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**EVIDENCE TO ACTION**  
for Strengthened Reproductive Health



**IBP Initiative**

*Scaling up what works in family planning/reproductive health*

# Hands on for Scaling Up Family Planning & Reproductive Health Best Practices: Experiences & Challenges from Africa

*June 15, 2015  
Addis Ababa, Ethiopia*

## Meeting Report



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## Executive Summary

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The community of practice managed by the USAID-funded Evidence to Action (E2A) Project with support from the IBP Initiative—[Systematic Approaches for Scale-Up of Family Planning/Reproductive Health Best Practices](#)—held a workshop, June 15, 2015, in Addis Ababa, Ethiopia. More than 130 participants, the majority from African countries, attended the workshop, where they learned about approaches to systematically scale up their family planning and reproductive health interventions and reach many more across the African continent.

Topics covered during the workshop included costing, data use, mHealth, advocacy, and the sustainability of scale-up. Two panel discussions at the beginning and end of the day were balanced by two rich group work sessions—one in the morning and one in the afternoon—where participants gained practical experience applying systematic approaches to scale-up and engaged in interactive learning about the aforementioned topics.

The workshop preceded the IBP Initiative’s semiannual meeting, also held in Addis Ababa, which continued to build upon many of the topics covered in the community of practice workshop. The workshop specifically sought to meet the following objectives:

- Discuss principles of successful scale-up;
- Gain practical experience with applying systematic approaches to scale-up;
- Share country experiences with using those approaches; and
- Identify steps toward increased use of systematic approaches to scale-up in the region.

### Opening Session

Carina Stover, E2A’s Project Director, opened the workshop, mentioning that the workshop was an important one since it was the first time the community of practice had held a meeting outside of the United States. She encouraged participants to share their country experiences, including the challenges they have faced with scaling up.

Nandita Thatte, a Technical Advisor with USAID’s Office of Population and Reproductive Health, said that USAID had graduated 24 countries because they had scaled up. She emphasized the need to focus on key populations, such as youth and to develop strong partnerships through the IBP Initiative to create platforms for scale-up.

“If you want to go fast, go alone, if you want to go far, go together,” said Thatte.

James Kiarie, Coordinator of the World Health Organization’s Human Reproduction Team, said although there were adequate tools available to help us scale up effective practices, we need to streamline them to simplify things. He also emphasized partnerships and the value of leveraging platforms like FP2020 and the Reproductive Health Supplies Coalition. He said government is very important in moving innovation and scaling up and that the only way to increase contraceptive prevalence is through the public sector.

Yemeserach Belayneh, Country Advisor and Representative of the David and Lucile Packard Foundation in Ethiopia, mentioned the foundation’s focus on youth and how it has been challenged to identify projects with potential for scale and sustainability. She said that countries need to learn from each other and focus on building the capacity of local organizations. She recognized that donors need to make long-term commitments to support sustainability.

## Presentations

Following keynote remarks, several presenters told success stories about their experiences with scaling up, including representatives from the Kenya Urban Reproductive Health Initiative, referred to as Tupange; a sexual and reproductive health program with nursing students in Zimbabwe; and an advocacy program led by Engenderhealth in Ethiopia.

Scale-up experts then gave short presentations that set the stage for interactive learning sessions held later in the day on systematic approaches to scale-up. The systematic scale-up approaches covered were the Wave Sequence Approach, Fostering Change, and ExpandNet's *Nine steps for developing a scaling-up strategy*. Presenters pointed out that there are multiple systematic approaches, and choosing the right one to apply depends on context. Nandita Thatte of USAID then gave an overview of high-impact practices that need to be scaled, and called for enhanced support to country programs to identify and implement high-impact practices. She also talked about the need to build the evidence base around implementation and scale-up of high-impact practices. Other presenters included Suzanne Reier of the World Health Organization and IBP Initiative; Victor Boguslavsky of University Research Co., LLC; and Laura Ghiron of ExpandNet.

## Group Work

The three aforementioned speakers who presented a systematic approach to scale-up then led group work sessions along with colleagues. Victor Boguslavsky led a session where participants learned how to apply the Wave Sequence Approach for Scale-up. Suzanne Reier of the World Health Organization and IBP Initiative led a session that allowed participants to use *The Guide to Fostering Change to Scale Up Effective Health Services* during a case-study exercise. Laura Ghiron of ExpandNet, with support from Peter Kagwe of the Tupange Project and Antony Omimo of the HoPE-LVB—a population, health and environment program in the Lake Victoria Basin—also led a case-study exercise that allowed participants to practice applying several steps of ExpandNet's *Nine Steps for Developing a Scaling-up Strategy*.

In the afternoon, another round of group work sessions were held that focused on different aspects of scale-up: Banchiamlack Dessalegn of FHI 360 Ethiopia led a session on data use for scale-up; Ben Bellows of the Population Council on costing for scale-up; Angela Mutunga of Advance Family Planning on advocacy for scale-up; and Tigest Tamrat of the World Health Organization on mHealth for Scale-Up.

