

Beginning with the end in mind

Planning pilot projects and other programmatic research for successful scaling up



World Health
Organization

EXPANDNET



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EXPANDNET

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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 input and support that 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 12 recommendations on how to design pilot projects with scaling up in mind, as well as a checklist that provides a quick overview of the scalability of a project that is being planned, proposed, or 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. In this guide, pilot or field tests include demonstration projects, implementation or operations research, tests of policy changes, proof-of-concept studies, etc. 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 WHO Department of Reproductive Health and Research. 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 defines scaling up as “deliberate efforts to increase the impact of successfully tested pilot, demonstration or experimental projects to benefit more people and to foster policy and programme development on a lasting basis”. 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 related worksheets (8)
- *20 questions for developing a scaling-up case-study* (9)
- The ExpandNet web site (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 web site (www.expandnet.net) and the RHR web site (<http://www.who.int/reproductivehealth>).

The present document complements these tools by presenting recommendations 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 that 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 counselling “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 lead to suggestions about ways of adjusting the design of the project that will enhance the potential for future large-scale implementation.

The 12 recommendations presented here should be considered when pilots are being designed and 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 policy-makers, programme managers, technical experts, service providers and community representatives or other interested groups, for example nongovernmental organizations (NGOs) advocating for health, development or rights.³ 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.

2 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.⁴ It should promise substantial improvements in health-systems effectiveness, efficiency and equity. The 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-care worker is called for, it should be considered whether this will be feasible and, if so, how these providers 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

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

⁴ The literature on the diffusion of innovations cites relevance of the innovation as a major determinant of future success with scaling-up (11, 16).

the 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 require considerable advocacy later on to achieve the necessary policy change for its institutionalization.

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.⁵ For example, if the innovation is intended for district hospitals and health-care centres, then pilot testing should be undertaken at both of these levels. Expectations may need to be revisited based on lessons that emerge in the course of implementation and changes in the policy, donor, health systems, or 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;

⁵ The importance of shared expectations has been stressed by authors such as Cooley and Kohl (17).

- 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.

4 Tailor the innovation to the sociocultural 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, sociocultural 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 sociocultural diversity or other environmental opportunities and constraints.

5 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.

⁶ This argument has been widely made in the literature on scaling-up, based on evidence that complex interventions are difficult to scale-up (e.g. 18–21).

Specifically, the project team should:

- assess whether simplification is possible without jeopardizing objectives – for example, by reviewing 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.

6 Test the innovation in the variety of sociocultural 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 nationwide 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.⁷ Interventions intended for community-level implementation should be tested at that level and not just in the district health-care centre.

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.

7 Test the innovation under the 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.⁸

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

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).

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 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 how the human or technical resources needed 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.

8 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 the input needed to ensure quality of care and 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.

⁹ See Fixsen et al (23) for detailed arguments and evidence related to the importance of providing proof of implementation feasibility.

9

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 donors and other sources of funding should include requests for support for scaling-up-related activities beyond the pilot phase.¹⁰ 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.

10

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 subnational 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.¹¹ 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 required 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;

¹⁰ This argument has been made with 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).

- identify and nurture champions who can help advance and, where possible, take responsibility for the institutionalization process.

11 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.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 learnt, through a variety of means, such as presentations at national meetings, conferences or seminars; policy dialogues; production and distribution of briefs/summaries.

12 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.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 or proposed or is in the process of implementation.¹⁴ It is organized around the 12 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 innovation. 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.

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 “deal-breakers” 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 in this document.

¹⁴ For a similar checklist see Cooley and Kohl (17).

Questions related to potential scalability	Yes (+)	No (-)	More information/ action needed
1 Is input about the project being sought from a range of stakeholders (e.g. policy-makers, programme managers, providers, NGOs, beneficiaries)?			
Are individuals from the future implementing agency involved in the design and implementation of the pilot?			
Does the project have mechanisms for building ownership in the future implementing organization?			
2 Does the innovation address a persistent health or service-delivery problem?			
Is the innovation based on sound evidence and preferable to alternative approaches?			
Given the financial and human-resource requirements, is the innovation feasible in the local settings where it is to be implemented?			
Is the innovation consistent with existing national health policies, plans and priorities?			
3 Is the project being designed in light of agreed-upon stakeholder expectations for where and to what extent interventions are to be scaled-up?			
4 Has the project identified and taken into consideration community, cultural and gender factors that might constrain or support implementation of the innovation?			
Have the norms, values and operational culture of the implementing agency been taken into account in the design of the project?			
Have the opportunities and constraints of the political, policy, health-sector and other institutional factors been considered in designing the project?			
5 Has the package of interventions been kept as simple as possible without jeopardizing outcomes?			
6 Is the innovation being tested in the variety of sociocultural and geographic settings where it will be scaled-up?			
Is the innovation being tested in the type of service-delivery points and institutional settings in which it will be scaled-up?			

