



Guidance note

Scaling: Where to start?

Innovation, Impact & Information Division
2020

GN I 10



Author

Ana María Sánchez Rodríguez, MSCA Research Fellow at Maynooth University

Contributors

Aude Brus, Research Specialist, Research Unit, Innovation, Impact & Information Division

Lise Archambaud, Outcomes & Impact Specialist, MEAL Unit, Innovation, Impact & Information Division

Fraser Murray, Research Specialist, Research Unit, Innovation, Impact & Information Division

Pierre Gallien, Director of the Innovation, Impact & Information Division

A Humanity & Inclusion Publication

Operations Division

Editing and layout

Stéphanie Deygas

Photo credits

Cover: © Nicolas Axelrod / HI (Lao, 2013)

Rights and Permissions



This work is available under the Creative Commons Attribution-NonCommercial-NoDerivatives 4.0 International license (CC BY-NC-ND 4.0). Under the Creative Commons-NonCommercial-NoDerivatives license, you are free to copy, distribute, and transmit this work, for noncommercial purposes only, under the following conditions: **Attribution:** Please cite the work as follows: Ana María Sánchez Rodríguez. Scaling: Where to start? Lyon: Humanity & Inclusion, 2020. License: Creative Commons Attribution-NonCommercial-NoDerivatives 4.0 International (CC BY-NC-ND 4.0). **Noncommercial:** You may not use this work for commercial purposes. **No Derivative Works:** You may not alter, transform, or build upon this work.

This project has received funding from the Irish Research Council and from the European Union’s Horizon 2020 research and innovation programme under the Marie Skłodowska-Curie grant agreement No 713279.

Contents

Introduction	4
1. What's the purpose of this guidance note?	4
2. How was this note developed?.....	4
3. What you will find into this note.....	5
4. Who is this note for?.....	5
Part 1 – Principles & benchmark.....	6
1. Context.....	6
1.1. Why is scaling relevant?	6
1.2. Why is Humanity & Inclusion interested in scaling?	6
2. What is Scaling?	7
2.1 Definition.....	7
2.2 Existing scaling frameworks and approaches.....	7
2.2 What is the process to scale?	10
Part 2 – Let's scale!	13
1. When to think about scaling? Scaling and Project Cycle.....	13
2. How to scale?	16
2.1 What to scale?.....	16
2.2 What is the evidence that we need to scale?.....	18
2.3 What are the scaling directions and strategies to adopt?.....	19
3. Scaling to improve the life conditions of vulnerable populations	23
Conclusions.....	27
Bibliography.....	28

Introduction

This guidance note aims to better understand the nature and importance of scaling initiatives, approaches, practices, projects or policies within an international organization.

1. What's the purpose of this guidance note?

To answer to Humanity and Inclusion (HI) growing interest in scaling, this guidance note outlines definitions and a process of scaling based on research work of Sanchez et al (2020) and it provides material for further reflection on this topic at the organizational level.

This note is not a positioning note and is not a methodological guidance on project scaling.

2. How was this note developed?

The note is part of research project on scaling social community innovations for persons with disabilities in low and middle-income countries. The scope of the overall project was to explore why good interventions, sometimes in the form of pilot projects, remain untapped when these could be potentially scaled up. Research findings are published in scientific reviews (Sanchez et al, 2020). The case study lead in Lao PDR is also published in the Humanity & Inclusion professional collection "[How to scale up community-based social innovations for better inclusive policies? -Lao PDR as a case study](#)" (2020).

To complete this research, in July 2020 the research unit of the 3i direction launched an online survey amongst HI staff (headquarters, field programs and national associations; technical, operational and finance profiles)¹. The survey was a first exercise to gather information on scaling and to reflect on how HI is dealing with this issue. The objective was to (1) better understand how the concept of scaling was understood internally and (2) collect examples of interventions that had been developed/ scaled.

¹ There were 17 respondents: 10 of them have been working at HI for more than 5 years; 5 work in the field, 7 at headquarters, 2 at the national association and one did not answer. This sample was not expected to be representative of the organisation.

3. What you will find into this note

The note addresses a **scaling framework** that describes a scaling process in five stages: 1) identifying, 2) planning, 3) implementing, 4) learning and 5) adapting, and includes **four scaling directions** (Sanchez et al, 2020). The scaling framework addresses the what, how, and when to scale. The note also shows different strategies to be used for each of the scaling directions and presents a **pathway to scale**, with emphasis on the importance of the specific contexts where the intervention is intended to be scaled. Lastly, a **socially inclusive scaling model** is shared, promoting the participation of target groups.

