



MODULE 3

Programme Scale-up for Population-level Impact

Preamble

Despite the recent emphasis and momentum toward preventing HIV transmission to young women and adolescent girls, they continue to be at high risk. Current approaches and actions are not doing enough to meet the crisis. While effective combination prevention interventions (behavioural, biomedical and structural) have been identified, fewer than half of the high burden locations have adapted and scaled up the interventions known to work. This means that countries face the challenge of scaling up multiple interventions for multiple populations simultaneously, with limited data to support effective models, approaches, strategies and timelines.

The shortfalls in scaling up effective preventative and protective programmes for young women and girls are well known and understood. They include inadequate ambition in expanding coverage, widespread implementation of ineffective programmes, ineffective replication strategies applied to otherwise effective programmes, piecemeal delivery over expansive geographic swathes, and inadequate dosage and exposure in at-scale initiatives. All of these can lead to transient programmatic effects.

These all-too-common realities translate into missed opportunities for far too many young women and girls. Effective scale-up depends upon accountability to address sensitive issues and the political will to make difficult financial trade-offs. It also requires a compelling vision of change. This can galvanize multiple sectors and communities towards a positive alternative future for today's youth.

This module describes key considerations for scale-up of HIV prevention interventions for young women and girls. This entails ensuring the right policies, fiscal investments, guidelines and procedures are in place from planning — whilst creating an enabling, non-judgmental environment for uptake. It means accurately forecasting demand and stocks of commodities, recruiting and equipping key personnel within the health and protection sectors, and allying with existing professionals and paraprofessionals. Most importantly, it requires painstaking attention to the gap between proof of concept and large-scale adoption, as intricate programme knowledge transitions from a core technical team to the broader workforce.

Key Takeaways

- To achieve a critical coverage threshold at the population level, scale-up has to be carefully planned and institutionalized from the start of programme design.
- Effective scale-up across different locations and contexts requires investments in the necessary tools and resources to assure both programme quality and fidelity to the core intervention.
- Effective scale-up requires clear guidelines and criteria to support the flexibility for adapting the interventions for fit to the local environment.
- Coordinated planning and engagement from across key-line ministries, agencies and directorates; academia; civil society; and community groups can support the development, adaptation and adoption of effective scale up resources — including investment cases, national strategies and costed action plans.



Programming Considerations

Despite a legacy of ambitious global initiatives and programmes, the concept of scalability is relatively new within the health and development sectors. Three elements have been suggested as essential to the concept of scale-up: 1) Expansion of coverage of an intervention or programme — or **replicability**; 2) transferring control of replication from the innovators to local actors — or **transferability**; and 3) ensuring adherence or compliance to the core proof of principle to retain effectiveness — or **sustainability**. Programme managers face a recurring challenge (at all points) to address the tension between adhering to the proof of principle and adapting to specific context or needs.

3.1 Assess Whether the Intervention is Scalable

Programme managers must make clear, strategic and targeted choices to determine the path to scale that best fits their local needs and context. Complex interventions such as combination or multilayered prevention would particularly benefit from rigorous testing, evaluation and research to inform efficient and effective scale-up. More to the point, programmes would benefit from designing for scale from the pilot/proof-of-concept stage. Effective scale-up requires careful thinking about a number of practical key considerations, including:

- **Lay out the foundation** — the people, systems and infrastructure — **that are prerequisites for bringing programmes to scale**. These foundations will need to be re-evaluated throughout the scaling process as situations change and the pathway to scale becomes increasingly non-traditional or complex.
- **Define the core essential elements that must be replicated with fidelity at scale**, recognizing that simpler interventions and packages are more likely to scale effectively than complicated ones.
- **Establish data collection processes** to determine what is working and what is not; make operational decisions and pivot if necessary.
- **Determine the most advantageous time** for adaptation and scale up. Key considerations include programme maturity, donor and national readiness, and the community's capacity to take a specific intervention/programme to scale and maintain its quality.
- **Standardize document learning** to eventually enable other stakeholders to scale up with consistency and quality once pilot tests and demonstration experiments have defined what worked in the programme to achieve clearly defined aims.

