



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

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

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

## *A Tailored Approach to Spreading Best Practices*

### Introduction

In 2007, the United States Agency for International Development (USAID) brought 13 countries in the Asia and the Middle East closer to meeting Millennium Development Goals 4 and 5 by supporting a comprehensive international meeting in Bangkok, Thailand. While there, participants learned about evidence-based best practices in maternal, neonatal and child health (MNCH) and reproductive health and family planning (RH/FP) and networked with prominent public health stakeholders from across the region.

The Extending Service Delivery Project (ESD) organized the meeting with assistance from international partners and continued to help participants improve the health of mothers and newborns after the meeting ended. As a result, the number of mothers and newborns dying during and directly after childbirth dropped in some sites, while family planning counseling for women immediately after delivery increased. At the hospital and community level, more women use contraceptives in the first 40 days postpartum and are being given life-saving supplementation, like Vitamin A.

The meeting, *Scaling-up High Impact Family Planning and Maternal, Newborn and Child Health (FP/MNCH) Best Practices: Achieving the Millennium Development Goals in Asia and the Near East*, allowed 435 participants to share approaches and mechanisms through 150 technical presentations on state-of-the-art, low-tech-

nology FP/MNCH best practices, skills building labs and e-learning sessions. This knowledge exchange among leaders and technical experts contributed to accelerated innovation in the field.

The participants worked in 13 country teams, who each left the meeting with action plans for scaling-up selected best practices. With blueprints in hand, ESD motivated the countries to take action by awarding small grants of \$50,000 each to seven country teams with the most cost-effective and creative plans. These time-bound agendas ranged from policy and informational interventions to service delivery. Country teams chose best practices that corresponded with their national goals and learned methodologies for spreading the practices across the health care continuum. To ensure effective use of the grants, ESD continued to follow up with implementing partners and country teams during the two- to three-year life spans of the interventions.

### Partner Involvement

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

## LEAD PARTNERS, 2007 TECHNICAL MEETING

- IBP Partners
- World Health Organization (WHO)
- White Ribbon Alliance (WRA)
- University Research Co., LLC (URC)
- Abt Associates
- USAID/Washington Cognizant Technical Office
- U.S.-based agencies managing global USAID-funded reproductive health and family planning programs

These partnerships continued beyond the workshop to include:

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

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

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

### FORMING MULTIDISCIPLINARY HEALTH STAKEHOLDER TEAMS

Making prominent decision-makers a part of these stakeholder teams was essential to in-country innovation and demonstrated the serious intent of each team's action plan. Technical experts disseminated information on proven best practices through technical presentations and discussion panels to the teams and stimulated the selection process. Experts then trained country teams in the Fostering Change and Improvement Collaborative approaches and distributed relevant materials.<sup>1</sup>

USAID/Washington selected representatives from country missions to lead the teams, shared the list of

team leaders with donors, partners and host country counterparts, and encouraged the countries to form FP/MNCH stakeholder teams from different sectors. Host country counterparts supported participant attendance and helped with the technical content of the presentations. These teams exchanged success stories in scaling-up FP/MNCH best practices with regional teams and world experts.

Groups met daily and identified appropriate best practices, committed resources, and developed scaling-up plans. Once a plan was in place, country teams obtained the endorsement of leaders from the Ministry of Health and USAID. Following the meeting, certain team members assumed a leadership role in introducing the best practices and ensuring sustainability.

### DISSEMINATION AND TRAINING

The Bangkok meeting combined technical on-site gatherings and direct person-to-person knowledge exchange to share information. Teams learned about several scaling-up approaches and barriers they might encounter, such as policy hurdles, human resources shortages, and socio-economic factors, which could impede the introduction of some best practices.

### FROM THOUGHT TO ACTION

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

Small financial awards from ESD and additional support from NGOs in participating countries were a great catalyst for mobilization. Choosing interventions that met the health goals of each country and accepting onsite and electronic technical assistance also activated the plans for scaling-up. ESD provided remote technical assistance by distributing state-of-the-art materials, guidelines, standards and curricula; developing monitoring and evaluation plans; and exploring practical approaches for e-learning in low-technology settings. With high-authority team leaders in place, the majority of countries kept up the momentum following the meeting.

<sup>1</sup> Reference materials included: *A Guide for Fostering Change to Scale Up Effective Health Services and Family Planning: A Global Handbook for Providers.*

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

### **FOLLOWING-UP WITH COST-CONSCIOUS AND CREATIVE APPROACHES**

To motivate teams after the technical meeting, ESD appointed a regional advisor and a program officer to award, monitor and support the grantees and country teams. Immediate follow-up by these two key actors

was crucial to maintaining energy and commitment. Sharing experiences, monitoring and evaluation, and capacity-building helped fortify each teams' commitments.

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

### **TAKING GRANTS TO SCALE**

The following table lists the seven countries that achieved progress directly following the technical meeting. ESD continues to award grants to several of these countries, along with others in the Asia and Middle East, as they take FP/MNCH best practices to national scale using the approach described in this paper.

Country	Best Practice(s)	Resources	Status
Afghanistan	Zinc oxide for under-5 diarrhea	MOH; Country Team	Continued scale-up
Bangladesh	Knowledge exchange and advocacy	ESD; MNBNET	Stopped**
Egypt	Community outreach for FP/MNCH via 6 postpartum home visits to rural women	ESD; URC; USAID/Egypt	Continued scale-up
Indonesia	Updating national training curricula and supervision system with emergency obstetric and neonatal services	ESD; USAID/Indonesia; JSI	Continued scale-up; follow-up grant awarded
Jordan	Introducing postabortion care in public hospitals	ESD; WHO; HSS/Abt.*	USAID/Abt. taking the lead in the country bilateral HSS II
Pakistan	Advocacy to scale-up FP/MNCH best practices through a national meeting	USAID/Pakistan; USAID contractors	Continued scale-up
Yemen	Postpartum Care Kangaroo Mother Care Vitamin A to mothers Preventing neonatal infection Family planning counseling Immediate and Exclusive Breastfeeding	ESD; BHS*	Continued scale-up; added three more best practices; follow-up grants awarded

\* Local Bilateral

\*\*Stopped due to lack of funding

## RECONVENING IN 2010

After the success of the first technical meeting, ESD again worked with its partners to reconvene a follow-up meeting of equal caliber in March 2010. Former participants and new stakeholders gathered to learn more about state-of-the-art best practices and to hear lessons learned from countries who had already begun scaling-up as a result of the 2007 meet-

ing. Most importantly, the proceeding meeting advanced the agenda of Asian and Middle Eastern countries toward meeting Millennium Development Goals 4 and 5. All participating countries devised new action plans, now being implemented across the region in an effort to increase the uptake of family planning services, reduce mortalities, and improve maternal, newborn, and child health. ESD continues to offer technical assistance to eight countries.<sup>2</sup>

## RECIPE FOR REPLICATION

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

**Create** a country teams by obtaining the endorsement and participation of high-level officials at the Ministry of Health and USAID.

**Exchange** success stories in scaling-up FP/MNCH best practices with regional teams and world experts.

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

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

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

**Link** small grants to country teams and NGOs with the appropriate selection of intervention and on-site and/or electronic technical assistance.

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

**Maintain** a high level of energy and commitment among country teams by obtaining immediate follow-up by one focal person.

**Ensure** collaboration and coordination among all relevant partners when scaling-up best practices.

<sup>2</sup> ESD currently provides technical assistance to Afghanistan, Bangladesh, India, Indonesia, Jordan, Nepal, Pakistan and Yemen.

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