Beginning with the end in mind
Planning pilot projects and other programmatic research for successful scaling up
Acknowledgements

This guide was written by members of the ExpandNet Secretariat, consisting of Ruth Simmons, the University of Michigan School of Public Health and Partners in Expanding Health Quality and Access, Peter Fajans, Department of Reproductive Health and Research (RHR) of the World Health Organization and Laura Ghiron, Partners in Expanding Health Quality and Access. The authors gratefully acknowledge the valuable contributions of Steve Hodgins, Jay Satia and Rajani Ved provided during a consultation in which the first draft of the document was reviewed. Special thanks also go to ExpandNet members and other colleagues who provided constructive input on the subsequent draft including Eva Canoutas, Maria Dolores Castro, Margarita Diaz, Clea Finkle, Dean Fixsen, Suzanne Reier, Jeremy Shiffman, John Skibiak, Jason Smith, Kimberly Aumack Yee and Trinity Zan.

Financial support from the David and Lucile Packard Foundation, the John D. and Catherine T. MacArthur Foundation’s Program on Global Security and Sustainability and WHO is gratefully acknowledged.
Beginning with the end in mind: Planning pilot projects and other programmatic research for successful scaling up

DRAFT

May 19, 2011
Introduction

Pilot projects and other programmatic interventions in which health innovations are tested on a small scale often show impressive results. However, their influence tends to remain confined to the original target areas and their results are often not sustainable. One of the reasons for this failure is that the requirements of large-scale implementation are rarely taken into account at the time of pilot or field testing (1). Pilot projects tend to be implemented with a level of inputs and support which subsequently cannot be sustained when innovations are taken to scale. This document is based on the premise that if scaling up is intended, one should “begin with the end in mind” and take steps to design the pilot in ways that enhance its potential for future large-scale impact.¹

This guide contains twelve recommendations on how to design pilot projects with scaling up in mind, as well as a checklist which provides a quick overview of the scalability of a project that is being planned, proposed or is in the process of implementation. Based on a combination of a comprehensive review of multiple literatures, field experience and a conceptual framework, the guide is intended for use by researchers, policy planners, programme managers, technical assistance providers, donors and others who seek to ensure that pilot or other programmatic research is designed in ways that lead to lasting and larger scale impact. It is written with reference to the health field but its recommendations can be applied to other areas as well. The guide is deliberately brief and can stand alone, but using it in conjunction with other ExpandNet/World Health Organization (WHO) resource materials will be helpful (see Annex A).

Background

This guide is one of the scaling-up tools developed by ExpandNet in collaboration with the Department of Reproductive Health and Research of WHO. ExpandNet is a network of public health professionals who are working in different regions of the world, seeking to improve the science and practice of scaling up. ExpandNet/WHO first published a book with a conceptual framework for scaling up and seven country case studies (5). This book was followed by the development of four resources:²

- Practical guidance for scaling up health service innovations (6)
- Nine steps for developing a scaling-up strategy (7) and the related worksheets (8)
- 20 questions for developing a scaling up case study (9)
- the ExpandNet website (10)

¹ This document focuses exclusively on recommendations for how to plan pilot projects to enhance the likelihood of scaling-up success. It is not intended to address other issues of project or research design for which extensive guidance is available elsewhere (e.g. 2-4).
² To download PDFs of the book and these tools see the ExpandNet website (www.expandnet.net) and the WHO/RHR website (http://www.who.int/reproductivehealth).
The present document complements these tools by presenting recommendations which are to be used at the time interventions are designed to increase the likelihood that they can be implemented on a large scale if proven successful. They build on the conceptual framework for scaling up which is presented in the other ExpandNet/WHO publications. One of the concepts from the framework which is applied throughout this guide is the term “innovation”. It refers to the health interventions and/or other practices that are being tested in pilot or other programmatic research. ExpandNet uses the concept of innovation because the package of interventions is new in the local setting where it is introduced, even though the interventions may have been implemented in other contexts and may represent internationally accepted evidence-based best practices (11).

