

# The Role of Research Evidence in Scaling Up and Replicating Family Planning Programmes

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# Is Evidence needed for Scaling-up and Replication?

**FP 2020**

**ICPD 20+**

**MDG 5B**



**More  
than  
ever!**

# Yes, but . . . Evidence of What?

## What works?

- To reduce unintended pregnancy?
- To reduce unmet need?
- To increase access?
- To increase demand?
- To ensure equity?
- To enable rights?

## What does it cost?

- For the woman / couple?
- For the government?

## What is most cost-effective?

- Which options?
- For reaching which populations?
- Through which sector(s)?

# Three BIG considerations



# Scaling up (and replication) of what is already working

- Evidence to improve systems:
  - ✓ Doing more with the same resources
  - ✓ Absorbing additional resources
  - ✓ Enhancing quality, ensuring client perspective
  - ✓ Increasing equity in access
- Evidence from:
  - Strengthened MIS and NHA
  - Feedback from management / supervision processes
  - Case studies and learning by doing
  - Limited research
    - ✓ Costs, Quality, Equity, Accountability

# Innovating to stimulate and sustain change

- What works .... to reach specific populations
  - Effective in increasing access and use?
  - Offers choice and is acceptable?
  - Affordable to client and sustainable by programme?
- Evidence from operations and implementation research is critical
  - Systematic reviews
  - South-south evidence exchanges
  - Rigorous, controlled pilot studies...with intensive documentation of implementation

# Avoiding the Pitfalls of Pilot Projects:

## Doing research differently

# Why are so few pilot projects scaled up or replicated?

- Funding usually limited to study duration
- No requirement that those doing the pilot-testing be engaged in – or responsible for – using the results or scaling-up the intervention
- Expectation that use / scale-up.....by someone else
- No conditions in place for large-scale programmes to take small-scale innovations to scale

## ➤ How to change this paradigm?



# Changing the vision to change the paradigm....

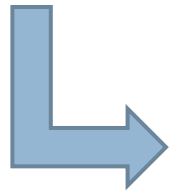
- Scale:
  - Vision that the innovation will meet the needs of a large, underserved population
- Sustainability:
  - Vision that change can be made and be sustained through modifications to the existing health system
- Means to an end:
  - Vision that the pilot project is just the first step

**Plan, fund and implement to achieve this vision**

# Three stages for moving from pilot to mainstreamed

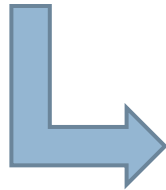
## **EFFECTIVENESS** (operations research)

Pilot-testing; focusing on evaluating effect and documenting implementation  
Determine resource needs and system modifications



## **EFFICIENCY** (“creating conditions”)

Adapt systems at scale of lowest administrative unit



## **EXPANSION** (scale up)

Incorporation into standard procedures  
Routine budget allocation

Research

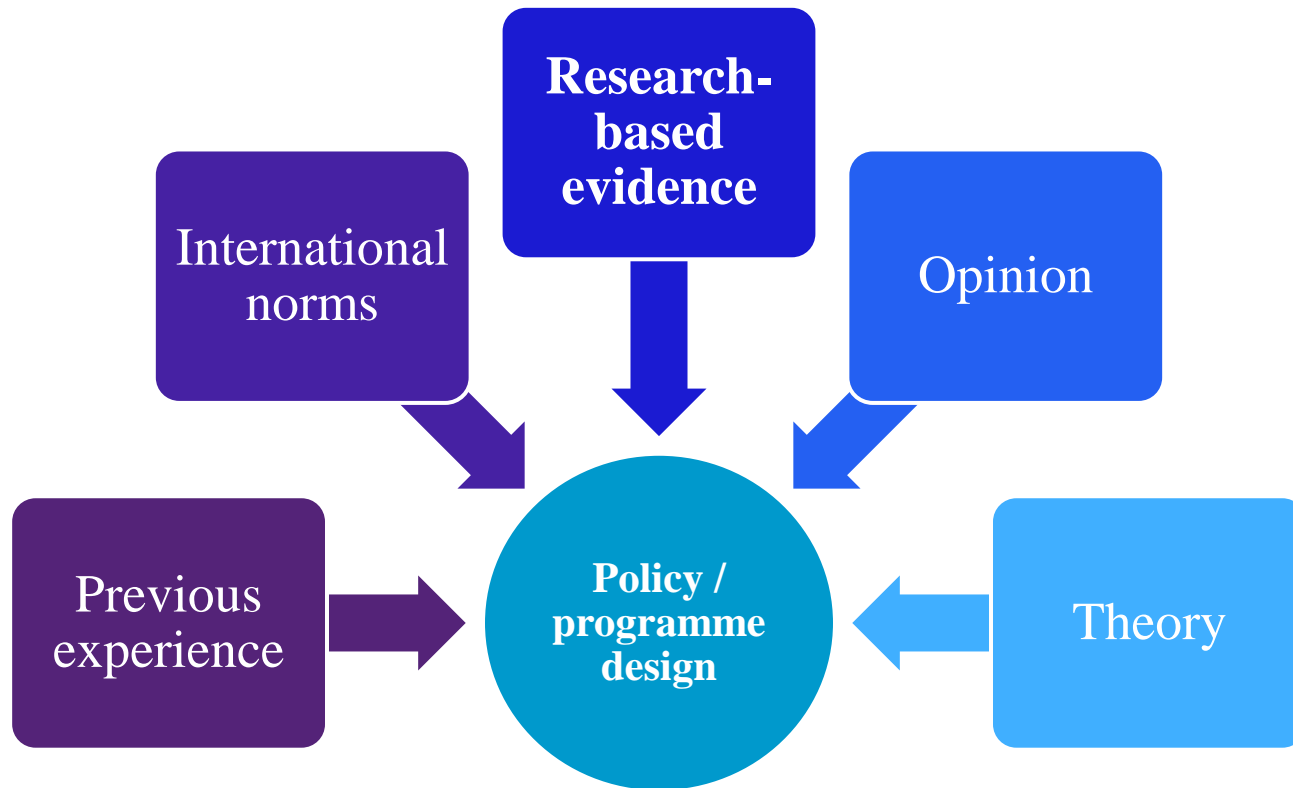


Research &  
Technical support



Technical support

# Changing the research process must be accompanied by changing the use of evidence by decision-makers



# Summary

- Effectively absorbing additional resources will require rigorous evidence, effectively communicated
- Evidence for scaling up is different than evidence for determining 'Best Practices'
- Research-based evidence is not cheap
  - ✓ Selectively commission research
  - ✓ Strategically implement research
  - ✓ ...and plan and budget for research uptake
- Country engagement with FP2020 must include generating research-based evidence

# STEP UP

STRENGTHENING EVIDENCE FOR PROGRAMMING ON UNINTENDED PREGNANCY



The **STEP UP (Strengthening Evidence for Programming on Unintended Pregnancy) Research Programme Consortium** generates policy-relevant research to promote an evidence-based approach for improving access to family planning and safe abortion. STEP UP focuses its activities in five countries: Bangladesh, Ghana, India, Kenya, and Senegal. STEP UP is funded by UK aid from the UK Government.

[www.stepup.popcouncil.org](http://www.stepup.popcouncil.org)

