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Barriers to scale-up and diffusion: findings from a multi-country study

**About IDEAS**

IDEAS (Informed Decisions for Actions) aims to improve the health and survival of mothers and babies through generating evidence to inform policy and practice.

IDEAS uses measurement, learning and evaluation to find out what works, why and how in maternal and newborn health.

IDEAS is funded between 2010 and 2015 by a grant from the Bill & Melinda Gates Foundation to the London School of Hygiene & Tropical Medicine.

**Focus geographies**

IDEAS is working with project partners in Ethiopia, northeast Nigeria and the state of Uttar Pradesh in India.

Our project partners are working to enhance the existing health system by implementing health approaches called innovations.

**Qualitative study of scale-up**

**Aims**

- To identify the main factors enabling or inhibiting scale-up of MNH innovations and understand which approaches to catalysing scale-up of MNH innovations are working & why.

**Methods**

- **Approach**: annual rounds of semi-structured interviews with 50-75 stakeholders per geography.
- **Sampling constituencies**: federal/state government; development agencies; civil society; foundation grantee & program officers; academics; researchers; experts; professional associations.
- **Analysis**: systematic thematic analysis of the qualitative data adopting a framework approach.

**Analytic framework of scale-up & diffusion**

- **Decision making**: what influences decisions to accept or reject different innovations?
- **Deliver at scale**: the capabilities of implementers to deliver at scale and the barriers to implementation.
- **Demand from beneficiaries**: what factors shape innovation demand & uptake by beneficiaries?
- **Mechanisms to catalyse scale-up**: how are externally funded grants catalysing innovation scale-up?
- **Problem characteristics**: is MNH framed as important or not compared to other health problems?
- **Attributes of innovation**: is the innovation amenable to adoption?
- **Contextual environment**: does the country context enable or undermine scale-up?
- **Catalysts**: are policy advocates or opinion leaders championing innovations leading to scale-up?
- **Competing innovations**: are alternative innovations competing for decision makers’ attention?

**IDEAS project objectives**

**Addressing research questions to improve the evidence base**

1. Have innovations introduced by our project partners successfully enhanced interactions between families and frontline health workers, and have these allowed life-saving, critical interventions to reach more mothers and babies?
2. Have innovations introduced by our project partners been scaled-up to reach other areas of Ethiopia, northeast Nigeria and Uttar Pradesh? What enables and inhibits scale-up?
3. Where the innovations have been adopted more widely, have critical intervention coverage and newborn survival improved as a result?

**Capacity building**

IDEAS is working in with project partners to strengthen capacity in measurement, learning and evaluation.

**Knowledge into action**

Throughout the project we will disseminate best practice and findings as robust evidence on which to base future policy decisions and actions.

**Findings from northeast Nigeria & Uttar Pradesh**

**How to can externally funded programmes catalyse the scale-up of maternal & child health innovations?**

**Government ownership**

- Aligning innovations with policy engenders government ownership: ‘I think [the Indian National Rural Health Mission] is the best space for organisations to position their ideas…’
- Continual advocacy: engaging government throughout a project
- Co-funding arrangements to engender financial commitment to scaling innovations: ‘As a formal commitment can [government] just put in 0.5% of the funding Gates has brought in…?’

**Planning and financing for scale-up**

- Make scale-up integral to programme design and commit resources: ‘…the donors should set aside funding and tell the grantees that… 30% you will invest in looking at scaling-up avenues… But you have to let them know this funding is there because without that they will be looking for their next grant’

**Alliances and coordination**

- Developing alliances and engaging champions: ‘… it beholds you as an external person to do a little stakeholder mapping – know who your allies are… and those who are your potential obstacles.’
- Coordinating development partners’ voices: ‘…we have individual organisations’ mandates and competing products and services… how can we synergise and synchronise?’

**Use of evidence**

- Generating robust evidence of what works: ‘You must be able to show that the package you are trying to sell to them has actually worked - the improvement in the lives of women & children…’
- Generating cost effectiveness data/estimating costs of scale-up
- Demonstrating an innovation for emotional buy-in: ‘I can remember the permanent secretary [crying] because they had never seen it… & you know, the memo mailed through easily’

**Developing scalable innovations**

- Simple, low cost innovations are more scalable than ‘boutique projects’: ‘in order to look good we invest so many resources… but after the project ends it’s the end of everything…’

**Image credits**

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2. Frontline health worker, Ethiopia © Dr Neil Spicer
3. Mother and newborn child, Nigeria © Pep
4. Rural village, Ethiopia © Dr Neil Spicer

**Acknowledgements**

Researchers contributing to the study: Nené Babalola-Jacobs, Della Baburka, Dheipker Bhadashying, Pritag Dinka, Asshah Maheto, Chimna Nnodu-Epiggai, Felix Oli, Mwenakiba

Gautham Jeyulu Sasi, Sonali Saini, Sunita Singh, Sagar Swaraj, Neeru Adda Wondemariam

All interview participants in India, Nigeria, Ethiopia and USA

**Contact**

Neil.aspin@lshtm.ac.uk

**www.lshtm.ac.uk | ideas.lshtm.ac.uk**