The package of interventions tested in pilot or other field studies has multiple aspects, typically consisting of “hardware” components such as the introduction of a new technology, drug, clinical technique, or other product and “software” components such as a new training or educational approach. Software components generally also include actions needed to implement the intervention, such as revised supervision, logistics and information systems, etc. Innovations can range from relatively simple to complex, but even relatively simple ones may be more complex than they initially appear. For example, introducing a new contraceptive technology involves not only the contraceptive “hardware”, but the counseling “software,” as well as a variety of managerial interventions to ensure appropriate implementation. Taken together these interventions may involve a considerable amount of complexity.

**How to use this document**

The document will ideally be used by those who direct the design and will lead the implementation of pilot or other programmatic research (hereafter referred to as the project team). Annex B provides a brief illustrative description of how ExpandNet/WHO uses this document when providing support to a project. Discussing the recommendations provided in this guide is likely to suggest ways of adjusting the design of the project that will enhance the potential for future large-scale implementation.

The twelve recommendations presented here should be considered from the time pilots are being designed throughout the process of implementation. Such ongoing reflection will provide insights into actions needed to facilitate future sustainable scale up.

1. **Engage in a participatory process involving key stakeholders**

Participatory approaches generate political commitment, build ownership and create champions, ensuring that the issues raised are considered from multiple perspectives and
decisions are reached collectively about how to proceed in the specific local context. Stakeholders who have been involved in the pilot are more likely to support its scaling up than those who had little input. Engaging future implementers and those who represent the beneficiaries is likely to produce interventions that are relevant, appropriate, feasible and sustainable. The process of planning and implementing pilots or other programmatic research should therefore involve key stakeholders. This could include policymakers, programme managers, technical experts, service providers and community representatives or other interested groups, for example NGOs advocating for health, development or rights. If the design process only includes technical experts, interventions may prove to be unacceptable or unable to address the needs of beneficiary communities or other important stakeholders.

Specifically the project team should:

- Assess who are relevant current and future stakeholders, seek their input on the design of the project and plan to obtain their feedback on the process of implementation
- Include on the research/planning team key individuals from the future implementing organization(s)
- Seek to identify and nurture champions who can generate political will and otherwise promote future scale up
- Engage early and regularly in policy dialogues with key stakeholders about the project
- Participate in national and local networks, alliances or partnerships that are relevant to the project and the process of scaling up

Ensure the relevance of the proposed innovation

The proposed innovation should be relevant along several dimensions. It should address important public health problems and have the potential for significant public health impact. It should also be: based on sound evidence, considered preferable to alternative approaches and feasible in the local settings where it is to be implemented. It should promise substantial improvements in health systems effectiveness, efficiency and equity. Feasibility of the proposed intervention should be assessed with regard to the implementation capacity of the health system, particularly in terms of the financial and human resources available. If a new category of health worker is called for, it should be considered whether this will be feasible and if so, how these health workers will be incorporated into the national system. Interventions that are feasible and correspond to national health sector goals are likely to gain the political and administrative support necessary for large-scale implementation if project results demonstrate success. When an innovation is not congruent with existing policy, it still may be important to test it in a pilot, but it will later on require considerable advocacy to achieve the necessary policy change for its institutionalization.

3 The importance of participatory approaches to project planning has been widely discussed in the literature (e.g. 12-15).

4 Relevance of the innovation is cited in the literature on the diffusion of innovations as a major determinant of future success with scaling up (11, 16).
Specifically the project team should:

- Evaluate the relevance of the proposed project and its objectives in terms of the potential impact for alleviating pressing health or service delivery problems, using feedback from key stakeholders, among other sources of information
- Review available evidence for the efficacy of the proposed interventions
- Assess whether the proposed innovation is preferable to alternative ones in terms of feasibility, cost-effectiveness, equity, cultural appropriateness and community preferences
- Avoid designing projects that require financial and human resources that are unlikely to be available for large-scale implementation
- Evaluate the extent to which the innovation is consistent with existing policies, regulations, national health plans and priorities
- Advocate for the importance of the proposed innovation in national and subnational forums in cases where its relevance is not widely appreciated
- Consider changing or abandoning the project proposal if it is not relevant or preferable to existing practices or other interventions

3 Reach consensus on expectations for scale up

Participants involved in planning a project may have different expectations about where and to what extent the innovation is to be scaled up if it proves successful. Expectations may differ with regard to the geographic areas for expansion, the level of service delivery, the target populations or the desired pace of scaling up. It is important to clarify what these expectations are and to ensure that they are considered in the design of the project. For example if the innovation is intended for district hospitals and health centers, then pilot testing should be undertaken at both of these levels. However, expectations may need to be revisited based on lessons that emerge in the course of implementation and changes in the policy, donor, health systems, social, economic and health environment.

