20 Questions for Developing a Scaling up Case Study

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Introduction

Scaling up is a major challenge facing many donors, implementing agencies, and developing country governments. This challenge has stimulated operations research on how to do scaling up more effectively. In response to this challenge, two teams have recently developed strategic and operational frameworks for scaling up. One framework is the product of a collaborative effort by the WHO and the University of Michigan School of Public Health, the other was created by Management Systems International, an international development management consulting firm. The two frameworks were developed independently but with a great deal of collaboration and sharing of ideas over the last few years, and the results show a substantial consensus on what are the key elements and steps in scaling up. Both efforts were financed by the John D. and Catherine T. MacArthur Foundation's program in Population and Reproductive Health.

While these frameworks represent a significant advance in the field, both teams recognize that there is still much more to be learned about how to improve strategic management of scaling up. That is because in large part, as of this writing it has not been easy to learn lessons from existing field experience. In developing their respective frameworks, both teams have found that the existing case study literature on scaling up generally, and health services in developing countries in particular, is weak. There are few documented cases that have been published, and those that do exist are so-called "gray market" literature – internal documents, reports to donors or funders, or at best published on organizational websites. As many tend to be summaries or reports on projects as a whole which happen to be scaled up, rather than focusing on scaling up *per se*, it is often difficult to locate them with standard search methods. (This is why the WHO/Univ. of Michigan collaboration have created ExpandNet/WHO, a global network of public health professionals and scientists seeking to advance the practice and science of scaling-up successful health service innovations. A major focus of ExpandNet's efforts is increasing the case literature and knowledge sharing around scaling up).

Even those cases which do exist and focus on scaling up are usually not documented in ways which allows the reader to identify lessons learned about the process and management of scaling up itself. They tend, following the trend in scientifically-oriented academic medical and health journals, to emphasize a description of the project, model or innovation which was being tested, the results of the pilot project, and the success or failure of efforts to scale up that project. They do not talk about <u>what</u> the goals of scaling up were (and who determined them), <u>how</u> scaling up was done, and <u>who</u> did it. They rarely describe the political, health sector, or social environment in which scaling up occurred, the challenges and opportunities that environment presented, and how those challenges and opportunities were overcome and leveraged, respectively. As a result, the majority of existing case studies are of limited value in terms of improving our knowledge of how to scale up projects effectively.

The IBP initiative has agreed to try to improve our knowledge and practice of scaling up of health services, beginning with improving our documentation. The IBP is well suited for this position, as the vast majority of its members are implementing agencies with historical and ongoing field experience with scaling up health service projects. To move this effort forward, IBP has set as its first step the creation of a template of questions that would be used to guide the creation of improved scaling up case studies. This draft is a first effort in creating that template. It was created by Ruth Simmons, Peter Fajans and Laura Ghiron, the authors of the ExpandNet/WHO scaling up framework, and Richard Kohl, one of the co-authors of the MSI scaling up framework. As such, it integrates the insights and learning of both frameworks.

It is important to note an insight shared by both frameworks; scaling up is an art, not a science. While we have identified the broad processes and steps that need to occur, how that is best and most effectively done in individual cases will vary depending on numerous factors: the country environment, the goals of scaling up, the nature of the innovation, and the capacities of the resource team supporting the scaling up. Thus the goal of having more documented cases on scaling up is not to identify a sole set of "best practices", though perhaps a few may emerge, but rather to give scaling up practitioners greater a knowledge basis to draw upon in terms of what has worked or not worked in different circumstances.

One final note to the reader. In this text we refer to technical terms drawn from our scaling up frameworks, of which the phrase "resource team" in the previous paragraph is a good example. We have included definitions of many of these terms, but not all. For those readers who would like greater clarity on what is being referred to and how the questions relate to the overall process of scaling up, they are invited to refer to the respective framework documents. A copy of the MSI framework can be found at http://www.msiworldwide.com/files/scalingup-framework.pdf and the ExpandNet framework is available at www.expandnet.net/guide.htm.

