

From Project to Program: Tupange's Experience with Scaling Up Family Planning Interventions in Urban Kenya

Nelson Keyonzo,^a Paul Nyachae,^a Peter Kagwe,^b Margaret Kilonzo,^a Feddis Mumba,^c Kenneth Owino,^a George Kichamu,^d Bartilol Kigen,^e Peter Fajans,^f Laura Ghiron,^g Ruth Simmons^h

a Tupange, Kenya Urban Reproductive Health Initiative, Jhpiego, Nairobi, Kenya.

Correspondence: nelson.keyonzo@jhpiego.org

b Tupange, Kenya Urban Reproductive Health Initiative, Jhpiego, Kisumu, Kenya

c Tupange, Kenya Urban Reproductive Health Initiative, Jhpiego, Mombasa, Kenya

d Technical Services, National Council for Population and Development, Nairobi, Kenya

e Division of Family Health, Reproductive and Maternal Health Services Unit, Nairobi, Kenya

f ExpandNet Secretariat, Gex, France

g Partners in Expanding Health Quality and Access, Davis, CA, USA

h University of Michigan School of Public Health, Inverness, CA, USA

Abstract: *This paper describes how the Urban Reproductive Health Initiative in Kenya, the Tupange Project (2010-2015), successfully applied the ExpandNet approach to sustainably scale up family planning interventions, first in Machakos and Kakamega, and subsequently also in its three core cities, Nairobi, Kisumu and Mombasa. This new focus meant shifting from a “project” to a “program” approach, which required paying attention to government leadership and ownership, limiting external inputs, institutionalizing interventions in existing structures and emphasizing sustainability. The paper also highlights the project's efforts to prepare for the future scale up of Tupange's interventions in other counties to support continuing and improved access to family planning services in the new context of devolution (decentralization) in Kenya. © 2015 Reproductive Health Matters. Published by Elsevier BV. All rights reserved.*

Keywords: Family planning, scaling up, sustainable scale up, Kenya, Tupange, urban poor, devolution, decentralization, project approach, program approach, Urban Reproductive Health Initiative, ExpandNet

Introduction

There has been much discussion recently about the need to move from conventional project approaches to a systematic focus on sustainable scale up, starting from the time that projects are initially planned and designed.¹⁻⁴ However, making this transition is not easy. It requires creating ownership in the institutions that are expected to implement successful interventions on a large scale and working within existing system constraints or finding ways in which constraints can be alleviated.⁵

This paper describes efforts of Kenya's Tupange Project to learn about systematic approaches to sustainability and scale up and to apply them in its project in five Kenyan cities. The Tupange Project (2010-2015) is part of the Urban Reproductive Health Initiative funded by the Bill and Melinda

Gates Foundation in four countries (India, Kenya, Nigeria and Senegal). It has sought to achieve significant improvements in family planning service delivery and community awareness in urban slums, initially in the three “core cities”, Nairobi, Kisumu and Mombasa, and subsequently in the “expansion cities”, Machakos and Kakamega. At the end of its project period, Tupange is exploring how key lessons from the project can be more broadly applied in the new context of *devolution* (decentralization) in Kenya, where power has been transferred from national level to the newly-created county level.

Project versus program approach to effecting change

Experience has shown that working in what is here described as a project approach may produce

notable improvements in health outcomes in local areas, but often does not lead to sustainable scale up.^{1,6} The project approach refers to interventions that are focused on short-term results and not necessarily on what is needed to ensure sustainable scale up, even though large-scale impact is often stated as the ultimate goal. In this approach levels of financial, technical and human resources are unlikely to be available for subsequent implementation in routine programs and parallel structures to existing government or private sector programs tend to be created. Moreover, only limited attention is given to addressing the legal, policy, bureaucratic, institutional and programmatic frameworks essential for institutionalizing interventions.

Conversely, working in a program approach means organizing projects from the outset in ways that enhance the potential for subsequent sustainable scale up. The focus of such an approach is on the broader health system and on how the intervention implemented initially in the project will contribute to the national program. Efforts are made to limit external resources to what can be maintained or mobilized on a larger scale. Government ownership and a participatory process involving key stakeholders are central.

Key differences in the two approaches are captured in [Table 1](#).

Background on the Tupange Project

Tupange is a project led by Jhpiego, an international NGO affiliated with Johns Hopkins University, in collaboration with a consortium of partners. Partners include the National Council of Population and Development (NCPD) under the Kenyan Ministry of Planning and Devolution, in charge of policy and advocacy activities; Marie Stopes International (MSI), responsible for strengthening the private provider network and service delivery in the core cities; Pharm Access Africa LTD, responsible for contraceptive commodity security; and the Johns Hopkins Center for Communication Programs, leading the demand creation activities. The goal of Tupange is to increase contraceptive use among the urban poor in five Kenyan cities. At the time Tupange was initiated, national health efforts were focused mainly on HIV and primary health care for the rural population. The family planning needs of the urban poor, by contrast, were not being adequately addressed, even though rapid urbanization has been transforming Kenyan cities.

Table 1. Project versus program approach to effecting change.

Key Dimension	Project Approach	Program Approach
Major purpose	Proof of concept	Proof of implementation
Government participation	Relatively limited	Extensive
Role of project staff	Implementers	Facilitators Technical assistance Mentorship
Emphasis on external resources and creation of parallel systems and structures	Extensive	Limited
Emphasis on mobilizing existing resources	Limited	Extensive
Focus on institutionalization and sustainability	Limited	Extensive
Preparing for large scale implementation from the outset	Limited	Extensive
Time frame	Relatively short	Long
Collaboration with non-project partners	Limited	Extensive

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