Sometimes pilot or programmatic research is intended to be a “proof of concept” where there is no immediate expectation that the innovation, if successful, should be scaled up. Even in these cases it is useful to consider the implications for scale up at the design stage in the event that interest in large-scale implementation arises later.

Specifically the project team should:

- Have a formal discussion among key stakeholders about expectations for scale up and document the agreements reached
- Ensure that the planning and implementation process of the project reflects the shared vision for scaling up
- Plan to modify expectations as necessary to reflect learning during the project’s implementation and any changes in the broader environment

5 The importance of shared expectations has been made by authors such as Cooley and Kohl (17).
Tailor the innovation to the socio-cultural and institutional settings

Innovations that build on existing patterns of social organization, values and local traditions are more likely to be adopted and to last. It is therefore important to design interventions in such a way that they are consistent with community values and social institutions. Likewise, a good match with the organizational culture of the health service delivery system is important. In addition, the larger political, economic, policy, bureaucratic and institutional environments need to be considered to identify both opportunities and constraints for future scaling up (16, 18).

Specifically the project team should:

- Identify community, socio-cultural and gender factors that might support or constrain implementation of the innovation
- Understand the norms, values and operational culture of the future implementing organization
- Assess opportunities and constraints within the political, policy, health sector and other institutional environment that will impact future large-scale implementation
- Take findings from the analyses mentioned above into consideration in the planning of the project
- Allow for sufficient flexibility in the design of the innovation to facilitate adjustments in response to socio-cultural diversity or other environmental opportunities and constraints

Keep the innovation as simple as possible

There is a tendency to test a wide variety of interventions in pilot projects, not all of which are essential for achieving the intended outcomes. While the testing of multiple components is sometimes required in order to determine what will be most effective, it is important to keep in mind that the simpler the interventions the more easily they can be implemented in the future. All proposed components should be reviewed, examining whether they are essential and how the overall package can be kept simple while still having a reasonable expectation of success. Although some simplification can take place once the project has been completed, it is important to keep things as simple as possible from the outset.6

The complexity of the innovation must match the capacity of the implementing organization unless capacity strengthening is part of the project. It is also important to ensure that the demands of implementing the innovation do not detract from the performance of other programmes or services that depend on the same organization or health system. One of the best ways to ensure this is to keep the interventions simple.

Specifically the project team should:

---

6 This argument has been widely made in the scaling-up literature based on evidence that complex interventions are difficult to scale up. See for example 18-21.
Assess whether simplification is possible without jeopardizing objectives. For example, review whether each of the proposed components of the innovation could be simplified or potentially eliminated.

If achieving the intended goals requires a complex set of interventions, consider phasing in the different components of the innovation, simplifying each one by eliminating unnecessary elements before testing them together as a package.

**Test the innovation in the variety of socio-cultural and institutional settings where it will be scaled up**

The innovation should be tested in the type of local contexts in which it will be scaled up. For example, if the objective is to improve access to health services for the underserved, it should be tested in areas where the underserved live. If nation-wide implementation is the goal and the country is culturally diverse, piloting should involve as many diverse regions and geographic areas as feasible. Scaling up may involve public, private, or NGO-based service systems or a combination thereof. It is important to conduct the project in the institutions that are expected to scale up the interventions if they are proven successful. If achieving the intended goals requires a complex set of interventions, consider phasing in the different components of the innovation, simplifying each one by eliminating unnecessary elements before testing them together as a package.

Specifically the project team should:

- To the extent possible, conduct the project in the variety of social, cultural or regional settings in which scaling up is to take place
- Test the interventions in the type of service delivery points and in the institutional settings where it is to be scaled up

**Test the innovation under routine operating conditions and existing resource constraints of the health system**

Pilot projects often succeed because the innovation is implemented with special human, financial and technical resources that are not always available for large-scale implementation. Testing in the day-to-day operational realities and within the resource constraints of the health service system where the innovation is to be scaled up is therefore essential.