Scalability assessments may be of utility before finalizing the scale-up strategy.¹ One such tool, by **ExpandNet/WHO**, assesses whether the model or idea is 'CORRECT' (having the attributes that indicate likely success at scale-up). Aspects of the intervention that fall short can be addressed to make it more scalable (e.g. simplify the approach, lower the costs).

Table 1 below shows the key aspects of CORRECT.

Table 1. Attributes of scalability (ExpandNet/WHO)

Credible	The intervention is based on sound evidence and/or advocated for by respected persons or institution. Recognized champions push the initiative forward.
Observable	Stakeholders can see the incentives and results in practice.
Relevant	The programme addresses a persistent problem/local need or priority policy. There is a strong market or community demand.
Relative advantage (over existing practices)	Potential users are convinced the costs of implementation are warranted by the benefits. External catalysts include political and economic crises or pressure from outside actors.
Easy (to install and understand)	The intervention is not too complex or too costly relative to funding. Physical and human resources are available.
Compatible (with the potential users' established values, norms and facilities)	The intervention fits well into the practices of the national programme. There is general consensus amongst stakeholders.
Testable	Potential users can see the intervention on a small scale before large-scale adoption.

3.2 Identify Who Leads and Who Manages the Process

A common understanding in the process of scale-up is that no organization or entity can successfully achieve impact independently or in isolation. Unexpected wins can be achieved by bringing all stakeholders to the scale-up table, including donors, national and local implementers, line ministries, private sector, organizations by and for young women and girls, and broader civil society. Through **strong and coordinated multisectoral and inclusive partnerships**, each partner takes on specific roles in bringing the various components of the programme to scale. Key players would include:

- **Young women and girls.** Empowered young women and girls are a force that can and should be leveraged in scaling up successful interventions.
- **Community actors.** Community stakeholders — with their understanding of the local issues, culture and context, and their investment in community outcomes — are

essential in formulating, implementing and ultimately owning the proposed solution. Meaningfully and sustainably involved communities and stakeholders can undertake bottom-up advocacy efforts to influence national policymakers to institute successful aspects of a pilot into government guidelines, including lessons learned and tools into government systems.

- **Government actors.** Engage government leadership across sectors, including ministry staff, regulators, policymakers and legislators. Engaging fully with governments — at national and decentralized levels, from start to finish — even when scaling small pilots, is essential to effective scale up. Several ministries will need to be enlisted to build the protective assets that young women and girls need for holistic outcomes.
- **Implementers.** Key institutions, sectors, social enterprises, business, civil society, international implementing agencies, public service providers, educators and medical personnel.
- **Private sector.** Procurement agents, clinical services, funders, pharmacies and retail.
- **Funders.** International donors, banks, investors and shareholders.

One of the pitfalls in taking small projects and methods to scale is that their success often depends on a few key people, which makes the work difficult to transfer. Laying the foundation requires a good understanding of the experience and leadership required, with major investment in capabilities and skill-building of local actors, resource persons, and especially young women and girls. Keys to success include:

- **Establishing a strong leadership team** that is committed to taking a challenging path and has the vision for success and skills in team management. A skilled team will need to be hired or trained for skill sets that match the scaling pathway, including direct service delivery and training. Young women and girls must be included on the leadership team (*see Module 4*).
- **Carefully defining the various roles of key players and potential partners** in scaling-up at national level, as well as evaluating their individual strengths/weaknesses and capacity building needs to implement the scaling process.
- **Maintaining the staying power of the resource team.** A strong and persistent resource team provides the best assurance that scaling-up will stay on course.²

3.3 Implement the Scale-up

Below is an adapted list of evidence-based strategies (ExpandNet/WHO) that may assist an implementer or programme manager to deliver impact at scale. A combination of these strategies will often be required for breakthrough impact.