## Sustainability of Scale-Up

At the end of the day, a panel of experts talked about the sustainability of scale-up. They emphasized the necessity of strong government and partner commitment to scale-up. To achieve sustainability, it was pointed out that there needs to be consistent changes at all levels of the health system. Policies need to change, and for that to happen, advocacy is essential. They mentioned the need for exit strategies that are developed early-on and include bridge funding for transition to government ownership.

## Introduction

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On June 15, the community of practice led by E2A, with support from the IBP Initiative, held a workshop in Addis Ababa—*Hands on for Scaling Up Family Planning & Reproductive Health Best Practices: Experiences & Challenges from Africa*. More than 130 participants, the majority from African countries, attended the workshop, where they learned about approaches to systematically scale up their family planning and reproductive health interventions and reach many more across the African continent.

Topics covered during the workshop included costing, data use, mHealth, advocacy, and the sustainability of scale-up. Two panel discussions at the beginning and end of the day were balanced by two rich group work sessions—one in the morning and one in the afternoon—where participants gained practical experience applying systematic approaches to scale-up and engaged in interactive learning about the aforementioned topics.

The workshop preceded the IBP Initiative’s semiannual meeting, also held in Addis Ababa, which continued to build upon many of the topics covered in the community of practice workshop.

You can view materials from the meeting [here](#).

## Meeting Sessions

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### Success Stories

This session incorporated three individuals who imparted two- to three-minute success stories from Kenya, Zimbabwe, and Ethiopia.

Peter Kagwe of the Tupange Project in Kenya spoke about how the project applied ExpandNet's *Nine steps for developing a scaling-up strategy*. This approach allowed them to scale up a simplified package of activities to two new cities in Kenya. By applying the approach, the Tupange project learned it is essential to: understand what you will be scaling up and how you will do it before embarking on the scale-up process; involve all necessary stakeholders; assess the environment and factors that may affect scale-up; and make evidence-based choices that consider the environment and available resources.

Simba Shayanewako, who works at Parirenyatwa Hospital in Zimbabwe, described an effort at the hospital to decrease teenage pregnancy and abortion among nursing students for improved sexual and reproductive health outcomes. The effort has been scaled to two other nursing schools and there are plans to scale nationally with government and partner support.

Ambaw Amtew of Engenderhealth delivered a success story about an advocacy program in Ethiopia that aims to prioritize family planning within the government's political agenda and finance family planning through the public sector. In one region, political leaders have come out to support family planning and family planning is included as a performance indicator and line item in the budget. As a result, all woreda administrations have established a monitoring system. He talked about the importance of analyzing the status of family planning, presenting findings to government gatekeepers behind closed doors, and sharing information with those gatekeepers that discusses both the problem and solution.

Recommendations from the session included:

- Keep the end in mind during the planning phase.
- Leadership is key to successful scale up and sustainability.
- Champions are important to spreading the success at a larger scale.
- There is a need to adapt as necessary during scale up.

### Panel Discussion: Setting the Stage for Systematic Approaches to Scale-Up

Panelists shared multiple proven and emerging scale-up approaches.

**Moderator:** Ben Bellows, Population Council

Suzanne Reier of the World Health Organization and IBP Initiative described IBP's tool, [Fostering Change to Scale Up Effective Health Services](#). This guide is predicated on systematic approaches that consider principles of change from the beginning, from pilot to scale-up. It includes many partners' tools that can be applied to the scale-up process. She listed eight evidence-based principles to ensure change happens, including having a committed change agent and stakeholders, support from leadership, clarity about purpose, and clearly assigned and accepted roles and responsibilities.



Laura Ghiron of ExpandNet gave an overview of ExpandNet's tools for scaling up, including [Nine steps for developing a scaling-up strategy](#) and [Beginning with the end in mind](#). She then gave ExpandNet's definition of scaling up: "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." She explained that for scale-up to be sustainable, an innovation must be scaled up vertically (with political, policy, institutional, and legal support) and horizontally through

replication. She emphasized systems thinking, sustainability, an understanding of what determines success in scaling up, and maintaining a focus on human rights, participation, gender equity, equitable access to quality of care, and country ownership as key principles of scale-up.

Victor Boguslavsky of University Research Co., LLC, discussed the Wave Sequence approach, including when the approach is useful and not useful and the basic principles of applying the approach for scale-up. He gave a brief overview of the approach to spread, including determining where the intervention will be scaled, when, and with what supervision and support. He discussed how the Improvement Collaborative approach to scale-up can be used with the Wave Sequence to organize the scale-up effort.

Nandita Thatte of USAID focused on high-impact family planning and reproductive health practices that need to be scaled. She said that through working relationships with implementing partners, IBP Initiative, and FP2020 high-impact practices (HIPs) can be brought to scale. She described the HIP Task Team led by IBP that is mapping HIPs, documenting them, and holding webinars to disseminate evidence. To support the scale-up of HIPs, she recommended enhanced support to country programs to identify and implement HIPs. She also talked about the need to build the evidence base around implementation and scale-up of HIPs. She said partners can map the HIPs they are working on, [here](#).