If implementing the innovation requires additional inputs then these should be considered part of the package of interventions that needs to be expanded and institutionalized during scaling up. In some cases it may be necessary to conduct a two-stage piloting process, where the first stage provides the “proof of concept” and the second stage tests how new concepts can be implemented under routine programme conditions. During the proof of concept stage special inputs or resources may be required to ensure that a basic concept, hypothesis or approach can be tested.

In the second stage the challenge is to learn how the successfully tested concept can be implemented under normal programmatic conditions and with resources that are likely to

---

7 For similar arguments see ExpandNet/WHO (6).
8 The same argument has been made by Mangham and Hanson (22) and Fixsen et al (23).
be routinely available. This may require finding ways to strengthen health systems’ capacity, for example to ensure that appropriate supervision, logistics or information systems are in place. When there is a single pilot stage, these issues must be addressed from the outset.

Specifically the project team should:

- Work with locally available resources and make special efforts to keep externally provided nonreplicable inputs to a minimum
- Assess whether the health system has the capacity to implement the package of interventions
- If required, test ways to strengthen health systems capacity as part of the project, for example test how needed human or technical resources can be strengthened
- Test means of sustainable financing of services when applicable
- If necessary proceed with two stages of testing, focusing initially on proof of concept allowing special inputs and subsequently on proof of implementation utilizing routinely available resources

Develop plans to assess and document the process of implementation

Research designs of projects typically focus on health outcomes and impacts. However, it is equally important to assess and document the process by which interventions are implemented in the course of the pilot or other programmatic research (24). Documenting what steps were taken to achieve results will help determine what needs to be done to implement interventions on a larger scale later on. Data on the implementation process include information regarding inputs needed to ensure quality of care, required human resources and worker skills, as well as information on management issues such as leadership, supervision, incentive structures, costs, financing, logistics and the functioning of the management information system.9

Specifically the project team should:

- Document the process of implementing the project using both qualitative and quantitative methods in addition to assessing intervention outcomes
- Determine the costs of implementation and costs to users
- Prepare briefing papers providing concise information for decision-makers and stakeholders about project outcomes and the factors that facilitate and hinder the process of implementation

Advocate with donors and other sources of funding for financial support beyond the pilot stage

Successful innovations often fail to be scaled up because the necessary financial resources to support scaling up have not been obtained. Financial support typically stops once the feasibility, effectiveness and efficiency of innovations have been tested. Advocacy with

---

9 See Fixsen et al (23) for detailed arguments and evidence related to the importance of providing proof of implementation feasibility.
Donors and other sources of funding should include requests for support for scaling-up related activities beyond the pilot phase. In particular, support will be needed to fund the special inputs that are required to facilitate the transition from pilot to larger-scale implementation.

Specifically the project team should:

- Attempt to obtain commitment for financial support for the transition to scale up early on
- Where possible, build a broad base of support from several donors and technical partners
- Advocate with donors for longer funding cycles that allow support to the scaling-up process
- If possible, include planning for scaling up as part of the project budget
- Take potential donors to field sites to build commitment

**Prepare to advocate for necessary changes in policies, regulations and other health systems components**

Successful scaling up of innovations often requires changes in policies, laws, regulations, budgets, standards, service protocols and other health systems components. For example, changes may be needed in procurement, financing, management information systems, supervision, training curricula, recruitment, provider and client incentives, information, education and communication materials, etc., to institutionalize the innovation at the national or sub-national level. Although the process of institutionalization typically has to wait until the project demonstrates the desired results, planning to take steps to initiate these necessary changes should be part of the project design process. This is important because such change often takes a long time.

