Author's response to reviews

Title: Programa Geracao Biz, Mozambique: How did this adolescent health initiative grow from a pilot to a national programme, and what did it achieve?

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Author's response to reviews:

Dr. Pilar Valanzasca
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Dear Dr. Valanzasca,

We are sending this letter with our revision of the manuscript entitled “Programa Geração Biz, Mozambique: How did this adolescent health initiative grow from a pilot to a national programme, and what did it achieve?” to the Reproductive Health journal for further consideration. The manuscript has been revised according to the reviewer comments, which are addressed point by point below.

Reviewer 1: Alka Barua

Comment: The paper followed the framework to describe the scaling up of PGB. However, the factors that helped and hindered, which were one of the primary objectives to be studied and can provide valuable inputs for others do not get highlighted in the process.

Response: In order to address this comment we have added a “Lessons Learned” section to each part of our results section to highlight the aspects of the program that facilitated and hindered successful scale-up of the initiative according to the structure of the ExpandNet framework. To the “Innovation” section of the result we added the following paragraph:

“Lessons learned. Our analysis of the characteristics of the innovation using the ExpandNet framework highlights a number of facilitators and barriers to PGB success. Contextually, PGB addressed salient ASRH needs at a time when there was political will to act on this issue due to momentum from the 1994 ICPD as
well as mounting concern about the HIV epidemic. The clarity of PGB activities as well as assignment of responsibilities to the appropriate ministries facilitated implementation and encouraged local ownership within the ministries. On the other hand, the multisectoral design of the intervention introduced difficulties in coordinating and implementing the various components of PGB.”

To the “Resource Team” section we added this paragraph:

“Lessons learned. One of the strengths of the multisectoral design of PGB was that each of the three ministries was responsible for programme activities for which it was advantageously positioned to implement. Technical assistance from resource organizations provided capacity building support to the ministries in places where they were not yet equipped to implement new PGB activities. These strategies led to institutionalization of various aspects of PGB within each ministry both in terms of financial commitments from the Mozambican government and through policy action.”

To the environment section we added the following paragraph:

“Lessons learned. The success of PGB was partially due to the momentum from the 1994 ICPD and the ensuing national commitment to adolescent sexual and reproductive health. Further success in scaling up was ensured by engaging local institutions and identifying and addressing local contextual factors to enable programme implementation.”

And in terms of managing the scale-up strategy we added the following comment:

“Lessons learned. Successful scaling-up requires adequate resources to support making strategic decisions for where to expand, conduct community mobilization, and train and support new program staff at multiple levels within each ministry. While emphasis was placed on M&E, the programme could have benefitted from an evaluation strategy from the outset that examined changes in health behaviors and clinical outcomes as the programme expanded to new areas.”

Comment: A description of how inter-sectoral integration, since that is the critical innovative measure undertaken, which factors helped implementation and which did not and which of these were context and locale specific and which were generic would help the audience not only relate to the paper but also use the learning in their own set up.

Response: In order to address this comment we have expanded on our discussion of the intersectoral integration of PGB. For example, we have added the following sentences to our section on the capacity of the user organization: “One of the early evaluations of PGB noted that the intersectoral approach was working well, particularly at the national and provincial levels. The evaluators noted that decision making and responsibilities for implementation were shared, such as strategic selection of sites for scaling up and delegation of sector-specific activities to the relevant ministries [6]. However, the evaluators
also noted that this approach was more problematic at the district level due to sparse staffing and inadequate resources; for example, in some districts programme activities were implemented in only two of the three sectors, reducing the overall fidelity to the planned activities [6].”

Furthermore, we have greatly expanded our discussion of the multisectoral efforts in the discussion section as follows: “The multisectoral approach was largely successful for addressing adolescent sexual and reproductive health in the Mozambican context and may translate well to other settings. Adolescents were reached in clinics, schools, and communities—settings that are important for young people globally. In Mozambique, the three ministries that had expertise in providing services in each of these three settings were identified and their unique capacities were leveraged and enhanced. While the multisectoral strategy can draw on these strengths, it also requires commitment of adequate resources to build capacity and provide linkages and coordination between sectors at every level of implementation. This support can be provided by international NGOs and UN agencies but efforts should be made to build government capacity and gradually transition to independent implementation.”

Comment: The paper talks largely about changes in reproductive health awareness, behaviour and health which are indirect and not explicitly related to the project. Under the circumstances, the scaling up of implementation strategies without explicit evidence of achievement does not appear justifiable. The strengths mentioned are mostly in terms of relevance and credibility of the design of the innovation. Some details of activities implemented, exact process of institutionalisation and any evidence (or lack of it) that justifies scaling up would strengthen the paper.