## Group Work: Systematic Approaches for Scale-Up

Participants selected one of the following three group work sessions in which to participate for the morning session. Each was an interactive, skill-building session.

### Station 1: Fostering Change

**Facilitator:** Suzanne Reier, WHO IBP Initiative

**Co-facilitator:** Asa Cuzin, WHO, IBP Initiative



During this session, participants learned more about [The Guide to Fostering Change to Scale Up Effective Health Services](#), its proven practices to help lead change efforts and support successful scale-up, and experiences of how it has been applied in scaling up reproductive health practices and programs. Participants attained hands-on experience using the Guide, using common scaling-up case scenarios, and discuss how the principles of change and the Guide's other resources and tools might be applied to support scale-up efforts in the context of their programs.

### Recommendations:

- Involve and educate those who are resistant to change.

- Institutionalize existing, effective practices, rather than always trying to innovate.
- Evaluate pilot projects before going to scale, and monitor and communicate results.
- Limit the complexity of what is being scaled.

**Challenges:**

- Resource-constrained settings and commodity stock-outs.
- Resistance to change.
- Complexity of interventions being scaled.

**Station 2: ExpandNet Approach**



**Facilitator:** Laura Ghiron, ExpandNet

**Co-facilitators:** Peter Kagwe, Ihpiego/Tupange Project; Antony Omimo, Pathfinder International/HoPE-LVB

Participants listened to the presenters’ experiences using [ExpandNet tools](#) *Nine steps for developing a scaling-up strategy* and *Beginning with the end in mind*. They then heard a case study that applied the nine-step approach: the Hope-LVB Project implemented in East Africa’s Lake Victoria Basin. Participants worked through select steps of the nine-step approach, with a focus on documenting their recommended actions in a provided template.

**Recommendations:**

- Begin with the end in mind to help engage stakeholders from the start who will later be advocates for scale-up innovations. For example, if your activity relates to capacity building, using Ministry trainers may help with them being resource mobilizers later down the line.
- Balance the tension between ‘innovation’ and ‘working within existing frameworks’ to simplify your scale-up innovations so that they are an easy fit within existing systems and address stakeholder needs (and therefore more easily adoptable/scalable).
- Attain buy-in at the local level.
- Evaluate expectations for scale, taking into consideration time, economies of scale, existing programs, regional and local support.

**Challenges:**

- The urge to want to do everything: it is important to be realistic about what can be scaled up. Recognize that projects might need to be simplified, and identify key aspects in order to scale up the most important parts of the project.

### **Station 3: The Wave Sequence Approach Through Collaborative Improvement**

**Facilitator:** Victor Boguslavsky, University Research Co., LLC

**Co-facilitator:** Amanda Ottosson, University Research Co., LLC



Participants learned about the Wave Sequence and Improvement Collaborative approaches to scale-up and how they are complementary. The session was conducted around two discussion questions and included an overview of shared learning for scale-up. Participants learned the key principles to improvement and how it is integral to understand them before beginning an improvement project for scale. Discussions of questions were built around a case on integrating family planning into postpartum care.

#### **Recommendations:**

- Scale-up requires a lot of thoughtful consideration to all aspects of the work.
- As part of preparation to scale-up someone needs to critically think whether results are worthy.
- Shared learning assists in rapid knowledge sharing, and enables a supportive environment to test changes and learn from challenges and successes.
- Collaborative improvement is not a tool in itself for scale-up, but it is a tool for how to facilitate the shared learning. What happens between the shared learning sessions is integral. This is the action period.

#### **Challenges:**

- There are many factors that must be considered before going to scale.
- There is no precise checklist for scale-up.
- It is difficult to predict all barriers or challenges that may arise during scale up, therefore it is important to be ready and willing to adapt and change as necessary.

### **Group Work: Other Considerations for Scale-Up**

Participants selected one of the following four group work sessions in which to participate for the afternoon session. Each was an interactive, skill-building session.



## **Station 4: Data Use for Scale-Up**

**Facilitator:** Banchiamlack Dessalegn, FHI 360 Ethiopia

During this session, participants were presented with a case study and learned when and how to use data to inform the program before and during scale-up activities. The case study covered Intrauterine Contraceptive Device (IUCD) initiatives in Ethiopia, with a brief presentation of data related to IUCDs in 2011, 2013, and currently. Participants discussed the potential programmatic next steps for IUCD initiatives. Participants also shared any examples or experiences from other countries.

### **Recommendations:**

- Use data at different times during program implementation (formative research, pilot, scaled-up program) to inform program design and monitor and evaluate scale-up.
- Data use must be iterative process and programs must be evaluated at multiple times.
- Collect the right and relevant data and continue to check that data.
- Conduct occasional trend analysis; where is the data coming from and what does it represent?
- Ground discussions about data in the realities of the country (implementation data versus academic data) to inform policy.

### **Challenges:**

- Recognizing what story is being told and what perspectives are missing of that story.

## **Station 5: Costing for Scale-Up**

**Facilitator:** Ben Bellows, Population Council

Participants learned about the Zambia experience expanding public-sector family planning service provision at community and facility level from 7 to 26 districts over 3 years. They explored how insights on cost analysis will be derived for policymakers and stakeholders to forecast the resource needs after the project ends in 2016 and the government considers taking on the comprehensive strategy to the other 70 districts across Zambia as part of the government's commitment to scaling up family planning by 2020.

