Helpdesk Research Report

Evaluations of scaling up

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Question

Please identify evaluations of the scaling up of programmes (at national or sub-national/regional level), prioritising those with a gender equality or social norms focus.

What does and doesn't work in the process of scaling up?

Which implementing partners have been effective in taking programmes to scale?

Contents

1. Overview

Scaling up generally involves replication of successful pilot interventions in order to benefit more people and create lasting change. This report focuses on factors that affect the success or failure of scaling up. It identifies and summarises 11 evaluations of the scale up process across the health, education and sanitation sectors, with a focus on interventions that seek to change social norms, behaviour or gender relations.

While general evaluations of social norms and gender-related interventions are available, few of these appear to focus specifically on the process of going to scale. Additionally, although a number of reports refer to pilot programmes that have been successfully scaled up, it was difficult to identify any rigorous

evaluations of these processes[1]. Available evaluations that do focus on scaling up include randomised control trials (RCTs), impact evaluations and syntheses. Several of these focus on the technical role of government and NGOs rather than on the bottom-up strategies or community dynamics that change behaviour on a large scale (Perez et al, 2012).

Although scaling up can include various stages, it typically involves some combination of initial programme development, pilot testing, replication, and final scale up (Pick et al, 2008; Awonoor-Williams et al, 2013).

Factors that affect the success of scaling up include:

- **Politics:** A number of evaluations suggest that political support is a key success factor, and offer recommendations on how to build this support. Pick et al (2008) suggest demonstrating how the programme will help achieve key government goals, as well as building personal connections with government officials. Díaz et al (2007) describe how decentralisation made scale up possible where local governments were interested, but also limited cooperation between municipalities.

- **Capacity:** Capacity building appears to be key to scaling up sustainably, and is considered a worthwhile investment despite being time-consuming in the case of weak local governments (Perez et al, 2012). Where scale-up is through government-NGO partnership, capacity and expertise is required in both agencies (Renju et al, 2010).

- **Implementing partners:** Partnerships between government and NGOs are a common model for scaling up. One evaluation of scaling up sanitation across six countries found that various combinations of NGOs, projects and governments have proven successful (Chambers, 2009). Another programme involving contract teachers in Kenya demonstrated that government-run programmes can face implementation and political economy constraints that an NGO-run programme may not (Sandefur et al., 2013). However, Perez et al (2012) argue that in most cases, the participation of local government is vital to manage programme implementation, and that working with them rather than around them will pay off in the long term.

- **Leadership:** Several evaluations highlight the importance of leadership and commitment. The leadership needed for small-scale innovations is arguably different from the type of political and managerial leadership required for systemic and large-scale changes (Awonoor-Williams et al, 2013). Support and involvement from national and regional leadership is considered a key success factor (Renju et al, 2010; Pick et al, 2008; Díaz et al, 2007). Additionally, community leaders have proven instrumental in the success of some community-led interventions (Diop et al, 2004; Chambers, 2009).

- **Evidence:** Programmes taken to scale usually involve a well-developed strategy based on documented evidence and a pilot intervention to adapt the programme to local context. However, Pick et al (2008) argue that political opportunity and implementation feasibility – as opposed to a systematic assessment of how well a programme operates – often determine what can be scaled up in practice.

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[1] Examples include the Kishori Abhijan programme for adolescent girls in Bangladesh, Transforming Education for Girls in Nigeria and Tanzania (TEGINT) programme, and ELA programme for livelihood and empowerment for adolescent girls, which is active in six countries in Africa and Asia.

2. Summaries of evaluations

Sandefur, J. et al. (2013). Scaling Up What Works: Experimental Evidence on External Validity in Kenyan Education, Working Paper no. 321, Washington: Centre for Global Development.

http://international.cgdev.org/publication/scaling-what-works-experimental-evidence-external-validity-kenyan-education-working

This randomised trial investigates scaling up the use of contract teachers in Kenyan schools. In a pilot intervention – led by World Vision Kenya – contract teachers improved test scores in Western Kenya and parts of India. The intervention was subsequently replicated across all Kenyan provinces. Some programmes were implemented by government, others by World Vision Kenya. The evaluation found that whilst the NGO-implemented programmes had a significant effect on test scores, government-run programmes had no effect. This was attributed to weak public institutions and political economy factors that constrained government implementation. Specifically, the government programmes encountered greater resistance from teachers (unions) whose rents were threatened. Though they adopted the same model, the NGO programmes did not face the same resistance. Government-run programmes were also hampered by local capture of recruitment processes. There were fewer monitoring visits and longer delays in salary payment under the government programmes. Hence, the paper concludes that in this case, scaling up by a government ministry generated different political dynamics to scaling up by an NGO.