Response: To address this comment we have elaborated on the institutionalization of PGB activities using evidence from one of the external evaluations that was conducted: “UNFPA and Pathfinder provided technical assistance for advocacy in order to support the institutionalization of policies supportive of ASRH [7]. Additionally these two organizations provided support to a youth advocacy group consisting of PGB peer educators from youth associations [7].”

We have also further elaborated on some of the difficulties that were encountered in scaling up and achieving sustainability: “This strategy was not without difficulties given the diversity of the settings to which PGB was scaled. In some provinces and districts the scale-up process was relatively smooth, while other struggled with issues largely related to human resources. Some provinces noted difficulties related to strained communications between sectors as well as difficulties in filling vacant technical assistance positions [6]. However, on the whole this scaled-up strategy increased the sustainability of the initiative by reducing the role of support coming from outside the government despite individual difficulties in some provinces.”

To address the concern that secondary data regarding sexual and reproductive health outcomes might be construed as causally associated with PGB, we
indicate that changes in SRH outcomes are “possibly corresponding” to PGB activities, which we believe is a very cautious statement. Generally, we rely on this secondary data to demonstrate that “the programmatic activities of PGB remain relevant and on-going efforts are needed to sustain and adapt interventions to the evolving environments and needs of adolescents.” We have also added a timeline (Figure 2) to clarify the temporality of PGB activities as well as a diagram depicting the organizational structure of PGB (Figure 3).

Comment: The conclusion could be re-phrased. From the paper it is appears that post-ICPD adolescent reproductive health was in the policy agenda of the country. The setting up of the Inter-sectoral Committee, the development of National Plan for Development of Adolescents and Youth suggest that. PGB evolved out of these policy initiatives. Therefore PGB’s crucial role seems to be of putting together an innovative programme design in place for realisation of the existing policy.

Response: We have rephrased this part of the conclusion to clarify the temporal order of the agenda-setting and policies of the Mozambican government as follows: “The momentum from the 1994 ICPD translated to a priority within the Mozambican government to form policies that promoted adolescent sexual and reproductive health. The design of the programme and the package of PGB activities came out of this agenda and formed an innovation that was clear and credible, though there were difficulties in relation to compatibility with local norms and ease of installation, due to the complex multisectoral nature of PGB.” Additionally, we have incorporated a timeline (figure 2) to clarify the temporal order of the various policies and events.

Comment: There are typos and grammatical errors in a few places. For example
The innovation: 1st paragraph, 4th line – public sector health facilities. Health is written twice
The innovation: 1st paragraph, 12th line – sentence ends abruptly.
PGB impact on behaviours and outcomes: 3rd paragraph, 5th line: grammatically incorrect

Response: We have addressed these grammatical errors.

Reviewer 2: Rebecka Lundgren

Comment: It is somewhat confusing to follow the events described in the article. I think it would be beneficial to add a timeline that provides an overview of the piloting and scale up process, including key events (both external and internal).

Response: We have added a timeline to the paper to help clarify the sequence of events associated with PGB. Thank you for the suggestion.

Comment: The article uses the ExpandNet framework but fails to describe it at the outset – a brief description would be helpful. Also, the article is shaped around the sub-elements of the framework without much discussion of the
interaction between systems, or the principles that accompany the model of equity, human rights, quality. If the authors address these issues, the paper would be more nuanced and interesting.

Response: In order to address this comment we have expanded the final paragraph in our methods section in order to better describe the ExpandNet framework. The final paragraph now reads as follows:

“We examined the planning and management of PGB’s scaling-up process using the WHO-ExpandNet Framework. The ExpandNet framework strives to improve the planning and management of the process of scaling-up of successful pilot programmes with a focus on sexual and reproductive health, making it particularly suited for an analysis of the scale-up of PGB. The framework provides a series of recommendations for programme planning and management in order to successfully scale-up programmes [9]. According to the framework, success of the scaling up strategy is determined by multiple interacting factors (Figure 1). Effectiveness of a scaling up strategy depend on characteristics of innovation to be scaled up, as well as characteristics of the resource team and the user organization, each of which is influenced by the environment in which they operate. Successful management of the scaling-up process requires attention to four strategic choice areas - dissemination and advocacy, organizational processes, resource mobilization, and monitoring and evaluation. We examine each of these areas in turn with reference to PGB.”

Additionally, we have incorporated “lessons learned” sections throughout the paper (described earlier in this letter), which highlight the elements of the initiation that helped or hindered scale-up according to the ExpandNet framework.