- **Ensure respect for human rights, equity and gender perspectives.** The people-centred, participatory and gender-sensitive components of programmes must be protected at scale as these components are often the most difficult to replicate and often the first to be lost in scale-up. Scaling up should be grounded in the values of human rights and guided by participatory and client-centred approaches. It should ensure attention to human dignity, the priorities, preferences and rights of vulnerable groups and gender perspectives, as well as promote equitable access for all to quality services. At all costs, monitoring and responding to coercion, rights violations and privacy infringements is critical, while ensuring that monitoring and safeguarding are in place to protect the most vulnerable.
- **Leverage existing distribution networks and platforms.** Once a programme has succeeded at achieving its outcomes, its impact can be expanded by rapidly teaming up with organizations that already have a distribution network in place. **Use conventional platforms** — schools, clinics and mass media — **as well as the unconventional platforms** — retail spaces, pharmacies, kiosks and digital spaces. These offer potential channels to reach previously excluded young people with critical services and information, through smart integration.
- **Expand the workforce of change agents.** Documentation and formalization of curricula and models is essential for scale up. Many organizations may have their own approaches to addressing the same problems, and there can be resistance to being trained on a new approach. Getting to scale with consistency requires engaging other implementers early enough in the process (e.g. as advisors, contributors to materials, etc.) so that they are invested in the success of the initial pilot and willing to apply the results in their own work.
- **Negotiate reproduction rights.** Organizations often elect to protect their original work through local copywriting or other processes to maintain ultimate ownership over proprietary information. Determining the future accessibility and the plan for sharing such work should be considered and negotiated from the outset of programme design.
- **Unbundle key components for scale.** If the intervention is too complex to take to scale in its entirety, implementers should invest in separating the high-impact, scalable and cost-effective elements of that model and scale these. This implies some flexibility in tailoring the proof-of-principle based on emerging evidence.
- **Leverage technology.** Given increasingly low-cost solutions, it is prudent to develop a structured plan for deploying technology to disseminate the model widely. The use of digital platforms and mobile technology have proven to be effective means to spread important programmatic elements to a wider audience. New media formats such as interactive voice response, applications, vlogs, podcasts, games and



chatbots may offer exciting new delivery options but should be carefully considered for accessibility and ease of use.

- **Adopt for-profit models to achieve scale.** In some cases, a for-profit business model offers an effective strategy to achieve transformative scale. Social enterprises balance the profit goal with the aim of serving those who can least afford to pay for beneficial products or services. One successful example is Springster,³ a mobile phone platform that provide girls with a free communication network.
- **Influence policy change.** In cases where current national policy represents a hindrance to reach scale, advocacy efforts, working in collaboration with a wide variety of concerned stakeholders can remove barriers to public funding for specific initiatives and bring about key regulatory reforms.
- **Shape attitudes, behaviours and norms at multiple levels,** including individuals, communities, implementers, donors, researchers and policymakers. Impact at scale sometimes requires a widespread change in attitudes, beliefs and behaviours to create a new social or gender norm, including with men and boys. This is critical for norms change through programmes that engage entire communities in addressing rights issues, ranging from violence against young women and girls to their education and employment.

3.4 Finance the Scale-up

It is useful for programme managers and implementers to identify where the resources for scale up will be drawn from: domestic budgets (national or local), community contributions, interested investors, volunteer time, thematic funders, market returns, investors or a mix of all the above. Some considerations include the following:

- **Scale up is often costlier and takes more time than anticipated.** Sufficient bridge funding should be obtained to ensure that a successful pilot or programme can go through the adaptation process and taken to scale and reach transformative scale. The costs are unavoidable but each wave of scaling up should yield efficiencies and faster results if implemented through a continuous quality improvement approach.
- **Funding and pay for performance or outcome-based payment can also be used by donors to demonstrate programme effectiveness and to provide incentives to national implementers in scaling up.** This allows for national authorities to request donor support on a unit cost basis.
- Increasingly, **major and non-traditional financial stakeholders** (treasury departments, donors, multilaterals) **are key resources** that could be engaged from the start to develop a long-range plan that identifies components that can be more readily

absorbed and those requiring a longer-term strategy with coordinated resourcing.