Conditions that should be present to undertake a case study:

There needs to be adequate evidence, both quantitative and qualitative, to answer the questions listed below. Especially important will be evidence about the project's initial success, the process of scaling up, and its ultimate impact in terms of the extent to which the innovation was expanded and its policy, political, legal and other institutional impact. There also needs to be adequate evidence about the scaling up strategies used. Moreover, it would be helpful if key actors involved could be interviewed to supplement available data.

Glossary:

1. The Innovation: The innovation refers to the health service and other interventions that are being scaled up or to new practices such as community based interventions etc. The innovation typically consists of a package of interventions

2. User Organization: The user organization refers to the institution(s) or organization(s) that seek to adopt and implement the innovation.

3. The Environment: The environment refers to the conditions and institutions that are external to the user organization but fundamentally affect the prospects for scaling up.

4. Resource Team: The resource organization/team refers to the individuals and organizations that have been involved in the development and testing of the innovation and/or seek to promote its wider use.

20 Questions for the Retrospective Case Analysis

1. What was the <u>perceived</u> need the project was supposed to address and how and by whom was this need identified? How strongly was this need felt initially by various stakeholders, decision makers and policy makers? What efforts were made to increase the visibility of the problem to which this innovation is the solution?

2. What was the nature of the innovation (package of interventions) and its components (technical, managerial, training, policy) that was scaled up?

3. How credible was this innovation in terms of the evidence of success and its support from respected individuals and institutions?

4. Who were the user organization(s) selected and how was that done? Was the government the only user organization, or was scaling up through NGOs, public-private partnerships, considered?

5. How different was the innovation from existing practices (the degree of change) in the user organization and how did this affect the scaling-up process?

6. Did the innovation have a relative advantage over other practices seeking to address the same problem in terms of its effectiveness, cost-effectiveness, feasibility, donor/policy support, and evidence that it could be expanded under routine program conditions?

7. Were there any special circumstances (timing, champions) in the user organization that facilitated or hindered the scaling up process?

8. What were the most critical challenges and other factors in the various environments that affected scaling up? What was done to meet these challenges? What worked, what didn't, and why? What strategies were considered and not pursued?

9. Was scaling up facilitated by individuals who either formally or informally acted as resource team, and if so, did this team have the appropriate skills (in terms of training,

advocacy, management) and resources (financial and otherwise) to function effectively in this role?

10. Was the resource team able to expand its capacity during the process of scaling up? If so, how? Were they able to incorporate other additional members, especially from the user organization, develop partnerships or leverage other external resources?

11. What policy, legal, institutional or other political changes were necessary for formal adoption of the innovation? What, if any, advocacy and legitimation strategies were used to build support for scaling up and to achieve adoption? Is political support for the innovation sustainable?

12. What was the source of funding for all of the related costs of going to scale, such as the costs involved to support the resource team, and funding monitoring and evaluation of scaling up activities? Was there enough funding?

13. What policy, legal, institutional or other political changes were made to ensure sufficient financial resources for implementation of the innovation at large scale? Were these successful? Were external resources used in whole or in part to finance large scale implementation? Is financing sustainable?

14. What was the pace and scope of expansion to new sites (either within the same or multiple user organizations)?

15. What methods/approaches/activities (personal, impersonal, training, technical assistance) were used to transfer, communicate and promote the innovation?

16. What capacity building and other modifications to the user organization were necessary for successful adoption given the capacity of this/these agency/agencies, the complexity of the innovation, the situation within the larger environment, and the support available from the resource team? Is there evidence that the innovation is sustainable organizationally?

17. Were adaptations needed and made as the innovation was introduced into new sites and, if so, why were these needed? Did all essential elements of the innovation remain intact during expansion or is there evidence that key principles (e.g. reproductive rights and gender perspectives or quality of care) were lost? Were efforts made to ensure that all relevant aspects of the innovation were kept intact?

18. Was there variance in the effectiveness and sustainability of implementation across multiple sites, and if so, what explained this variance?

19. Was there monitoring and evaluation of the scaling up process and results? Were results fed into the political process and used to make relevant adjustment in the scaling up process?

20. What do you think were the major determinants of the successes and failures of scaling up?