Chambers, R. (2009). Going to Scale with Community-Led Total Sanitation: Reflections on Experience, Issues and Ways Forward, IDS Practice Paper no. 1, Brighton: Institute of Development Studies.

http://www.communityledtotalsanitation.org/sites/communityledtotalsanitation.org/files/media/Chambers_Going%20to%20Scale%20with%20CLTS.pdf

This paper summarises lessons from scaling up Community-Led Total Sanitation (CLTS) – an approach that facilitates communities to become open defecation-free (ODF). CLTS has been rolled out across six countries[2] by non-governmental organisations and government-NGO partnerships. While results have been mixed, evidence shows significant gains have been made. Factors that have enabled going to scale include:

- A focus on training and facilitating, as opposed to 'teaching and preaching'.
- Adopting a bottom-up approach, whereby people decide for themselves and there are no standardised, top-down directives.
- Conducting campaigns and encouraging competitions to generate excitement among communities.
- Verifying and certifying, to reward progress and increase incentives to reach full ODF status.
- Finding and supporting champions at all levels: most come from the local community, but other champions have included local administrators, ministry staff, politicians, and NGO staff.

Threats and challenges to scaling up include:

- Opposition at senior levels: this includes from professionals operating the sector over the long-term. Changing mind-sets, institutional procedures and budgets can be challenging.
- Pressures to disburse large budgets: large contracts and budgets for hardware can generate vested interests at the local level.
- Rapid timescales: Demands to move too rapidly to scale can threaten quality. Training, reorientation and support for facilitators are vital and cannot be rushed.

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[2] Bangladesh, India, Indonesia, Pakistan, Ethiopia and Kenya

Awonoor-Williams, J. et al. (2013). Lessons learned from scaling up a community-based health program in the Upper East Region of northern Ghana, *Global Health Science and Practice*, **vol. 1 no. 1 p. 117-133.**

http://www.ghspjournal.org/content/1/1/117.full

This paper examines the successful scale up of community health services in the Upper East Region of Ghana. This region achieved greater success in scaling up than nine other regions where the programme was also rolled out. This is in spite of it being the poorest region. The community-based health programme was first piloted in the region and then tested in another district to prove it could be adapted, before being rolled out at national scale.

The study noted that replicating pilot interventions requires complex processes at several levels of organisation. This includes institutionalising new supervisory structures, leadership dynamics, policies, resource allocation strategies, and plans. Additionally, the type of leadership required for small-scale innovations is different from the type of political and managerial leadership required for achieving systemic and large-scale changes.

Strategies for successful replication in this case included:

- Participatory team exchanges: These proved more successful than traditional workshops at sharing good practice. To date, the largest programme coverage is concentrated in districts that participated in such exchanges.

- A shared and consistent vision among leaders and administrators: Vital to ensure budget commitments and political will.

- Continuous review and modification: Close collaboration between community leaders, implementers, and social scientists permitted 'learning by doing'. Strategies were adjusted according to new evidence, community advice, and worker feedback.

Renju, J. et al. (2010). Research Partnering to proceed: scaling up adolescent sexual reproductive health programmes in Tanzania: Operational research into the factors that influenced local government uptake and implementation, *Health Research Policy and Systems*, **8:12.**

http://www.health-policy-systems.com/content/8/1/12

This evaluation explores how local government authorities (LGAs) scaled up a small scale NGO programme proven to reduce reproductive ill health and HIV vulnerability in young people. The project resulted in a ten-fold scale-up of intervention activities in three years. However, full integration into LGA systems was not achieved. This is attributed to a lack of support from district leaders, and high levels of senior staff turnover (including no formal transition between district leaders). The scale up also encountered funding delays, and mismatches in the financial planning timetables between the NGO and local government.

The paper concludes that sustainable scale-up of NGO pilots relies on their integration into local government mechanisms, in three senses:

- Operational: Day-to-day commitment of district time and personnel is required.

- Financial: Local government must fund some programme activities.

- Psychological: There must be perceived ownership and alignment with local government priorities.

The case illustrates that where government scales up NGO programmes, capacity is important both within local government and in the NGO. In this instance, although the NGO had considerable experience in *implementing* health programmes across Africa, it was less equipped to adopt the advisory and facilitative role envisioned for it in the scaling up process. Because the NGO retained ultimate control over finances and decision-making, the programme was viewed as NGO-led, as opposed to owned and led by local government. Furthermore, regional government systems needed substantial time to implement programmes. The authors recommend that building sustainable capacity therefore requires going beyond the usual 3-4 year project cycles. Adapting to local government planning cycles is also important. Finally, ongoing evaluation is needed to ensure the strategies used to achieve the results at pilot stage are fully integrated into the broader intervention.