- **Sustainability is always a key consideration** in programme/pilot scale-up. Implementers need to budget for any maintenance costs that may arise within the scaled-up programme, including the human capacity for maintenance.

3.5 Maintain Quality

There is widespread concern that during the scaling-up process of pilot programmes into larger widespread programmes that certain elements will be compromised, lowering the quality of the intervention. How to scale (**pathways**), whom to involve (**partnerships**) and retention of programme quality (**fidelity**) are three strategic decisions that can be critical to the effective, ethical and sustainable scale-up of health programmes. Continued improvements in population health require continued high-quality programme activity. That, in turn, requires continued vigilance in ensuring that the programme remains functional and reaches a large proportion of those needing it.⁴ Below are some recommendations to keep in mind to maintain quality at scale:

- Deepen the **client-centredness of programmes** by meaningfully engaging young women and girls and their communities.
- Establish **SMART** aims: **S**pecific, **M**easurable, **A**chievable, **R**elevant and **T**ime-based. All programme activities should be designed in the interest of achieving the agreed-upon aims.
- Invest in **quality improvement training** and coaching at the onset and throughout implementation of the adaptation and scaling strategy to ensure corrective action should the programme veer off course or should quality of services or interventions be compromised.
- **Stay flexible.** Scaling is not linear: the road to scale is complex and, therefore, requires experimentation, feedback loops and, sometimes, failure. Real transformation and system change involve disrupting the status quo, which is not a linear process but entails pivots along the way.
- **Standardize effective processes** as much as possible. Sometimes, it takes several testing cycles to determine the most effective process and once it is found, create protocols to guide implementation throughout scale-up sites.
- Maintain **regular site visits**, meetings with personnel, required reporting and ongoing evaluation to increase quality and compliance of programmes.
- Establish **rigorous monitoring and evaluation** systems and metrics to ensure quality of service provision for effective performance at scale, including quality key indicators.

Promising Directions

Social franchising. Adapted from commercial franchising techniques with the aim of achieving social good, social franchising is considered a high-service delivery model, with potential to achieve service quality through its focus on structured replication of its successful models. This is achieved through organizing private providers into branded, quality-assured networks to increase access to provider-dependent goods. One of the key elements of social franchising is the clarification of commitments between franchiser and franchisee from the beginning. For instance, a written agreement between franchisor and franchisee sets out defined quality standards, expected services available and roles and responsibilities among parties.⁵

Innovative financing models. The HIV response has long implemented nonconventional funding models such as consumer donations deployed by (RED), consumer taxes leveraged by UNITAID, and tourism levies pioneered by Zimbabwe. More recent options, which more deeply exploit the vast potential of the private sector, have been considered to have the potential to revolutionize development outcomes. These generally bring together an **Outcome Funder**, an **Investor**, a **Service Provider** and an **Evaluator** in a structured funding process that is linked to results (payouts or incentives are usually linked to achieving pre-set milestones). These formats include sovereign wealth swaps, social impact bonds, development impact bonds and blended finance, among others.⁶ Social impact bonds for financing girls' education and employability are under evaluation in India and South Africa.



HIGHLIGHTED IMPLEMENTER RESOURCES

3.1 Assess Whether the Intervention is Scalable

Good Practice Guides for Funders, Scaling Innovation

The International Development Innovation Alliance (IDIA); 2017; English

<https://static1.squarespace.com/static/5b156e3bf2e6b10bb0788609/t/5b17185af950b797a96de027/1528240221838/Scaling+Innovation+Good+Practice+Guide.pdf>

This report focuses on eight good practices for funders seeking to take promising development innovations to scale. The insights collected in this guide are likely to be valuable in helping innovators and partner organizations to develop their own scaling approaches, thereby, acting as a potential catalyst for deeper and more efficient partnerships.