### **Recommendations:**

- Cost to determine what is feasible and how you can simplify the scale-up package to make it feasible.
- Costing analyses should take into account the expense of staff, commodities, processes, and the services the program is looking to achieve.
- Identify cost drivers and estimate costs under different contexts.
- Although donors are driven by short-term outputs, when developing costed implementation plans, think in the long-term about sustainability.
- Use costed implementation plans, when possible, as advocacy tools with government.

### **Challenges:**

- Tendency to look at high investment costs and discourage them even if the cost per client may end up being lower when the intervention has been implemented.

## **Station 6: Advocacy for Scale-Up**

**Facilitator:** Angela Mutunga, Advance Family Planning

**Co-Facilitators:** Atony Omimo, Pathfinder International; Edward Scholl, E2A

Participants, through an interactive case study exercise, learned about the core principles behind effective evidence-based advocacy. They learned how to identify SMART (Specific, Measurable, Attainable, Relevant, Time-bound) objectives and target incremental gains for quick wins, and how to assess the impact of their advocacy efforts.

### **Recommendations:**

- Target incremental gains for quick wins that will lead to desired impact, such as critical policy or funding decisions being made in the near term that support the broader goal.
- .Build consensus by first deciding who to involve, setting a SMART objective, identifying the decision-maker to target.
- Focus efforts by reviewing the context, knowing the decision-maker, and determining the advocacy ask.
- Achieve the change by developing a work plan, setting benchmarks for success.
- Assess advocacy impact to track long-term incremental gains toward impact, explain the value of investments in advocacy, report on and document setbacks, and reformulate advocacy efforts as necessary.

### **Challenges:**

- Inability to reach the right decision-maker at the right time.
- Limited country advocacy capacity and funding.

## **Station 7: mHealth and Scale-Up**

**Facilitator:** Tigest Tamrat, World Health Organization, Dept. of Reproductive Health and Research

During this session, participants planning, initiating, or engaging in using mHealth for reproductive, maternal, newborn and child health were equipped with a concrete self-assessment tool for improving their capacity to pursue scale up and achieve sustainability: the mHealth Assessment and Planning for Scale (M.A.P.S.) Toolkit. The M.A.P.S Toolkit builds on the work from ExpandNet and provides a self-assessment instrument and guidance features designed to improve project teams' capacity to scale their mHealth innovations.

### **Recommendations:**

- Conduct more robust studies, including randomized control trials and cost-effectiveness analysis, particularly on how mHealth is influencing behavior change.
- .Cost mHealth interventions to determine cost-benefit analysis.
- Document the process of scaling mHealth projects from the pilot phase to understand the resources required, and in particular infrastructural limitations.
- When evaluating mHealth, evaluators should not just ask “does it work?” but rather “does it help us optimize and strengthen what we know works?”

### **Challenges:**

- Limited cost-effectiveness data and rigorous studies.

- mHealth is a facilitating tool and by itself cannot overcome health system gaps, such as commodity stock-outs and weaknesses in the supply chain.
- Concerns about data privacy.
- Information does not necessarily lead to action (behavior change).

The M.A.P.S. Toolkit will be available for limited release soon. Contact [tamratt@who.int](mailto:tamratt@who.int) for more information.

### Resources now available:

[A practical guide for engaging with mobile network operators in mHealth for reproductive, maternal, newborn and child health](#)

[mHealth Planning Guide: Key Considerations for Integrating Mobile Technology into Health Programs](#)

[How to approach MHealth](#)

## Sustainability of Scale-Up: Successes, Challenges & Way Forward

**Moderator:** Salwa Bitar, E2A

**Speakers:** Angela Mutunga, Advance Family Planning; Mengistu Asnake, Pathfinder International Ethiopia; Negussu Mekonnen, Management Sciences for Health Ethiopia

*Q: How can you mobilize and engage leadership champions to ensure sustainability of a scaled-up best practice?*

Negussu Mekonnen mentioned the need for training in leadership and governance and ensuring transparency and accountability within the health system. Mengistu Asnake pointed out that in Ethiopia Health Extension Workers are embedded in the health system, rather than just being volunteers. This has brought family planning methods to the doorsteps of clients and enabled ownership of family planning services by the public sector. Angela Mutunga pointed out that advocates can provide a critical link to sustaining scale-up. Advance Family Planning is working in multiple countries, for example, to conduct landscape analyses which describe policies and gaps in those policies that need to be addressed through advocacy.



*Q. How would you define sustainability?*

Angela Mutunga said sustainability comes with synergies and using resources for maximum benefit. She said we need to think about efficiency (such as integration of services) and lower cost of interventions to truly make them sustainable. She said there needs to be consistent changes at all levels to achieve sustainability, and pointed out that advocacy is an engine behind sustainability through policy change. In terms of defining the term, she said sustainability means that at the end of the day we are moving as fast as the need through efficiencies and coordination. Negussu Mekonnen said that for scale-up to be sustainable, a good strategy needs to be in place that includes budgeting/cost, commitment, and bridge funding for transition to government ownership. Mengistu Asnake also mentioned the need to think about exit strategy from the beginning of the project. He said that it is very difficult to define sustainability, but if we are able to meet sustained demand with the services provided then we are reaching our goal of sustainability.

