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?

More resources

More services

Less unintended pregnancy

More expectations

More justification

MORE EVIDENCE

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

More of the same?

Something innovative?

Who uses research evidence – and how?
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
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)