Scaling Pathways: Insights from the field on unlocking impact at scale

Worsham, Erin, Catherine Clark & Robyn Fehrman; Innovation Investment Alliance, Mercy Corps and CASE at Duke University; 2017; English

<https://www.mercycorps.org/sites/default/files/2019-11/Scaling-Pathways-Pivoting-to-Impact.pdf>

The Scaling Pathways series include 'Pivoting to Impact', a report that cuts across geographies and sectors and provides vital information for enterprises and funders trying to unlock impact at scale. It builds on in-depth case studies on the scaling journeys of three organizations that have a unique story to tell about their strategies, pivots, successes and failures on the road to scale. Key takeaways include: (1) Scaling is not linear. These case studies show that the road to scale is complex and therefore requires experimentation, feedback loops and, sometimes, failure. (2) There are multiple pathways to scale. The case study organizations attempted to scale not just through organic growth but also through partnering, open source strategies, advocacy and other means. (3) Common roadblocks occur on the way to scale.

What Works for Women and Girls: Evidence for HIV/AIDS interventions

Gay, Jill, Melanie Croce-Galis, & Karen Hardee; Population Council, The Evidence Project and What Works Association, Inc.; 2016; English

www.whatworksforwomen.org

This material is intended for practitioners who are designing HIV and AIDS interventions to address the needs of women and girls and who are deciding among priority interventions. It is also intended for engaged communities advocating for programming. Organizations that provide assistance to programmes worldwide will also benefit from this evidence. What Works for Women and Girls is a comprehensive website that can be used by bilateral and multilateral donors, development banks, foundations, governmental officials and non-governmental organizations. It can also be used for programming in both low- and middle-income countries.

Scale-up Sourcebook

Cooley, Larry & Julie Howard; Purdue University & African Development Bank; 2018; English

<https://docs.lib.purdue.edu/scaleup/sourcebook/book/1/>

The Scale-up Sourcebook is informed and inspired by the 2018 conference 'Innovations in Agriculture: Scaling Up to Reach Millions', which was organized by Purdue University in partnership with the African Development Bank. The Sourcebook consolidates, extends and disseminates some of the scaling insights presented at the Purdue conference. It is intended as an easy-to-use guidebook targeted to a broad and diverse audience of stakeholders associated with scaling agricultural technologies and innovations to meet the needs of the world's poor. The Sourcebook provides guidance, tips and examples, along with links and references to additional resources on scale-up. Many of these lessons learned could be valuable for scaling up HIV combination prevention for adolescent girls and young women.



3.2 Identify Who Leads and Who Manages the Process

On the CUSP of Change: Effective scaling of social norms programming for gender equality Community for Understanding Scale Up (CUSP); 2017; English

http://steppingstonesfeedback.org/wp-content/uploads/2017/09/CUSPSVRIpaper.Final_6sept2017.forWeb.pdf

This brief provides practical insights and advice for programme teams, funders, researchers and policymakers as they take social norms programming to scale. The brief also highlights key challenges embedded in the work to change social norms and ways to overcome them. CUSP suggests that effectively transforming harmful social norms at scale requires moving beyond the current thinking of scale as a numbers exercise to better reflect the key principles behind social norms change. CUSP encourages the international development community to 1) ensure that gendered, social justice principles and values are prioritized when programming at scale; and, 2) support innovation of new approaches for social norms change that also reflect these principles. CUSP also posits that prioritizing the agency, well-being and safety of communities is essential to achieving impact and ensuring sustainability.

3.3 Implement the Scale-up

Social Replication Toolkit

Berelowitz, Dan, et al.; Spring Impact; 2016; English

<https://doc.3feng.im/pdf/social-Impact-Toolkit-ENG.pdf>

Social innovations struggle to address society's most challenging problems. Much has been written on the strategies for scaling social impact, but scale is still a dream for most and some of the biggest barriers are lack of support and skills. This systematic approach has seen proven social projects replicate to scale sustainably. This toolkit also provides an initial assessment for implementers to estimate their programme's readiness for scale-up.