## Meeting Evaluation Summary

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Participants filled out a one-page evaluation with three questions for feedback.

The first question asked participants, on a scale of 1 to 5, with 1 being poor and 5 being excellent, how they would rate the meeting. The majority of participants rated the meeting as a 4. When asked what was most beneficial and generated the most valuable learning, again, the vast majority of participants mentioned the group work sessions. Several participants also mentioned the success stories and the panel on sustainability.

When asked what changes they would make to future meetings some participants mentioned that they had wished there was more time, particularly for the interactive work. Some expressed the desire to delve more deeply into each topic, while others wished they could have learned about all the topics mentioned instead of having to choose among concurrent sessions.

When they were asked to recommend topics for future webinars held by the community of practice, there were a wealth of responses, with youth, costing, sustainability, and advocacy being the most frequently mentioned focal areas.

## Annex I: Agenda



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**IBP Initiative**  
Scaling up what works in family planning/reproductive health

### Hands on for Scaling Up Family Planning & Reproductive Health Best Practices: Experiences & Challenges from Africa

*Capital Hotel and Spa  
Addis Ababa, Ethiopia*

*Monday, June 15, 2015*

8:30–9 am	<b>Registration &amp; Breakfast</b>	
9–9:10 am	<b>Meeting Overview</b>	<i>Salwa Bitar, Evidence to Action Project</i>
9:10–10 am	<b>Welcome &amp; Perspectives on Scale-Up</b> Perspectives from USAID, WHO regional office, David and Lucile Packard Foundation, Ethiopia Ministry of Health	<i>Carina Stover, Evidence to Action Project</i> <i>Nandita Thatte, USAID</i> <i>James Kiarie, WHO</i> <i>Yemeserach Belayneh, Packard Foundation</i> <i>Ethiopia Ministry of Health Official</i>
10–10:15 am	<b>Success Stories</b> 3 success stories on scaling up from different countries; 2-3 minutes each	<i>Peter Kagwe, Tupange Project, Kenya</i> <i>Simba Shayanewako, Parirenyatwa Hospital, Zimbabwe</i> <i>Ambaw Damtew, EngenderHealth</i>
10:15–11 am	<b>Panel Discussion: Setting the Stage for Systematic Approaches to Scale-Up</b> Overview of the continuum of change, multiple proven and emerging scale-up approaches, and high-impact practices that need to be scaled up	<b>Moderator:</b> <i>Ben Bellows, Population Council</i> <b>Speakers:</b> <i>Suzanne Reier, WHO, IBP Initiative</i> <i>Victor Boguslavsky, University Research Co., LLC</i> <i>Laura Ghiron, ExpandNet</i> <i>Nandita Thatte, USAID</i>
11–11:30 am	<b>Coffee Break</b>	
11:30 am–1 pm	<b>Group Work: Systematic Approaches for Scale-Up</b> Participants choose one station to work on a case study that involves scale-up of an emerging or high-impact practice	<b>Station 1: Fostering Change</b> <i>Suzanne Reier, WHO, IBP Initiative</i> <b>Station 2: ExpandNet Approach</b> <i>Laura Ghiron, ExpandNet</i> <b>Station 3: The Wave Sequence Approach Through Collaborative Improvement</b>

Victor Boguslavsky, University Research Co., LLC  
Amanda Ottosson, University Research Co., LLC

1–2 pm	<b>Lunch</b>	
2–3:15 pm	<b>Group Work: Other Considerations for Scale-Up</b>	<b>Station 4: Data Use for Scale-Up</b> <i>Speakers: Banchiamlack Dessalegn, FHI 360</i> <b>Station 5: Costing for Scale-Up</b> <i>Speakers: Ben Bellows, Population Council</i> <b>Station 6: Advocacy for Scale-Up</b> <i>Speakers: Angela Mutunga, Advance Family Planning; Antony Omimo, Pathfinder International Kenya; Edward Scholl, Evidence to Action Project</i> <b>Station 7: mHealth and Scale-Up</b> <i>Speakers: Tigest Tamrat, WHO</i>
3:15–4:15 pm	<b>Discussion: Sustainability of Scale-Up: Successes, Challenges &amp; Way Forward</b> This discussion will address: the effect of health systems strengthening, leadership & advocacy on sustainability of scale-up. An expert from Ethiopia's Ministry of Health will discuss the Health Extension Worker Program and how it was scaled.	<b>Moderator:</b> <i>Salwa Bitar</i> <b>Speakers:</b> <i>Ethiopia Ministry of Health Official Angela Mutunga, Advance Family Planning Mengistu Asnake, Pathfinder International Ethiopia Negussu Mekonnen, MSH Ethiopia</i>
4:15–4:30 pm	<b>Coffee Break</b>	
4:30–5 pm	<b>Closing &amp; Future Plans</b> Participants to share what they learned and future plans for their countries	

## Annex 2: Speaker Bios

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### Keynote Speakers & Hosts

**Nandita Thatte** is a Technical Advisor in the Office of Population and Reproductive Health at USAID. Her work supports the translation and implementation of research evidence into country-level programs to improve family planning and reproductive health outcomes. She works with USAID programs in sub-Saharan Africa with a focus in Mozambique and Francophone West Africa. She is currently pursuing her DrPH at the George Washington University where her research focuses on adolescent risk perceptions of HIV and unplanned pregnancy among Ghanaian youth, and sexual and reproductive health behavior outcomes.