Pick S., Givaudan M., Reich M.R. (2008). NGO-government partnerships for scaling up: sexuality education in Mexico, *Development in Practice,* 18 (2): 164-175.

http://www.jstor.org/stable/27751900

This article examines the case of successful scale up of an adolescent sexual-health and psychosocial-competencies programme in Mexico. Scale up was achieved through a successful NGO-government partnership: the programme was small scale but well tested, and the NGO developed a partnership with government agencies with the capacity to implement it nationally[3]. Scale up involved four stages: formative research, initial programme development, pilot testing, and finally scaling up.

The paper observes that political opportunities and practical feasibility - as opposed to a systematic assessment of results - often determine what can be scaled up in practice. Factors contributing to the successful scale-up in this particular case include:

- Evidence of positive programme effects: This was used to negotiate scale up with the Mexican government.
- Involving all stakeholders in the planning process. Including government ministries and various other NGOs helped address organisational, political and functional constraints.

Strategies that enabled a successful *partnership* between the NGO and government included:

- Demonstrating the programme addressed a significant public health problem that was a key goal of the administration.
- Developing personal lines of communication and trust by communicating frequently and directly with government officials.
- Addressing opposition from influential minority groups through advocacy and negotiation.
- Establishing programme ownership and negotiating who gets credit for results.
- Working with mid-level government officials to ensure continuity through political change.

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[3] The NGO was IMIFAP = Instituto Mexicano de Investigación de Familia y Población

Samoff J., Dembélé, M., Sebatane, E.M. (2011). 'Going to scale': Nurturing the local roots of education innovation in Africa, Working Paper No. 28, Bristol: EdQual RPC.

http://www.dfid.gov.uk/r4d/PDF/Outputs/ImpQuality_RPC/edqualwp28.pdf

This paper reviews efforts to enlarge the scale of education initiatives and reforms across diverse settings in Africa. Education has become heavily dependent on external assistance on the continent, and evaluations show few reform initiatives have been sustained despite numerous successful pilots.

Based on a review, factors considered important for scaling up include:
- Charismatic and effective local leadership dedicated to scaling up. This requires explicit, visible, and reiterated political commitment to support reform.
- Strong local demand for the innovation at each site as well as significant and sustained local involvement in decision making and implementation.
- Local ownership of specific elements of the reform and clear lines of accountability for outcomes.

Other success factors include creating political space for the reform, ensuring that government agencies will make the reforms routine, instead of smothering changes, as well as protecting reforms from groups who perceive it as a threat. While there is no blueprint for enlarging scale, successful scale up comes when supportive local conditions can be replicated, and depends on responsiveness to the local setting and strong local organisation.

Díaz et al. (2007). Scaling up family planning service innovations in Brazil: the influence of politics and decentralization. In *Scaling up health service delivery: From pilot innovations to policies and programmes*, edited by Ruth Simmons, Peter Fajans, and Laura Ghiron.

http://www.expandnet.net/PDFs/Scaling_Up_HS_Delivery_Chapter_7.pdf

This study analyses how political, administrative and sector institutions influenced the expansion of a family planning project in Brazil. The project aimed to improve equitable access and the quality of care in public sector family planning services.

In this case, the politics of family planning posed a special challenge. Other health issues were given higher priority, and family planning services were usually among the first to be reduced when municipalities encountered financial constraints. The decentralisation process also presented both challenges and opportunities. Change was possible in municipalities where interest in family planning was strong. However, sustainability was threatened by financial constraints in others (e.g. in some cases, local legislatures gave only temporary contracts for health staff). Lack of collaboration between municipalities was also a challenge.

Successful strategies for scaling up included:

- Developing training capacity: Municipal trainers were able to roll out training to other, smaller health posts.
- Active networking and IT facilitated information exchange: This ensured that municipal workers could support each other, rather than rely exclusively on the NGO.
- Ensuring the long-term availability of an external resource team.

Diop, N.J. et al. (2004). The TOSTAN Program Evaluation of a Community Based Education Program in Senegal.

http://www.popcouncil.org/pdfs/frontiers/FR_FinalReports/Senegal_Tostan%20FGC.pdf

This operations research project evaluates the impact of a community education programme (including hygiene, problem solving, women's health, and human rights) developed by TOSTAN, a NGO based in Senegal. The programme aimed to increase awareness and change attitudes and behaviour concerning reproductive health and female genital cutting (FGC). It included participants of both genders.

