Sustainable Scale-up Strategy

Kuwa Mjanja 2018-2020

September 2018
Background

- **Ultimate “owner”:** Ministry of Health, Community Development, Gender, Elderly, and Children

- **Focus area:** Evidence-based scale-up for sustainability¹
  » Horizontal Scale-up (Geographic Expansion)
  » Vertical Scale-up (Institutionalization)

- **Timeline:** 2018-2020

¹ExpandNet/WHO. Nine Steps for developing a scaling up strategy. 2010.
Vertical Scale
| for Sustainable Health System Ownership

- **Partnership with “Owners” at all health system levels**
  - National level – MOH
  - Regional level – Regional Health Offices
  - District level – District Health Offices, Public health facilities, Community Development offices, Youth Development offices

- **Institutionalized capacity through partnership**
  - National level —
    - Revised AYSRH in-service training curriculum, in partnership with AYSRH sub-group of the national SRH Technical Working Group
    - Job aids for key health and non-health cadres, integrating key Kuwa Mjanja content for youth friendly, cross-sectoral programming
  - Regional level —
    - Capacity development for KM supervision, financing, & planning
  - District level –
    - Capacity development for supervision and service delivery; collaboration between health and non-health local actors to deliver and sustain
Horizontal Scale
| for Sustainable Large-Scale Coverage

- **Today (Q1-Q2 2018)**
  - Active in
    - 18 regions
    - 1,059 total *one-time events* reaching 26,105 total adopters

- **Tomorrow (Q4 2018-2020)**
  - *Sustainable* coverage in MOH priority districts
  - Lasting Kuwa Mjanja coverage in:
    - 100 districts
    - Reaching 150,000 15-19 year old girls
Sustainable Scale-Up Trajectory
Geographic and institutionalized sustainability at scale

Revised national AYSRH pre- and in-service training curriculum

Sustain KM implementation capacity through job aid creation for key cadres, esp. Youth & Community Development Officers

Institutionalize domestic financing through KM integration into CCHP & budgeting

Regional and district health offices capacity development for KM supervision & implementation, including non-health components thru partnership

Partnership with public sector for service delivery

Q4 2018 25 districts
Q1 2019 25 districts
Q2 2019 50 districts
Q3 2019 50 districts
Q4 2019 75 districts
Q1 2020 75 districts
Q2 2020 100 districts

Horizontal scale: Geographic expansion & saturation of Kuwa Mjanja sites

Note: From Q4 2018-end of project, Kuwa Mjanja will employ a kickstart capacity development approach, whereby mobilization and service delivery overlaps with targeted capacity development for future district and facility public sector “owners”