Specifically the project team should plan to:

- Assess what changes in policies, norms, regulations, or other health systems components are needed to institutionalize the innovation
- Explore institutional timelines, procedures and formal as well as informal processes needed for the necessary change
- Initiate policy discussions about these potential changes with relevant decision makers
- Undertake political mapping of individuals and organizations to know who are important champions and gatekeepers
- Identify and nurture champions who can help advance and, where possible, take responsibility for the institutionalization process

---

10 This argument has been made in regard to research utilization more generally (25).
11 The importance of planning for institutionalization as part of scaling up is also highlighted by Cooley and Kohl (17) and Hartmann and Linn (26).
Develop plans for how to promote learning and disseminate information

The process of implementing a project provides multiple opportunities for learning. Many insights will emerge about what works, when and how. While safeguarding the need for robust evidence, it will be important to adjust the innovation where necessary as testing proceeds or circumstances change and to adapt measurement and documentation accordingly. Piloting is not only testing and demonstrating a model but also refining it through an ongoing learning process.\(^\text{12}\)

Specifically the project team should plan to:

- Promote observability of the innovation by taking stakeholders to visit pilot sites
- Commit to periodic reviews as implementation progresses in what is likely to be a changing social, political and institutional environment
- Make necessary changes to incorporate learning about how implementation can be improved
- Adjust data collection when necessary
- Document the changes in the package of interventions that are being made and the reasons why
- Promote wider awareness of the project and lessons learned through a variety of means, such as presentations at national meetings, conferences or seminars; policy dialogues, production and distribution of briefs/summaries.

Plan on being cautious about initiating scale up before the required evidence is available

Promising initial project results often lead to pressure to scale up the innovation before its feasibility and outcomes have been fully demonstrated. Proceeding without sufficient evidence can lead to scaling up interventions that do not work or require further refinement. This results in wasted resources, missed opportunities to make progress on other fronts and a loss of credibility.\(^\text{13}\) It is therefore important to plan on being cautious about premature scale up. However, if stakeholders decide to begin expanding the interventions anyway, steps should be taken to mitigate any potential negative repercussions. This initial scaling up should proceed incrementally and be closely monitored.

Specifically the project team should:

- Reach a common understanding among all the stakeholders about what is required to test the effectiveness of the innovation and its implementation
- Caution stakeholders about premature expansion

\(^{12}\) For a general argument about the importance of learning approaches see Uphoff, Esman and Krishna (27).

\(^{13}\) Jowell highlights the importance of pilot projects in testing innovations (28).
- If there is pressure to scale up prior to the project’s completion, plan on identifying whether there are components of the intervention package that can be safely and successfully scaled up before the final results are available.
- If it is decided to scale up based on only initial results, plan to maintain the evaluation of both process and outcome measures to assess whether results warrant continued scale up.

Conclusion

The recommendations presented in this document are intended to assist those planning and implementing pilot or other programmatic research to anticipate what is required for successful scaling up. Traditionally such projects have tended to focus on establishing whether interventions work when appropriately implemented. What is generally not assessed in such testing is whether and how the intervention can be implemented under routine programme conditions. Yet unless such proof of implementation feasibility is also provided, health service or other innovations are not likely to be scaled up.

Providing proof of implementation feasibility and laying the groundwork for future large-scale implementation is a first major step towards successful scaling up. However, it does not mean that scaling up will occur automatically. Once pilot or other programmatic research has been completed, it will be essential to determine whether the results warrant large-scale implementation and if so, systematic, detailed plans need to be made for how the innovation can be expanded and institutionalized. Guidance on how to proceed at this stage is provided in the ExpandNet/WHO tool: “Nine steps for developing a scaling-up strategy”(7).
A checklist for assessing the potential scalability of pilot projects or other programmatic research

This checklist provides a quick assessment of how easy or difficult it will be to scale up a project that is being planned, proposed or in the process of implementation.\(^\text{14}\) It is organized around the twelve recommendations of the main document. The checklist can be used by those who are planning or implementing a project or by donors or other decision makers who wish to assess a project’s potential for scaling up. Use of the checklist in the process of planning a pilot project will provide insights into what steps could be taken to facilitate sustainable scaling up.

**How the checklist works:** A plus (+) refers to a positive factor for scaling up, a minus (-) to a negative one. Answer each question, putting a check in the plus or minus column depending upon whether the issues have been addressed as they apply to the project. The fewer the checks in the plus column, the more effort is likely to be required to scale up the project. When there are a large number of checks in the plus column, the scalability potential of the project is likely to be good. A check in the minus column indicates that plans for the project need to be adjusted to enhance scalability. The project planning team or others using the checklist should decide whether more information should be obtained, and/or how this aspect can be improved. In such situations it will be helpful to refer back to the detailed recommendations in the main document.