**Yemeserach Belayneh** is the Country Advisor and Representative of the David and Lucile Packard Foundation in Ethiopia. She has overseen the foundation's grantmaking activities in population and reproductive health since August 2008. She has broad experience planning and managing family planning and reproductive health programs. She also serves in various technical committees and training programs with focus on family planning, adolescent sexual and reproductive health, policy advocacy and leadership development. She is one of the chapter contributors for the Reproductive and Child Health Training Text Book, published by John Hopkins and Addis Ababa Universities. Yemeserach was the co-chair to the International Family Planning Conference, which was hosted in Addis Ababa in November 2013. Yemeserach serves as a technical advisor of different organizations, including the Ethiopian Public Health Association National Advisory Council.

**James Kiarie**, an obstetric gynecologist, is the coordinator for the World Health Organization's (WHO) Human Reproduction Team. Prior to joining WHO in December 2014, he was an Associate Professor in Obstetrics and Gynaecology at the University of Nairobi, and a Consultant Obstetrician Gynaecologist at Kenyatta National Hospital. Dr. Kiarie has over 20 years experience in teaching, clinical practice and research in reproductive health, focusing on HIV/AIDS, sexually transmitted infections and family planning. He has led various training programs for health professionals, and has been the principal investigator on a number of multi-country and multi-site research collaborations. In 2014, Dr Kiarie received a merit award from the Kenya Obstetrician and Gynaecologists Society for his contributions to providing and promoting reproductive health services in Kenya.

**Carina Stover** is the USAID-funded Evidence to Action (E2A) Project Director. Ms. Stover is a seasoned international public health and family planning expert, who served USAID in leadership positions throughout Asia and Africa for more than 20 years. Her expertise has been applied to analyze, design, manage, evaluate, and improve public and private investments in family planning and reproductive health. Ms. Stover exhibits a strong commitment to implementing family planning and reproductive health programs that are well integrated with other essential services—such as infectious disease, maternal, newborn, and child health, and nutrition services—and supported by the local communities they serve. Ms. Stover has worked to shift concern for vulnerable communities from donors to local governments and communities, particularly civil society and the private sector. As a pioneer for USAID in several countries, Ms. Stover has been responsible for launching important public health policies and initiatives that continue to thrive. In Ethiopia, Ms. Stover helped to secure the first US Government funding for HIV/AIDS in Ethiopia, which is now one of the largest HIV/AIDS programs in the world.

**Salwa Bitar** is a medical doctor who has provided family planning/reproductive health/maternal, newborn and child health services in developing countries, and has been a trainer in contraceptive technology and best practices in family planning, safe motherhood, emergency obstetric care, and

neonatal care. She has spent the last six years with Management Sciences for Health, currently working with the E2A Project as Senior Advisor for Scale-Up and previously with E2A's predecessor, Extending Service Delivery, under which she led the scale-up of family planning and maternal, newborn and child health services in Asia and Middle East. Dr. Bitar has 25 years' experience building strong connections with international partners, and has been a global leader in advocacy, dissemination, and scaling up of family planning, reproductive health, and maternal, newborn, and child health best practices, resulting in improved quality and scale-up of services in numerous African and Asian countries. Salwa currently leads facilitation of the community of practice on systematic approaches to scale-up for E2A.

## **Panelists & Presenters**

**Ben Bellows** is an Associate at the Population Council in Zambia, where he manages a regional family planning research portfolio for the USAID-funded Evidence Project. Previously at the Population Council in Kenya, he managed a five-country mixed methods evaluation of reproductive health voucher programs in East Africa and South Asia with funding from the Bill & Melinda Gates Foundation. Before joining the Population Council in 2009, Ben served as a technical advisor to Venture Strategies for Health and Development, leading the evaluation of the German Development Bank (KfW)-funded voucher program for treatment of sexually transmitted infections in western Uganda (2006–2008). From 2001-2003, Ben was a research fellow at the Centers for Disease Control and Prevention (CDC), helping to develop training curricula for HIV counseling and testing in the CDC's Global AIDS Program. He received his Ph.D. in epidemiology (2009) at the University of California, Berkeley and is a term member of the Council on Foreign Relations.