Finally, we have taken into consideration the comment regarding equity and human rights, and have incorporated a comment on issues relating to gender equity in PGB into the discussion section as follows:

“While PGB appears to have successfully provided SRH information and services to many adolescents in Mozambique, it did not sufficiently address social norms that likely contribute to ASRH outcomes. Concerns relating to gender equity were raised in routine monitoring when it was found that adolescent boys outnumbered girls among PGB peer educators [26]. While modifications were made specifically to the peer education training protocol to address this issue [26], more could have been done, especially with families and communities, to address social norms about gender and SRH. Inadequate gender sensitivity may have contributed to the limited effect PGB had on preventing unprotected sexual activity in girls.”

Comments: I found the use of the secondary data confusing throughout. For example, on pg. 5 – when was this information known? It is not clear whether this information was used to develop or scale up the intervention. In general, I feel that the article would be tighter if the secondary data (not related to PGB) were eliminated.
Impact on behaviors and Outcomes (p. 10): This section seems less relevant and a little forced. The results presented are too fragmented to really provide useful information on PGB’s effectiveness. I would delete much of this section, but just include some evaluation results in the beginning of the article which make the case of why this intervention was being scaled up.

Response: We considered these comments carefully and would like to retain the secondary data in this paper. While we appreciate Dr. Lundgren’s comment, we feel that the secondary data provides context for PGB activities and supports the continuing relevance of the initiative by describing the state of adolescent sexual and reproductive health during various periods of PGB implementation.

Comment: In the sub-section “capacity” under User Organization: (p. 7): More information would be helpful. The information included is too vague to be useful.

Response: We have provided additional information on the capacity of the user organization in order to address this comment: “One of the early evaluations of PGB noted that the intersectoral approach was working well, particularly at the national and provincial levels. The evaluators noted that decision making and responsibilities for implementation were shared, such as strategic selection of sites for scaling up and delegation of sector-specific activities to the relevant ministries [6]. However, the evaluators also noted that this approach was more problematic at the district level due to sparse staffing and inadequate resources; for example, in some districts programme activities were implemented in only two of the three sectors, reducing the overall fidelity to the planned activities [6].”

Comment: In the following section “Commitment”: It would be useful to learn more about how the advocacy happened. The tension between the resource team and user organization are key elements of scale up and the discussion here is too superficial to be very informative. Were there no barriers? How were they overcome? What did “community sensitization” involve? In the bottom of the commitment paragraph the authors discuss “great demand” for services. Where and from whom did the demand come? Youth? Parents? Others? In general this paragraph, to me, makes light of the challenges that were likely faced. If it were this simple, it seems that more pilots would be expanded.

Response: We have elaborated on additional efforts to support advocacy in the “Dissemination and advocacy” section rather than in the “Commitment” section. Our additions regarding advocacy supports are as follows: “UNFPA and Pathfinder provided technical assistance for advocacy in order to support the institutionalization of policies supportive of ASRH [7]. Additionally these two organizations provided support to a youth advocacy group consisting of PGB peer educators from youth associations [7].” To further address this comment we elaborated on challenges relating to community sensitization efforts: “An early evaluation notes that PGB activities such as efforts to include parents in education sessions could benefit from increased coordination and systematization [6].”
Comment: Making strategic choices in scaling up (p. 8): This section is also a little too general to be informative, for example: More explanation of how the horizontal expansion was staged would be helpful? And if any challenges were faced from districts put off to a later time.

Making strategic choices in scaling up (p. 8): This section is also a little too general to be informative, for example: More explanation of how the horizontal expansion was staged would be helpful? And if any challenges were faced from districts put off to a later time.

A bit more detail on how efficient use of resources was ensured, what community sensitization activities consisted of would be helpful.

Some discussion of the intersectionality of the systems would be helpful. It is written as if each is a separate system, but surely they interact.

Vertical scaling up: What was the relative importance of the different components?

Managing the scaling up strategy:

Deciding on the Managerial and Org Processes of Scale up: This section is important as it is the crux of scale up. More explanation of the new provincial level management structures would be useful. I think a diagram would help illustrate this point. This discussion is complicated, but important. I am interested in more discussion around the need for increased staffing. This is critical for scale- up but sometimes a challenge to achieve. How was this accomplished?

Response: These comments have been addressed in multiple ways. We have added a diagram (Figure 3) depicting the organizational structure of PGB, both in terms of the multisectoral nature of the programme and in terms of the management structures put in place at each level of government.

