>Available in numerous languages.</td>
</tr>
</tbody>
</table>

**Intended users:** Health-care professionals at all levels providing family planning methods.

---

<table>
<thead>
<tr>
<th>Optimizing health worker roles to improve access to key maternal and newborn interventions through task shifting. WHO, 2012.</th>
<th>Guidance on task-shifting provides evidence-based recommendations to facilitate universal access to key effective maternal and newborn interventions through the optimization of health workers' roles.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Provides examples of factors that affect implementation of task-shifting initiatives.</td>
</tr>
</tbody>
</table>

**Intended users:** Policy-makers, programme managers and other stakeholders at regional, national and international levels.
## Resource

### Health worker roles in providing safe abortion care and post-abortion contraception, WHO, 2015.

<table>
<thead>
<tr>
<th>Resource</th>
<th>Summary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health worker roles in providing safe abortion care and post-abortion contraception, WHO, 2015.</td>
<td>Provides recommendations on tasks related to safe abortion care, including post-abortion contraception, and identifies who can provide care for clinical interventions that WHO has recommended. The recommendations can be applied at national and programme level and are relevant for both high-and low-resource settings. There is also a summary brief – Task sharing to improve access to Family Planning/Contraception – which summarizes the recommendations on task sharing for family planning.</td>
</tr>
</tbody>
</table>

**Intended users:** Policy-makers, implementers of national and sub-national programmes and other stakeholders involved in planning and managing abortion care.


<table>
<thead>
<tr>
<th>Resource</th>
<th>Summary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ensuring human rights within contraceptive programmes. A human rights analysis of existing quantitative indicators, WHO, 2014</td>
<td>Links human rights and health concerns and explores their combined impact on the effectiveness and outcomes of health policies and programmes. Provides a methodology for identifying quantitative indicators that can be used in a rights analysis of contraceptive programmes and a set of 12 prioritized indicators.</td>
</tr>
</tbody>
</table>

**Intended users:** Policy-makers, programme managers and other stakeholders involved in family planning service provision at all levels and in all settings.
<table>
<thead>
<tr>
<th>Resource</th>
<th>Summary</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Guidance for human rights principles and standards can be applied to other SRH services.</td>
</tr>
<tr>
<td></td>
<td>The guide is a companion to the WHO document <em>Ensuring human rights in the provision of contraceptive information and services: guidance and recommendations</em>, 2014.</td>
</tr>
<tr>
<td><strong>Intended users</strong>: Policy-makers, programme managers and other stakeholders involved in family planning service provision at all levels and in all settings.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>A guide to identifying and documenting best practices in family planning programmes</strong>, WHO Regional Office for Africa, 2017.</td>
<td>Documenting and sharing best practices affords one the opportunity to communicate knowledge and lessons learnt; how to improve and adapt strategies and activities through feedback, reflection and analysis; and implement large-scale, sustained and more effective interventions.</td>
</tr>
<tr>
<td><strong>Intended users</strong>: Policy-makers, practitioners, health system managers, programme managers.</td>
<td></td>
</tr>
</tbody>
</table>

---

33
ANNEX 3

Resource list - recommended for further reading

Human rights


The toolbox enables countries to use a human rights framework to identify barriers in laws, regulations and policies and to develop proposals to overcome them.

This report demonstrates the relationship between sexual health, human rights and the law, showing how states can and do support sexual health through legal and other mechanisms consistent with human rights standards and obligations.

mHealth

The guide provides information on how to engage mobile operators to implement mHealth interventions that address health systems, health facilities, health workers and health-care clients.

The article outlines 12 common mHealth applications used to strengthen coverage and quality of care across the RMNCH continuum. Its framework provides a visual summary of ways in which mHealth tools are integrated into existing health systems functions.

Monitoring and evaluation


Guide for documenting and sharing best practices in health programmes. Brazzaville: World Health Organization Regional Office for Africa, 2008. Useful for documenting and sharing practices that have been demonstrated to be effective. For use by managers and frontline workers to replicate and scale up health interventions.

Measuring success toolkit: using data for health program planning, monitoring and evaluation.

Scale-up


Institute for Reproductive Health. Scaling up a family planning innovation: how health systems are strengthened along the way.


Others

This tool assesses HIV and SRH bi-directional linkages at policy, systems and services levels and provide a guide for regional and national contexts.


Mangham LJ, Hanson K. *Scaling up in international health: what are the key issues?* Health Policy and Planning. 2010. 25(2):85–96.

Successfully implementing and scaling up improvements to reproductive health services requires a strategic approach. The main purpose of this concise guide is to lead you step-by-step through the process for initially implementing and then scaling up service improvements to Family Planning while providing links to relevant WHO and ExpandNet tools for more detail and specifics.

For more information, please contact:
Department for Reproductive Health and Research
World Health Organization
Avenue Appia 20, CH-1211 Geneva 27, Switzerland
Fax: +41 22 791 4171
Email: reproductivehealth@who.int

http://www.who.int/reproductivehealth/en/