The NGO's model for scaling up reflected African socio-cultural realities, where decisions are usually taken by groups rather than individuals. The model followed a six-phase process; from setting up a village committee, receiving training, organising public discussions and then expanding to nearby villages if the community was supportive. The last phase involved a group of villages organising a public declaration to abandon the practices of FGC.

The impact of the intervention depended, among other things, on the number of villages that participated in the program and their willingness to convince other villages of its benefits. The programme also used marriages between people living in different villages to support scale-up. Leaders and family groups were encouraged to use marital connections to expand the programme to villages that are geographically far apart.

Pathfinder (2013). *Scaling up Gender-Based Violence Prevention and Response in Nairobi and Coast, Kenya*, **Nairobi: USAID.**

http://www.pathfinder.org/publications-tools/scaling-up-gender-based-violence-prevention-kenya.html

This technical note describes the expansion of a gender-based violence (GBV) prevention and response programme across 11 districts in Kenya. Several factors enabled scaling up, including:

- Ensuring the grassroots participation of local working groups.
- Reinforcing a network of GBV working groups to facilitate community education and outreach.
- Cultivating male involvement to raise awareness and lead dialogue around masculinity, gender biases, GBV, and HIV.
- Involving schools in prevention and response, through youth education and teacher engagement.
- Establishing community-owned emergency safe spaces and longer-term shelters for survivors.
- Contributing to policy change and advocacy for the rights of vulnerable, marginalised groups.

The following recommendations were made to further scale up the programme:

- Establish government ownership of the safety and legal protection of survivors.
- Improve facility-level documentation of GBV cases, and establish a protection and support mechanism for health workers to travel and attend court hearings.
- Strengthen data collection: For example by linking post-rape documentation to the national health information system.

- Address issues in the legal response: Including the slow pace, inefficiency, lack of economic protection for victims and the shortage of police doctors.

Perez, E. et al. (2012). *What Does It Take to Scale Up Rural Sanitation?* **Water and Sanitation Program, Working Paper.**

http://www.wsp.org/sites/wsp.org/files/publications/WSP-What-does-it-take-to-scale-up-rural-sanitation.pdf

This working paper shares lessons from World Bank's Water and Sanitation Program (WSP). For the past seven years, WSP has provided technical assistance to help governments design, plan, implement, and monitor national rural sanitation programs at scale. The paper argues that at-scale service delivery requires local governments to manage implementation. Capacity building is key, and while it may take time in the case of weak local governments, working with them rather than around them will pay off in the long term. At-scale service delivery also requires policy reform and a strong, supportive enabling environment. This requires the right policies, strategy, and direction, as policies set the priorities and often determine resource allocation. A shared vision and strategy among stakeholders and the political will to implement changes is the first step in going to scale, to ensure that systemic factors that constrain scaling up are addressed.

Other success factors for large-scale programmes include:

- Institutional understanding at all levels of roles and responsibilities, and the resources to perform these roles.
- Program methodology that is appropriate to the local context.
- Adequate human resources with the skills required to perform their functions as well as the ability to monitor and adjust.
- Financing and incentives such as training, staff salaries, transportation, office equipment and supplies.

Faris, K & Rosenbaum, J (2011). Learning by Doing: Working at Scale in Ethiopia. *Water and Sanitation Program, Learning Note.* **World Bank: WSP.**

http://www.wsp.org/sites/wsp.org/files/publications/WSP-Ethiopia-at-scale.pdf

This paper summarises the World Bank's experience of taking Learning by Doing Initiative (LBDI) – a sanitation programme taken to scale in Ethiopia. WSP worked with the Ministry of Health, a regional health bureau and a large bilateral donor to implement the project at scale, rather than starting small and then scaling up.

The paper notes that the ambitious goal of 100 per cent sanitation coverage was not achieved due to absence of step-by-step guidance and tools. Community-led behaviour change approaches were not utilised to achieve these goals. Another factor that contributed to failure was that political commitment at all levels had focused on sanitation coverage, but less attention was given to improving safe water, sanitation, and hygiene practices.

With LBDI, better results were achieved. The following factors contributed to the success:

- Building consensus by conducting regional, district and local workshops with representatives from all levels of main stakeholder groups.
- Aligning regional and national strategies.
- Multi-level advocacy from regional to community levels to ensure broad buy-in.
- Using well-tested tools for implementation, including laminated pictures and dialogue cards to initiate simple doable actions at household level.

3.   About this report

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