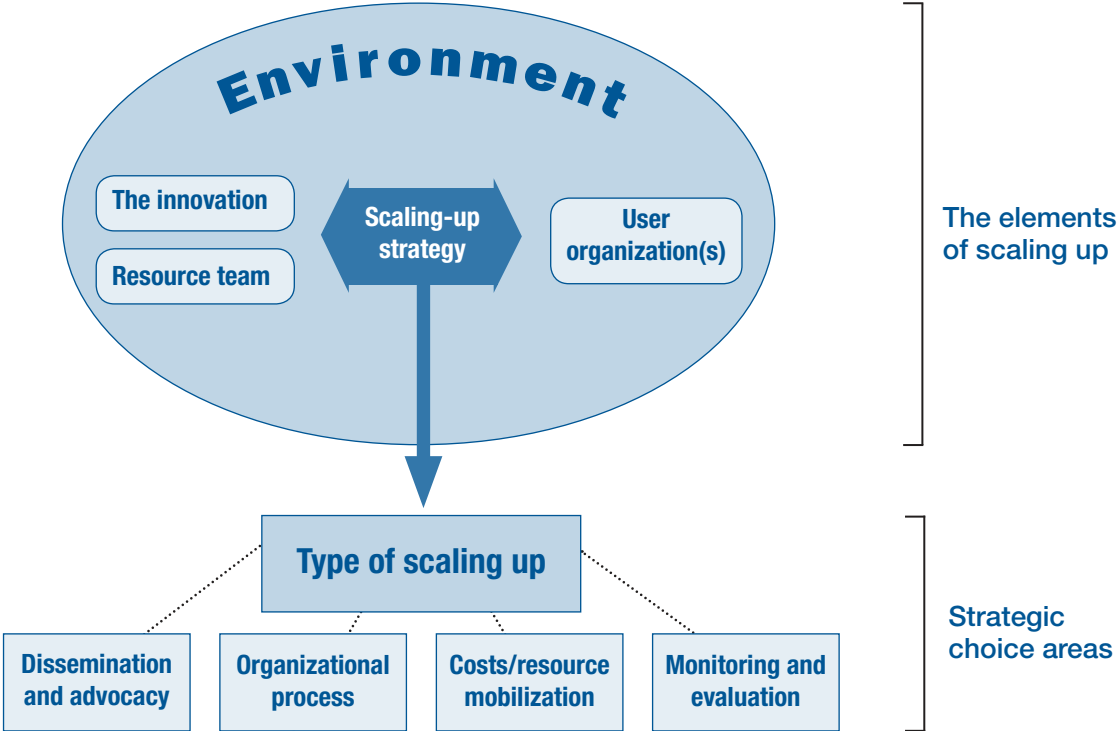
Questions related to potential scalability	Yes (+)	No (-)	More information/ action needed
7 Does the innovation being tested require human and financial resources that can reasonably be expected to be available during scale-up?			
Will the financing of the innovation be sustainable?			
Does the health system currently have the capacity to implement the innovation? If not, are there plans to test ways to increase health-systems capacity?			
8 Are appropriate steps being taken to assess and document health outcomes as well as the process of implementation?			
9 Is there provision for early and continuous engagement with donors and technical partners to build a broad base of financial support for scale-up?			
10 Are there plans to advocate for changes in policies, regulations and other health-systems components needed to institutionalize the innovation?			
11 Does the project design include mechanisms to review progress and incorporate new learning into the implementation process?			
Is there a plan to share findings and insights from the pilot project during implementation?			
12 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?			

Annex A: Additional ExpandNet/WHO resources to support scaling up

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

The ExpandNet/WHO framework (see Figure 1) provides an overview of the entire system one must keep in mind when planning for and managing the scaling-up process. The centrepiece 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, and how the effort will be organized and coordinated, as well as issues of resource mobilization and monitoring and evaluation.

Figure 1. The ExpandNet/WHO framework for scaling up



The ExpandNet 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 learnt about the determinants of scaling-up success. These lessons are discussed extensively in the ExpandNet/WHO guidance tools and resources listed below.

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 on the ExpandNet website (10) that describes the approach and lessons learnt 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 highlights 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 learnt in the process of scaling-up health and development interventions, there are few publications that describe the scaling-up process in ways that enable others to 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 can 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 web site 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 web site includes an extensive linked bibliography of scaling-up-related publications.