A Guide to Scaling Up Population Health Interventions

Milat, Andrew J., et al.; Public Health Research & Practice, vol. 26, p. e2611604; 2016; English

<http://www.phrp.com.au/issues/january-2016-volume-26-issue-1/a-guide-to-scaling-up-population-health-interventions/>

The 'how to' of scaling-up public health interventions for maximum reach and outcomes is receiving greater attention; however, there remains a paucity of practical tools to guide those actively involved in scaling-up processes in high-income countries. This guide was informed by a systematic review of scaling-up models and methods, and a two-round Delphi process with a sample of senior policymakers, practitioners and researchers actively involved in scaling-up processes. Although it is a practical guide to assist health policymakers, health practitioners and others responsible for scaling up effective population health interventions, it can also be used by researchers to design studies that are potentially suitable for scaling up, particularly where research-practice collaborations are involved. The guide is not intended to be prescriptive. Its purpose is to help policymakers, practitioners, researchers and other decision makers to decide on appropriate methodological and practical choices, and to balance what is desirable with what is feasible.

Applying ExpandNet's Systematic Approach to Scaling Up in an Integrated Population, Health and Environment Project in East Africa

Omimi, Antony, et al.; Social Sciences, vol. 7, p. 8; 2018; English

<https://doi.org/10.3390/socsci7010008>

This paper lays out the systematic approach to scale up developed by ExpandNet and subsequently illustrates its application in the Health of People and Environment in the Lake Victoria Basin (HoPE-LVB) project, which is an integrated population, health and environment project implemented in Uganda and Kenya in 2012–2017. Results demonstrate not only the perceived relevance of pursuing integrated development approaches by stakeholders but also the fundamental value of systematically designing and implementing the project with focused attention to scale up, as well as the challenges involved in operationalizing commitment to integration among bureaucratic agencies deeply grounded in vertical departmental approaches.



Total Market Approach to Increase Access to Family Planning

Brady, Christopher, Laura Wedeen, Jane Hutchings & Jerry Parks; PATH; 2016; English

<https://www.path.org/resources/planning-guide-for-a-total-market-approach-to-increase-access-to-family-planning/>

This document contains practical information and specific tools to help organizations and other in-country actors conduct a landscape assessment, the first phase in planning a total market approach (TMA) to increase access to family planning. The main body of this document is intended to be used in tandem with the TMA landscape assessment tools and resources. Designed for TMA planners of all experience levels, and both private and public sectors, this publication shares experiences and lessons learned across a range of organizations. Specific sections of the document address: 1) A description of each step in the landscape assessment process, information on why the step is necessary, what TMA planners should know, and a brief discussion of other key considerations. 2) Key activities to achieve the goals of each step, along with recommended approaches and potential opportunities and challenges. Specific guidance on how to carry out each activity as well as insights gleaned from the experiences shared by family planning practitioners who have conducted TMA-related work in a wide variety of country settings. 3) Links to field-tested tools and other resources to help TMA planners perform specific activities. Additional tools and resources are found in the accompanying Planning Guide.

DELIVER + ENABLE TOOLKIT: Scaling-up comprehensive sexuality education (CSE)

International Planned Parenthood Federation (IPPF); 2017; English, French, Spanish, Arabic

<https://www.ippf.org/resource/deliverenable-toolkit-scaling-comprehensive-sexuality-education-cse>

This toolkit offers guidance and resources on ways to deliver CSE for children, adolescents and youth in non-formal and formal settings and encourage other stakeholders to develop and implement CSE policies and programmes. This toolkit is designed primarily for youth programme teams and project coordinators, other staff and volunteers involved in the design, implementation or monitoring of CSE initiatives, and peer educators.

Designing for Transformative Scale: Global lessons in what works

Eckhart-Queenan, Jeri, Abe Grindle, Jacquelyn Hadley & Roger Thompson; Tostan; 2015; English

<https://tostan.org/wp-content/uploads/designing-for-transformative-scale.pdf>

In this brief, authors describe sector pioneers who are pushing ahead with promising experiments. From these exemplars, they identify nine strategies that hold real promise for addressing a number of major social problems at massive scale. Four strategies show ways for organizations to reach more people without commensurate growth in size, while the remaining five aim at 'field building', which marshals the efforts of a diverse set of like-minded organizations and people working towards a shared goal.