The checklist should not be used mechanically. A large number of checks in the plus column does not necessarily mean a proposed intervention will be scalable. Some of the items will carry greater weight than others in terms of influencing the scale-up potential and may even act as “dealbreakers” in a particular context. An example is relevance: If the proposed intervention is not relevant, the value of further pursuing the project is questionable and abandoning it may be the appropriate response. Other aspects of the project design might be fixable, and once corrective action has been taken the check in the minus column could be moved over to the plus side. Thus while a project proposal may initially not look promising, using the checklist provides an opportunity to revise it to enhance its scalability potential early on. Each case should be judged within its own context and in light of the recommendations of the main document.

---

\(^{14}\) For a similar checklist see Cooley and Kohl (17).
<table>
<thead>
<tr>
<th>Questions related to potential scalability</th>
<th>Yes (+)</th>
<th>No (-)</th>
<th>More information/action needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>🔷 Is input about the project being sought from a range of stakeholders (e.g. policymakers, programme managers, providers, NGOs, beneficiaries)?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are individuals from the future implementing agency involved in the design and implementation of the pilot?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does the project have mechanisms for building ownership in the future implementing organization?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>🔷 Does the innovation address a persistent health or service delivery problem?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is the innovation based on sound evidence and preferable to alternative approaches?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Given financial and human resource requirements, is the innovation feasible in the local settings where it is to be implemented?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is the innovation consistent with existing national health policies, plans and priorities?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>🔷 Is the project being designed in light of agreed upon stakeholder expectations for where and to what extent interventions are to be scaled up?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>🔷 Has the project identified and taken into consideration community, cultural and gender factors that might constrain or support implementation of the innovation?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have the norms, values and operational culture of the implementing agency been taken into account in the design of the project?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have the opportunities and constraints of the political, policy, health sector and other institutional factors been considered in designing the project?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>🔷 Has the package of interventions been kept as simple as possible without jeopardizing outcomes?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>6</td>
<td>Is the innovation being tested in the variety of socio-cultural and geographic settings where it will be scaled up?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Is the innovation being tested in the type of service delivery points and institutional settings in which it will be scaled up?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Does the innovation being tested require human and financial resources that can reasonably be expected to be available during scale up?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Will the financing of the innovation be sustainable?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Does the health system currently have the capacity to implement the innovation? If not, are there plans to test ways to increase health systems capacity?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Are appropriate steps being taken to assess and document health outcomes as well as the process of implementation?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Is there provision for early and continuous engagement with donor and technical partners to build a broad base of financial support for scale up?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Are there plans to advocate for changes in policies, regulations and other health systems components needed to institutionalize the innovation?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Does the project design include mechanisms to review progress and incorporate new learning into the implementation process?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Is there a plan to share findings and insights from the pilot project during implementation?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Is there a shared understanding among key stakeholders about the importance of having adequate evidence related to the feasibility and outcomes of the innovation prior to scaling up?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Annex A

Additional ExpandNet/WHO resources to support scaling up

ExpandNet has combined comprehensive review of multiple literatures, extensive field experience and a conceptual framework to produce several resources which can be used to support country projects as they strategically plan and manage the scaling-up process.

The ExpandNet/WHO framework (Figure 1) provides an overview of the entire system one must keep in mind when planning for and managing the scaling-up process. The centerpiece is the scaling-up strategy - that is the means by which successfully-tested innovations are expanded and institutionalized or otherwise promoted and managed. An effective scaling-up strategy must be based on a careful assessment of the innovation, the user organization, the resource team and the larger social, political, economic and institutional environment. At the same time it must address key strategic choices related to the types of scaling up to pursue, the dissemination and advocacy approaches, how the effort will be organized and coordinated as well as issues of resource mobilization and monitoring and evaluation.