4. Who is this note for?

This note is for HI teams and its partners (other international non-governmental organizations, civil society organizations, organizations of persons with disabilities, governments...) and who have a keen interest to increase impact through scaling.

The note addresses scaling broadly, and it does not review specific needs of different stakeholders involved. However, this note may be of interest for the operational, technical, funding and the Monitoring, Evaluation, Accountability and Learning (MEAL) teams.

Part 1 – Principles & benchmark

1. Context

1.1. Why is scaling relevant?

International non-governmental organizations struggle to achieve social impact and ensure the sustainability of their actions. Promoting change and inclusion of vulnerable populations takes times and long-term involvement. However, promoting on-the-ground initiatives that are successful is a way to accelerate change. This note explores a path to scale initiatives, approaches, practices, projects or policies and achieve the desirable changes.

There are multiple approaches to scale; Sanchez et al (2020) identified 20 scaling frameworks and some of these are addressed in this note. The scaling frameworks differ in the number of steps and the number and types of scaling directions but the general goal remains to increase social impact by reaching the desired outcomes and reducing uncertainty.

Scaling² promotes effective solutions from successful interventions to replicate and/or expand. Investing to scale recognizes that the intervention could potentially have greater impact. Therefore, it seems crucial to include in the project proposal the production of reliable data and evidence demonstrating the benefits of the intervention, and also to start thinking about scaling from the outset (and planning for funding).



Planning for scaling

The online survey implemented in July 2020 shows that scaling is not always planned and implemented. However, two respondents mentioned that scale had happened without planning for it in a spontaneous way.

1.2. Why is Humanity & Inclusion interested in scaling?

Scaling is an important ingredient mentioned into the 2016-2025 HI strategy to improve efficiency and to promote sustainable change (Humanity & Inclusion, 2015, 2.2, p.10). Financial resources and strategic alliances are key to promote larger-scale projects (wider geographical areas and more beneficiaries in corresponding thematic areas) (Humanity & Inclusion, 2015 p.14-15).

² The text uses the term “scaling” and differentiates it from “scaling up”, a term that is regularly used in the literature (see directions’ definitions in the second part of the note).

There are examples of scaling initiatives, approaches, practices, projects or policies within HI. These examples cover different contexts and in different sectors (inclusive education, health, functional and physical rehabilitation, economic inclusion, social protection and mine risk actions, amongst others). Yet, there is no systematic way to address scaling: experiences remain independent of each other, making difficult to understand when and how scaling occurs



Why scale an intervention?

The HI online survey shows that the respondents identified scaling as an essential component of the interventions to broaden the scope of the work and target more beneficiaries and increase impact of interventions.

2. What is Scaling?

2.1 Definition

Scaling is defined as influencing, repeating, adapting and ensuring social change for vulnerable populations through inclusive interventions (Sanchez et al, 2020). Innovations, practices, whole projects or specific activities, tools, policies... can be scaled.



Towards a definition of scaling for HI

The online survey asked HI staff about their definition of scaling. The respondents refer to scaling as a process and the ability to increase the scale of their operations (projects and beneficiaries) (Survey participants 1 and 11). Scaling is also achieving greater impact (Survey participant 13) and is taking a pilot project that has been tested to scale (Survey participants 2, 3, 5, 7, 8 and 17). The survey's results are the first insights to help HI define scaling at the institutional level and connect it to the organization's strategy.

2.2 Existing scaling frameworks and approaches

This section describes different approaches to scaling that are relevant for HI development and humanitarian work. The concept of scaling is not new in development. Scaling has been discussed since the 1970s (Hartmann and Linn, 2008). However, what has changed is the scope of scaling, as many other scaling frameworks have made their appearance. In humanitarian work, scaling has for example gained recognition lately with ELHRA³ (see [Table 1](#)).

³ [ELRHA](#): Enhancing Learning and Research for Humanitarian Assistance

The [Table 1](#) below shows diverse frameworks designed by donors and explains the scaling definition employed and operational keys elements.