Idea to Impact: A guide to introduction and scale of global health innovations

USAID Center for Accelerating Innovation and Impact; 2015; English

https://www.usaid.gov/sites/default/files/documents/1864/Idea-to-Impact_Jan-2015-508.pdf

This guide consolidates and shares best practices and lessons learned from decades of scaling up global health innovations and draws on best practices from the private sector, while offering a dynamic and flexible home for new thinking and advancements still to come. Many of the insights and examples are heavily informed by the learnings and practices of private companies, non-governmental organizations, academia, USAID and other donors, and other public health experts.

3.4 Finance the Scale-up

Using a Social Franchise Enterprise Model to Build Sustainable Organizations: A case study

SHOPS Plus, USAID; 2018; English

<https://www.shopsplusproject.org/article/using-social-enterprise-model-build-sustainable-organizations>

To address the issue of decreasing donor funds in the face of increasing prevalence among key populations, SHOPS Plus works with three organizations that provide HIV services — La Clinica de Familia, COIN and CEPROSH — to help improve their sustainability by using a social enterprise model. These organizations scored the highest on an assessment that looked at service delivery, financial capacity and entrepreneurship. The project supports the organizations by providing on-site technical assistance to management and clinic leadership to implement strategies that reduce cost and look at new revenue generation opportunities. The project is exploring access to social health insurance to ensure that organizations can be reimbursed for HIV and other primary care services, and to generate additional revenue for clinic operations.

Pathways to Scale: A guide for early-stage global health innovators on business models and approaches to partnerships

USAID Center for Accelerating Innovation and Impact; 2016; English

<https://www.usaid.gov/sites/default/files/documents/1864/Pathways-to-Scale-Guide-508-final.pdf>

Pathways to Scale aims to help early-stage innovators develop business models and partnership approaches that align with the development of their products and envision potential pathways to bring products to scale. It introduces the most commonly found models for scaling up global health innovations and features case studies that highlight and explain pathways taken by innovations that have begun to scale up. It also offers a toolkit with exercises, structured questions, key considerations and curated resources that innovators can use to identify the most suitable scaling model(s) to forge their path.

Social Franchising: Improving quality and expanding contraceptive choice in the private sector

USAID; 2018; English, French, Portuguese, Spanish

<https://www.fphighimpactpractices.org/briefs/social-franchising/>

This High Impact Practices in Family Planning publication make the case that social franchising is a promising practice to improve and expand contraceptive choice in the private sector. Social franchising is achieved through organizing private providers into branded, quality-assured networks to increase access to provider-dependent contraceptive methods such as intramuscular contraceptives, contraceptive implants and intrauterine devices. This brief describes the potential impact of social franchising on key family planning outcomes, including a summary of existing evidence. It also provides useful guidance on how social franchising can be used to increase access to high-quality family planning products and services.

3.5 Maintain Quality

Quality Improvement Handbook: A guide for enhancing the performance of health care systems

Rakhmanva, Nilufar & Bruno Bouchet; FHI360; 2017; English

<https://www.fhi360.org/sites/default/files/media/documents/resource-quality-improvement-handbook-health-systems.pdf>

This is a guide to enhancing the performance of health-care systems using evidence-based models derived from improvement science. Primarily intended for programme managers and technical staff members, it may be useful to others interested in applying quality improvement strategies to strengthen health programmes.

Quality Service Delivery for Adolescent Family Planning and HIV Integration: Site improvement through monitoring system (SIMS) guidance for service providers

Chamrad, Diana; University Research Co., LLC; USAID; 2018; English

https://www.usaidassist.org/sites/default/files/adolescent_fp_hiv_integration_sims_guidance_sept2018_final_ada.pdf

This guidance has been written to help programme staff succeed in planning and delivering quality integrated family planning and HIV services that are safe, effective, efficient, equitable, accessible, timely and client-centred. The guidance includes a family planning/HIV quality checklist, family planning/HIV checklist implementation guidance, and steps of quality improvement and case examples.