**Victor Boguslavsky** is the USAID Applying Science to Strengthen and Improve Systems Project's Regional Director for Europe & Eurasia, and East Africa. A public health professional with 27 years of progressive implementation, management, and leadership experience in epidemiological research, prevention and control of communicable and non-communicable diseases, improving health and social services, health systems strengthening, policy change, international development. Extensive work experience includes countries of Eastern Europe, Central and East Asia, and East Africa. As the Regional Director and an Improvement Advisor, Mr. Boguslavsky provides mentoring and coaching to country teams, health care providers, and leaders in the design and implementation of activities aimed at improving health outcomes at a large scale.

**Ambaw Damtew** is a senior behavior change communication and community engagement advisor at EngenderHealth Ethiopia's Access to Better Reproductive Health Initiative. The project operates in 7 regions of Ethiopia and supports more than 350 health facilities to provide comprehensive and quality family planning and abortion care. Ambaw has more than 20 years of experience in the public and private sectors, working as reproductive health program manager, an advisor for communication programs and health promotion, and education coordinator. He has worked for Pathfinder International Ethiopia, Care International Ethiopia, and the Ethiopian Ministry of Health. Ambaw has an advanced diploma in sexual and reproductive health research and a social science background.

**Banchiamlack Dessalegn** is a Senior Technical Advisor, Monitoring, Evaluation and Research for FHI 360's USAID-funded PROGRESS project, providing M&E technical assistance to the Ethiopian Federal Ministry of Health's family planning initiatives. She received her B.S. from Pennsylvania State University, an M.A. and Ph.D. from Johns Hopkins University. She was a post-doctoral researcher and lecturer at the University of Chicago. She comes to FHI 360 from Population Council.

**Laura Ghiron** is Vice President of Partners in Expanding Health Quality and Access and a member of the ExpandNet Secretariat. She spent from 1998-2009 at the University of Michigan, School of Public

Health, and the last five years as Senior Research Area Specialist. From 1998-2006, Ms. Ghiron collaborated with the World Health Organization and colleagues in Latin America on the Strategic Approach to Strengthening Reproductive Health Policies and Programmes and the subsequent Reprolatina Project. She worked with Chinese colleagues on the Quality of Care Project from 1997-2007. In 2003, Ms. Ghiron helped found ExpandNet, a global network of public health professionals that has sought to advance the science and practice of scaling up. She has been providing scaling up-related technical support to several major efforts in Asia, Africa, and Latin America since 2007. In 2011, Ms. Ghiron began serving as a scaling-up advisor to E2A, and to the Health of People and Environment in the Lake Victoria Basin Project to help the project team ensure a strong focus on sustainability and scalability. She maintains the ExpandNet website at [www.expandnet.net](http://www.expandnet.net).

**Peter Kagwe** is a social demographer by training, with a master's degree in Sociology and a post graduate diploma in Population and Development. He has over 17 years of experience working with International NGOs in the area of reproductive health, family planning, and HIV/AIDs. He previously worked with Pathfinder International, Helpage International, Catholic Relief Services, and Kenya's National Council for Population and Development. He has broad experience in management of programs at both field and national levels in Kenya. Currently with the Bill & Melinda Gates Foundation-funded, Jhpiego-led Tupange Project he manages the city-based activities in Kisumu and oversees the successful scale up of similar activities to Kakamega a neighboring city in Kenya

**Mengistu Asnake Kibret** is a public health physician with 28 years of experience in clinical service, program management, training and operations research both in government and non-governmental organizations. He is currently the Country Representative for Pathfinder International in Ethiopia and the Chief of Party for the Integrated Family Health Program, a USAID flagship family planning maternal newborn and child health program. In a voluntary capacity, Dr. Mengistu served as the president of the Ethiopian Public Health Association from 2006-2009, and since May 2014, has served as the president of the World Federation of Public Health Associations. He authored and co-authored close to 30 scientific and technical papers in peer reviewed journals and technical publications. Dr. Mengistu received an MPH from Addis Ababa University in 1991, his MD from Gondar College of Medical Sciences in 1986, and several certificates from different trainings.

**Negussu Mekonnen** is a pharmacist with more than 30 years of service in pharmacy service delivery, pharmaceutical system strengthening, and academia. Dr. Mekonnen was associate professor of pharmacology and Dean of the School of Pharmacy, Addis Ababa University. He has served on the Board of Directors of leading government institutions, including the Drug Administration and Control Authority and Ethiopian Pharmaceuticals Manufacturing Factory. Dr. Mekonnen was a member of the task force that prepared the National Drug Policy of Ethiopia and the lead consultant for the expert committee that prepared the first Ethiopian Standard Treatment Guidelines. The Ethiopian Pharmaceutical Association awarded him a gold medal and merit certificate in 2010 "for outstanding service in the development of pharmaceutical services in Ethiopia." Dr. Negussu Mekonnen has been Country Representative of MSH-Ethiopia since 2008.