Furthermore, we have elaborated on some of the difficulties in scaling up as follows: “This strategy was not without difficulties given the diversity of the settings to which PGB was scaled. In some provinces and districts the scale-up process was relatively smooth, while other struggled with issues largely related to human resources. Some provinces noted difficulties related to strained communications between sectors as well as difficulties in filling vacant technical assistance positions [6]. However, on the whole this scaled-up strategy increased the sustainability of the initiative by reducing the role of support coming from outside the government despite individual difficulties in some provinces.”

Additionally, successes and challenges are synthesized in the final paragraph of this section, which we have added as follows:

“Lessons learned. Successful scaling-up requires adequate resources to support making strategic decisions for where to expand, conduct community mobilization, and train and support new program staff at multiple levels within each ministry. While emphasis was placed on M&E, the programme could have benefitted from an evaluation strategy from the outset that examined changes in health
behaviors and clinical outcomes as the programme expanded to new areas.”

Comment: Costs: This section addressed funding not costs. Is there any info available on the costs of the intervention? Where does this fit in the EN framework? Is this a discussion of leveraging funds?

Response: Thank you for this comment. We have elaborated on the costs of the program and added this information to the relevant section: “Overall, the PGB budget appears to have been well funded. The mid-project evaluation found that the cost per young person reached by PGB had stabilized to $4.40 in 2006 [7]. Total project expenditures from 2002 through 2006 were $18.9 million while expenditures in 2005 through 2009 were $27.2 million, an increase in line with the substantial scale-up that had occurred during the decade [8].”

Comment: How were the results from the external evaluations used to support scale-up? I’m not sure of the relevance of this paragraph- did the results support scale up or is it showing the program was effective? In terms of the second paragraph on monitoring and evaluation, it would be useful to have some discussion of the specific challenges to M&E during scale up. Were changes required from pilot to scale up? This is a critical area with little info.

Response: We have made changes to the M&E paragraph in order to address this comment. For example, we have included the following as an illustration of challenges faced during scale-up: “Furthermore, this evaluation noted that M&E efforts had focused on clinic-based service delivery, while other aspects, including peer-education, advocacy, and capacity building, were not as closely monitored [7]. The final 2011 external evaluation noted weakness within the M&E systems in many of the provinces, largely due to rapid turnover of project staff, which contributed to late or absent programme reports [8].” Additionally, we now note in the discussion section the role that external evaluations played in improving M&E systems: “External evaluations, which were conducted periodically, served as feedback mechanisms and led to improvements within these internal M&E systems.”

Comment: ASRH after PBG scale-up (2008-2013)

Were the changes described in this paragraph statistically significant? This is an example of where the timing if somewhat confusing, a timeline would help to place this evaluation and other information discussed in this section in context.

Response: As previously noted, we have incorporated a timeline (figure 2) in order to clarify the timing of various evaluations. Unfortunately the 2011 evaluation did not do statistical tests of significance so we’re unable to say if changes were statistically significant.

Comment: Discussion: This section would be stronger if it discusses scale up theory and PBG rather than just describing the experience. For example, I am interested in reading about the interaction between the resource team and user organization and what made that relationship work. The first paragraph mentions difficulties in compatibility with local norms and ease of installation- how were
those challenges addressed?

In the second paragraph which begins with a mention of the ExpandNet framework- I think this paragraph would be stronger if the article better describes the management structures put into place earlier in the article. This paragraph also mentions that close attention was paid to M&E so that operations could be changed as operations arose during scaling up- this was not well described earlier in the M&E section, although it is an intriguing statement.

Response: We have added the following paragraph to the discussion section to elaborate on the scaling up of PGB in more depth:

“The multisectoral approach was largely successful for addressing adolescent sexual and reproductive health in the Mozambican context and may translate well to other settings. Adolescents were reached in clinics, schools, and communities—settings that are important for young people globally. In Mozambique, the three ministries that had expertise in providing services in each of these three settings were identified and their unique capacities were leveraged and enhanced. While the multisectoral strategy can draw on these strengths, it also requires commitment of adequate resources to build capacity and provide linkages and coordination between sectors at every level of implementation. This support can be provided by international NGOs and UN agencies but efforts should be made to build government capacity and gradually transition to independent implementation.”

We have also added the following sentence to address the comment regarding attention paid to M&E systems: “External evaluations, which were conducted periodically, drew attention to the strengths and areas for improvement within these internal monitoring and evaluation systems providing recommendations for improvement.”

We hope that you will review our revisions and consider our manuscript for publication.

Sincerely,

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