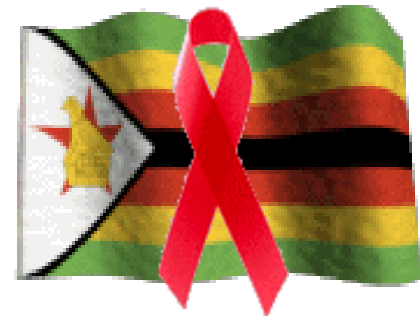


Lessons learnt from applying *Beginning with the end in mind* to the Student Nurses' Family Planning Program

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Beginning with the end in mind!!!

- Planned for:
 - wide scale implementation
 - scalability for lasting & larger scale impact
 - quality care
- Piloted the innovation with stakeholder participation.
- Demonstrated a value / relevance for stakeholder & consumer active participation
- Tailored: Clarified how the innovation will be different from the current practices and beliefs, whilst keeping the innovation simple.

An overview of the Student Led Family Planning Pilot Project

- **The Background Issues;**

- High HIV prevalence in country & among youths
- Students were falling pregnant despite availability of FP Services at the training hospitals
- Students had limited knowledge on life - skills including HIV preventions at recruitment into training
- Unsafe sex practices – non use of dual protection – pregnancies, unsafe abortions, septic abortions and some fatalities
- Limited peer support
- Faculty not sensitive to the needs of the students
- Students not completing training - dismissals

Engaging stakeholder participation

- Participatory approaches are useful for:
 - Political commitment
 - Building ownership
 - creating champions
 - issues are considered from multiple perspectives and decisions are collectively made in the specific local context
- Has the benefit of producing interventions that are relevant, appropriate, feasible and sustainable

Engaging stakeholder participation

- Early and regular stakeholder policy dialogues are critical for;
 - support at every level
 - reaching consensus on expectations for the scale up.

Engaging stakeholder participation

- Conduct stakeholder mapping for;
 - relevancy
 - degree of usefulness
 - level of influence
 - identification of Champions for that time & for future the including future implementation

NB.

Relevance – Literature on diffusion of innovation cites relevance the innovation as a major determinant of future success with scaling- up, GF (2008)

Engage stakeholder participation

- Who were engaged –
 - The site faculty & faculty from other schools,
 - Hospital management, staff clinic staff, FP Clinic staff,
 - Zimbabwe National Family Planning Council and technical experts
 - Policy makers - top management team at national level,
 - The representatives of the student body & the students themselves as these will support the scale up initiative.

Ensure relevance

- The innovation must be :
 - relevant in addressing important public health problems and have the potential for significant public health impact.
 - based on sound evidence considered preferable to alternative approaches and feasible in local settings where it is implemented.
 - promise substantial improvements in health systems effectiveness, efficiency and equity.
- **NB.** Interventions that are feasible & correspond to national health sector goals are likely to gain the political & administrative support necessary for large scale implementation if, the project results show success.

Ensuring relevance

- Defined the innovation - student run FP services
 - Assessed the scalability & the implications of implementing the scaling up strategy
 - Gathered available evidence on student health services
 - Assessed the degree of change implied by this innovation

The pilot project

- Student Led Family Planning Program for Student Nurses tailored to the socio- cultural & institutional settings.
- Parirenyatwa C. Hospital – School Of Nursing, Harare
- Student population 700 nursing
- Ages 17 – 30 years
- Males & females
- Over 1500 other students in Faculty of Health Sciences - medical, dentistry, pharmacy & allied professionals

Promoting learning and disseminating information – results

RESULTS WERE SHARED WITH STAKEHOLDERS

- Students are capable of running own FP services
 - The Clinic is run on 24hr basis
 - Reduction in drop out due to pregnancy & related complications
 - Attendance to the clinic by non nursing students
 - Program now implemented in two other schools in Harare using the lessons learnt from the Pilot Project.
 - Other schools have requested to start similar clinics.
- ☐ Feedback informed next steps including testing in two other sites under normal conditions of operation**

Tailored to achieve scale up

- Undertook an exercise to find out what other actions were needed for scale up
 - Made strategic choices to support vertical scaling up (institutionalization)
 - Identified the policy, legal, institutional or political level changes required & their feasibility so as to ensure that the program proceeds & that it is sustainable.
 - Documented the changes and compromises that needed to be taken & the actions taken

Prepare to advocate for changes

- Submitted report to Secretary for Health
 - Permit regulatory body, Nursing Council, to prescribe
 - Post for a faculty supervisor was requested for
- FP commodities
 - Direct supply rather than through the FP clinic
- Hospital management
 - Recruit the champion to continue the project
 - Support pilot project participants to present themselves

Made plans and strategic choices to support expansion

- ✓ Identified the sites to adopt innovation/ are adopting the innovation & their location
- ✓ Assessed the feasibility of the proposed scope of expansion given their capacities.
- ✓ Documented what actions needed to be taken to ensure success and took actions
- ✓ Decided on the time period for the expansion
- ✓ Decided on adjustments to be made & made the relevant adjustments
- ✓ Decided on the approaches & activities including on going monitoring and successful scale up from the beginning –starting with the end in mind!!!

Lessons Learnt from this work that may be useful for the introduction of the VMMC device

- Planning processes should anticipate and include planning with the end in mind for scale up
- Stakeholder mapping & participation is at the core of success in scaling up in specific settings
- Consultations with the regulatory bodies and professional associations for buy in early are **critical**.
- Device is not yet pre qualified but that should not stop us from advance planning!!!

Discussion Questions

- Who are the relevant current and future stakeholders for introducing a device for MC ??
- What is the information that is necessary when engaging with stakeholders??
- What are the policies and regulatory requirements that may need to be changed/ considered

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- *Harare Central Hospital Executive*
- *Chitungwiza Central Hospital Executive*
- *Student Nurses' Project Leaders*