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. When ExpandNet members facilitate the use of this guide, it involves the following key activities:

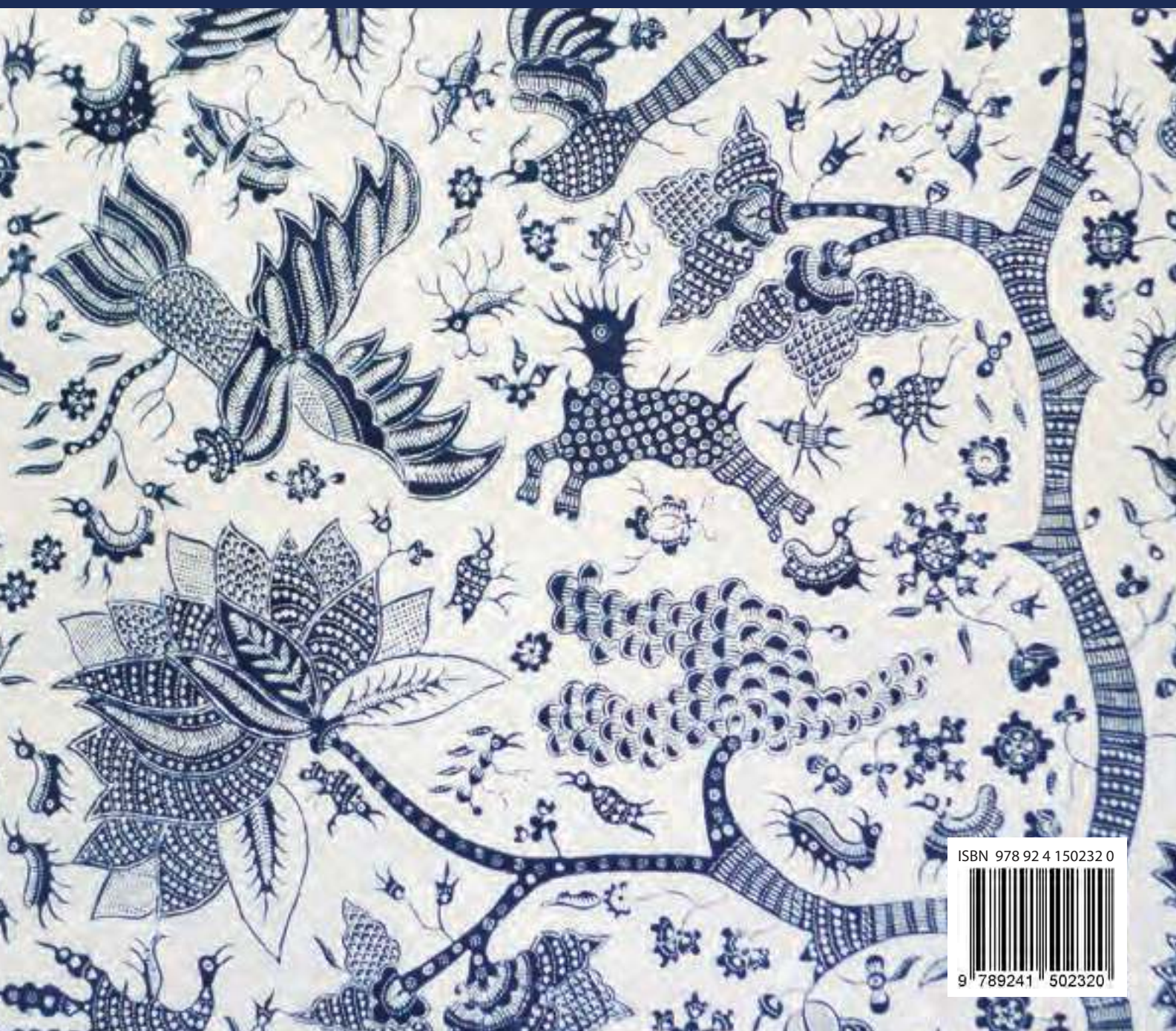
1. *Exchange of materials and other preparatory steps* between ExpandNet facilitators and project leaders: this may include translation of the project proposal/protocol, the current guide and/or other ExpandNet/WHO materials; identification of the relevant stakeholders who should be involved in different 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 and 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 12 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 intervention proves successful. Discussion with providers, programme managers, community members and future clients provide insight into how the project will be implemented on the ground, to identify challenges and opportunities for scaling up and to continue reflection on possible adjustments in the project to enhance its scalability.
4. *Final planning meetings* with the project team/advisory committee and facilitators: each of the 12 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 the project proposal/protocols*: when and where appropriate, facilitators assist with revisions of the project proposal/protocol to incorporate changes based on fieldwork and discussions that will improve the scalability potential of the interventions to be tested.

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