The framework and scaling-up resources emphasize the need for a strong focus on sustainability and on values such as human rights, gender equity and quality of care. In addition to the need to use a systems approach, the framework stresses that a key to effective scaling up is to apply lessons learned about the determinants of scaling up success. These lessons are discussed extensively in the following ExpandNet/WHO guidance tools and resources:

1) The document Practical guidance for scaling up health service innovations (6), which is based on a literature reviews and ExpandNet members’ experience, is intended for policy makers, programme managers, donors and those
providing technical assistance to scaling-up efforts. The guide is organized around the ExpandNet framework and provides illustrations of key lessons about scaling up through case illustrations from Brazil, Ghana and Viet Nam. It is a helpful primer for those who wish to enhance their ability to understand, plan for and manage the scaling-up process.

2) **Nine steps for developing a scaling-up strategy** is a tool intended for use by those who have successfully field-tested an innovation and are ready to proceed with scaling it up (7). The guide is used together with key questions from the accompanying **worksheets** (8), to assist in the development of a scaling up strategy. These two tools have been used by ExpandNet to facilitate the development of strategies in a number of countries in Africa, Asia and Latin America. A **brief** is available that describes the approach and lessons learned during the process of providing support at the country level (29).

3) The book **Scaling up health service delivery: from pilot innovations to policies and programmes** begins with a chapter that provides an overview of the relevant literature and describes the conceptual framework (5). It discusses the various attributes and conditions that influence why some interventions succeed in being scaled up to new areas while others do not and articulates the strategic choices that have to be made in the scaling up process. This is followed by seven analytic case studies of scaling-up experience from Africa, Asia and Latin America, each of which highlight important lessons about the determinants of scaling-up success.

4) A guide entitled **20 questions for developing a scaling up case study** was developed, together with Management Systems International, to assist with the preparation of case studies of scaling-up initiatives (9). While much has been learned in the process of scaling up health and development interventions, there are few publications that describe the scaling-up process in ways that others can learn from those experiences. The writing of this type of case study is both challenging and unfamiliar to many and thus it was considered important to develop a guideline that provides a frame to assist in eliciting helpful lessons. Although developed for retrospective case studies, this document can be used to guide the preparation of prospective case studies as well.

5) **The ExpandNet website** makes all of the above and other tools available to the wider health and development communities (10). In addition to information about ExpandNet’s goals, history, members and activities, the website includes an extensive linked bibliography of scaling up-related publications and other materials.
Annex B

ExpandNet’s approach to using a participatory process in applying this guide

The way in which a participatory process is used in applying this guide will vary depending upon the type and context of the particular pilot or other field test. Technical assistance may or may not be used. This section describes how technical assistance is provided by members of ExpandNet.

ExpandNet facilitation of this guide is organized to support the following key tasks:

1. **Exchange of materials and other preparatory steps** between ExpandNet facilitators and project leaders: This may include translation of the project proposal/protocol, the current guide and/or other ExpandNet/WHO materials; identification of the relevant stakeholders who should be involved in different aspects of the planning process; and an agenda for field visits and planning meetings.

2. **Initial planning meeting(s)** with the project team/advisory committee and facilitators: Team members discuss the current status of project plans, expectations for scale up, as well as areas of potential concern; facilitators present the ExpandNet framework, the rationale for planning projects with scaling up in mind and an overview of the twelve recommendations. This is followed by discussion of the recommendations in this document as they apply to the project, with a focus on assessing both strengths and weaknesses affecting later scale up and on identifying areas that require adjustment.

3. **Field visits and discussion with stakeholders:** Members of the project team/advisory committee, together with other stakeholders and facilitators visit actual or potential sites to review arrangements for the project and to assess the potential for scale up if the testing of the intervention proves successful. Discussion with providers, programme managers, community members and future clients provide opportunities to understand how the project will be implemented on the ground, to identify challenges and opportunities for scaling up and to continue reflection on possible adjustment in project plans to enhance its potential for large-scale expansion and institutionalization.

4. **Final planning meetings** with the project team/advisory committee and facilitators: Each of the twelve recommendations of this guide are discussed in light of findings and conclusions from field visits and the proposed project protocol in order to finalize changes that would enhance the scaling-up potential of the interventions.

5. **Revision of project proposal/protocols:** When and where appropriate facilitators assist with revisions of project proposal/protocol to incorporate changes based on fieldwork and discussions which will improve the scalability potential of the interventions to be tested.
References


