Sambodhi | IDEAS — Evidence to improve maternal & newborn health | LONDON SCHOOL of HYGIENE &TROPICAL MEDICINE

How to catalyse scale-up of maternal and newborn innovations in Uttar Pradesh, India

Study aim: To understand what enables or inhibits scale-up of maternal and newborn health innovations.

Methods: Fifty in-depth, key-informant interviews conducted in 2012 with staff from federal and state government, development agencies, programme implementers, professional medical associations, and other civil society organisations, as well as academics, researchers, and experts.

Scope: In this summary, we synthesise interviewees' views on the most important ways externally funded maternal and newborn health programmes can catalyse scale-up of their innovations, and the major challenges to achieving scale-up. We include illustrative quotations from interviewees in *italics*.

Target audience: Government, development agencies and implementers in the field of maternal and newborn health.

Key messages

How to catalyse scale-up

- **Embed scale-up within programme design**
- **Donors should support and incentivise scale-up efforts**
- **Design innovations that are scalable for the Uttar Pradesh context**
- **Work closely with government at all stages and align innovations with government policies and programmes**
- **Harmonise activities with other externally funded programmes**
- **Advocate for decisions on scale-up by communicating evidence effectively**

Enablers to scale-up

- **Politically enabling environment**
- **Partners' Forum improves coordination among donors and externally funded programmes**

Barriers to scale-up

- **Weak health systems are a barrier**
- **Sociocultural, geographic and economic barriers at community level**

*Definitions

Externally funded programmes: health programmes funded by donors outside of the federal or state government of Ethiopia, including the Bill & Melinda Gates Foundation and governments of high income countries.

Innovations: community-based approaches to enhancing interactions between families and frontline workers which are new to the context, e.g. in Uttar Pradesh, India, frontline health workers are provided with mobile phones that they can take on family visits.

Scale up: increasing the reach of a maternal and newborn health innovation to benefit a greater number of people over a wider geographical area.

About the study

This investigation of scale-up is one component of the IDEAS project.

A follow up investigation on scale-up is planned for 2014 during which we will study additional themes, such as potential roles for the private sector and community demand in catalysing scale-up of innovations.

IDEAS aims to improve the health and survival of mothers and babies through generating evidence to inform policy and practice.

Funder: Bill & Melinda Gates Foundation

Grant holder: London School of Hygiene & Tropical Medicine

Research partner: JaRco Consulting

Find out more

Contact: Dr Neil Spicer

w: ideas.lshtm.ac.uk
e: ideas@lshtm.ac.uk
Twitter: @LSHTM_IDEAS
News: eepurl.com/j3iBz

Plan for scale-up

Embedding scale-up within externally funded programme design is an important prerequisite: develop a scale-up plan with activities from the onset and dedicate staff, resources and time to carry out scale-up work. It is also valuable to assess policy priorities and potential barriers in government systems, identify supporters within government, development partners and civil society and understand community needs and norms to inform innovation design.

Donors should consider financing, incentivising and strengthening grantee capacity to catalyse scale-up.

Designing scalable innovations

Innovations must be designed to be scalable. In the Uttar Pradesh context, the following attributes make an innovation amenable to scale-up:

- A comparative advantage over alternatives
- Observable innovation effectiveness
- Meet communities' needs and priorities and be culturally acceptable
- Advantageous to and does not burden frontline workers: *'…This [innovation] does not add anything to frontline workers' existing workload - this is like the selling point…'*
- Simple to implement and use
- Low cost or needing limited ongoing financial and human resource inputs: *'…if you invest millions of rupees in one intervention in a restricted geographic area that will make it unsustainable…'*
- Adaptable to diverse geographical contexts
- Aligned with government policies and targets and built on existing structures and services

Alignment with government policy

The Uttar Pradesh state government is the main owner of innovations at scale: *'Ultimately the owner of scale-up is going to be the government – the receiving environment. The buy-in and ownership within that institution is important'*

Aligning innovations with government priorities, targets and policy frameworks especially the National Rural Health Mission (NRHM) and the corresponding state Programme Implementation Plan (PIP) is therefore critical for government buy-in: *'What actually matters is what is government's priority area and if your idea is not there replication and scale-up are almost impossible'*

Working closely with state government during programme design and monitoring and evaluation plan development, engenders policy alignment, shared ownership of and government support for an innovation: *'…government from the very beginning have been involved in all phases of design, pre-testing, monitoring and evaluation…'*

Harmonisation of externally funded programmes

Engaging in partner coordination mechanisms, such as the Partners Forum, can foster government oversight and ownership of externally funded programmes and help government to deploy innovations at scale strategically. Such mechanisms can also provide effective platforms for development partners and grantees to communicate evidence with government, and can promote information sharing among them thereby reducing programme duplication and strengthening innovations: *'People in India are not combining their expertise… instead of wasting time reinventing the wheel we need [development partners] to come together…'*

Generating and communicating evidence

Effective communication of evidence is critical to informed decision making about scale-up: targeting the right audience; ongoing communication; timing communication to align with government decision making; communicating evidence through government-led fora.

Multiple types of evidence are valuable to government decision makers:

- Quantitative data demonstrating innovation outcomes and impacts
- Cost data, estimated costs of scaling innovations: *'When it's required to take it to scale, government first asks what is the cost…'*
- Process data and implementation lessons: *'… offering lessons from all the good and bad experiences from implementation…'*
- Demonstration of projects, hearing community voices, documentary films: *'Taking decision makers on demonstration visits is a sure-shot way to make evidence more impactful'*

Is Uttar Pradesh an enabling environment for scaling innovations?

- The Uttar Pradesh government is open to innovations, working with external partners and using evidence
- While there is a fragmented, uncoordinated development partner environment the Partners' Forum is improving the situation
- Scaling innovations through weak health systems is challenging
- There are multiple geographic, economic and sociocultural barriers to community innovation uptake, including the vast size of the state.