**Angela Mutunga** is currently East Africa Regional Program Advisor for Advance Family Planning (AFP), based at the Jhpiego Kenya office since August 2013. Angela takes the lead in coordination of Voices from the South advocacy activities, in particular from within the East Africa region. She works closely with all AFP teams in Kenya, Tanzania, and Uganda to identify opportunities for in-country and regional shared advocacy strategies, and to build regional collaboration in pursuit of countries' fulfillment of FP2020 commitments. Prior to joining AFP, Angela was the Country Director for Family Care International, Kenya office, where she held several positions of increasing responsibility. Angela has over 15 years of experience in advocacy for family planning and reproductive health, maternal and

newborn health, human rights approaches to reproductive health, social accountability and quality assurance methodologies. She holds an MA in Sociology and Communication, is a Certified Public Accountant, and is currently pursuing an MSc. in Health Economics and Policy at the University of Nairobi.

**Antony Omimo** is currently the Project Manager for the Health of People and Environment in the Lake Victoria Basin (HoPE-LVB) Project in Kenya for Pathfinder International's office in Kisumu. He is a Master's graduate from Kenyatta University of Agriculture and Technology with a Diploma in NGO Management from Kenya Institute of Management. He is an expert in the area of integrated population, health and environment as well as advocacy. Prior to his work on HoPE-LVB, Mr. Omimo worked as the Regional Reproductive Health Representative for Population Services International for six years.

**Amanda Ottosson** is a Healthcare Improvement Fellow for the Quality and Performance Institute at URC-CHS and USAID ASSIST Project. Amanda works closely with the Director of the USAID ASSIST Project on program implementation, finance, health systems strengthening and quality improvement mechanisms. Prior to her position as a Healthcare Improvement Fellow, Amanda worked on community health projects in rural Ghana. Amanda has a BA in Global Economics from the University of California Santa Cruz and an MSc in Development Studies from Uppsala University, Sweden.

**Suzanne Reier** has worked for over 30 years in international development situations ranging from community-based health and social service programs to large scale bilateral programs to improve quality of reproductive health services. The majority of her international experience has been in East, North, and West Africa. Suzanne has extensive experience as a manager, trainer and facilitator. She currently works with the IBP Initiative, based at World Health Organization/Geneva in the Reproductive Health Department, to facilitate a coordinated effort of 44 major reproductive health organizations to collectively improve the quality of and access to reproductive health programs. The key elements of this initiative are to foster change and scale up proven, effective practices and programs by harmonizing efforts among partners. She has introduced and trained program managers at regional and country level in Africa, the Middle East, and Southeast Asia to use the IBP Fostering Change Guide and has facilitated scaling-up activities in numerous countries using the ExpandNet model.

**Edward Scholl** is the Director of Service Delivery Strengthening for E2A. He has over 25 years of experience working in Africa, Asia, and Latin America on reproductive health, HIV, and maternal and child health projects. Most recently he was the India Country Director for Project Concern International. Prior to that he was the Project Director for the global AIDSTAR-One Project, and Deputy Director of the YouthNet Project that focused on youth reproductive health and HIV. Ed has spent 19 years living overseas, most of it in Latin America, and has worked for the USAID Missions in Peru and Guatemala as a health and population advisor. He has an MPH in Population, Family and International Health, and MA in Latin American Studies, both from UCLA.

**Simba Shayanewako** is a Registered Nurse Midwife and a Project Coordinator for Students' Family Planning and Life Skills clinic at Parirenyatwa Hospital in Harare, Zimbabwe. Simba has pioneered the introduction of youth-friendly family planning services in nursing colleges in Zimbabwe since November 2009. He is working closely with the Ministry of Health to scale up the project to other nursing colleges countrywide. Simba has led many initiatives to increase access to information on reproductive health issues and empower nursing students to take charge of their reproductive health issues. Previously, Simba served as President of the students' board and spearheaded programs at Parirenyatwa Schools of Nursing. Simba was a youth respondent for a Leadership, Management & Governance Project led by Management Sciences for Health, a high-level event held in conjunction with the 67th World Health Assembly in Geneva Switzerland.

**Lucy Shillingi** is a public health specialist with about 17 years of work experience in HIV/AIDS; family planning; sexual and reproductive health; and maternal, newborn and child health. She most recently has worked on integrated population, health, and environment projects. She has accumulated varied work experience in community development, capacity building, and other technical assistance interventions to NGOs/CBOs, community groups, ministerial and district departments. Her skills and experience cover direct project design, implementation, and monitoring and evaluation. She is the Country Representative for Pathfinder International Uganda, which is currently implementing three projects, including HOPE-LVB: a transboundary project in the Lake Victoria Basin focused on systematic scale up of best practices and the value added of integrating population, health and environment activities.

**Tigest Tamrat** is a consultant at the WHO's Department of Reproductive Health and Research based in Geneva, Switzerland, where she helps oversee the technical assistance provided through the Innovation Working Group catalytic grant mechanism for the scale-up of reproductive maternal, newborn, and child mHealth programs. She has worked on mHealth innovations spanning the sub-Saharan Africa, Asia, and the United States and currently supports the WHO secretariat in coordinating a multisite research study on a digital health platform for frontline health workers. Prior to joining WHO, Tigest worked as a Research Associate at Population Council in Ethiopia where she conducted adolescent sexual and reproductive health field research across in Tanzania, Ethiopia, and Burkina Faso. Ms. Tamrat holds a Masters in Public Health from the Columbia University Mailman School of Public Health.



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