Table 1. Examples of scaling’ approaches from donors

Institution / Name of Framework	Definition	Operationalization
ELHRA / Pathways to Impact Framework	Scaling is “Building on demonstrated successes to ensure that solutions reach their maximum potential, have the greatest possible impact, and lead to widespread change” (ELHRA 2018, p.6) ⁴	ELHRA focuses on innovations, using the definition of the HIF ⁵ –ALNAP ⁶ . Innovation is “an iterative process that identifies, adjusts, and diffuses ideas for improving humanitarian action” (2018, p.6). The framework suggests a scale feasibility assessment, to have a clear scale vision and a strategy.
Bill and Melinda Gates Foundation / GHLI-AIDED (Assess, Innovate, Develop, Engage, Devolve)	Scaling up is defined as widespread use among target populations (Bradley et al 2011, p.7)	This framework has five components: 1) access the landscape, 2) innovate to fit, 3) develop to support, 4) engage with index user groups and 5) devolve efforts to spread the innovation. In each of the components there are key enablers as well as barriers. For example, in the engage component, an enabler is integrating the practice and dialoguing with the community and, a barrier is the lack of knowledge and awareness.
The World Health Organization (WHO) / ExpandNet	Scaling up is defined “as deliberate efforts to increase the impact of health service innovations successfully tested in pilot or experimental projects to benefit more people and to foster policy and programme	There are nine steps to scale up: 1) Planning actions to increase the scalability of the innovation, 2) Increasing the capacity of the user organization to implement scaling up, 3) Assessing the environment and planning actions to increase the potential for scaling up success, 4) Increasing the capacity of the

⁴ [Too tough to scale? Challenges to scaling innovation in the humanitarian sector](#), ELRHA, 2018

⁵ Elrha’s Humanitarian Innovation Fund (HIF)

⁶ About ANALP, see their [website](#)

	development on a lasting basis” (ExpandNet 2010, p.2)	resource team to support scaling up, 5) Making strategic choices to support vertical scaling up (institutionalization); 6) Making strategic choices to support horizontal scaling up (expansion/replication), 7) Determining the role of diversification, 8) Planning actions to address spontaneous scaling up and 9) finalizing the scaling up strategy next steps.
The World Bank / International Fund for Agricultural Development (IFAD)	Scaling means “expanding, replicating, adapting and sustaining successful policies, programs or projects in geographic space and over time to reach a greater number of rural poor” (Linn et al 2010, p.17).	The framework has three phases: innovation, learning and scaling up. The learning and knowledge management phase considers internal and external knowledge. The model is concerned with increasing the limited impact of pilot projects to having multiple impacts. The framework includes drivers and spaces. The drivers are the enablers to scale up (e.g. strong leadership) and the spaces are opportunities or potential obstacles to scale up (e.g. policy space).
USAID / The Improvement Collaborative Approach	Scaling up is defined as: “the range of activities aimed at scaling up successful improvements from initial sites that serve as small proportion of the population to a much larger number of facilities and practitioners, a significant portion of the health system, and a significantly larger population, such as an entire region or country” (USAID 2008, p.20).	There are seven features to a successful improvement collaborative applied: 1) shared improvement objectives or aims, 2) adequately supported quality improvement teams testing changes, 3) implementation package, 4) regular analysis of measured results, 5) shared learning, 6) spread strategy and 7) organizational structures.

2.2 What is the process to scale?

This section addresses a process to scale that includes five scaling phases⁷ (Sanchez et al, 2020): 1) identifying, 2) planning, 3) implementing, 4) adapting and 5) learning. The [table 2](#) defines each of the five phases and suggests key questions to interrogate the need to scale. The third column of the table offers a set of alternative tools to reach of the scaling phases.

Table 2. Scaling Phases and Key questions

Scaling Phase	Ingredients and Key Questions	Scaling tools to address the scaling phase
Identify	<ul style="list-style-type: none"> ⇒ Unit of scale: What is the scalable unit? A project, a specific activity, an innovation, a selected good practice, etc.? ⇒ Evidence: What is the evidence we need and have to show that the intervention has worked, and it is worth being scaled? 	<ul style="list-style-type: none"> • The Scaling-Up Checklist (UNDP, 2013). The UNDP has eight categories to score before pursuing scaling. For example one of the categories refers to the relevance of the issue • The Management Systems International (MSI)- Scalability Checklist (Cooley et al, 2016, p.13). The MSI has seven categories to score if scaling will be easier or harder. Examples of questions include: Is the intervention credible? Does the model have relative advantage over existing practices? (2016, p.13).
Planning	<ul style="list-style-type: none"> ⇒ Directions: What are the scaling directions to adopt? ⇒ Strategies: What are the strategies that should be employed? 	The ExpandNet (2010) first step is planning actions to increase the scalability of the innovation ⁸ This step requires to be clear of the innovation to scale, assess the attributes of the innovation and identified needed actions.

⁷ The five-phase model resulted from the analysis of 20-scaling framework (Sanchez et al, 2020).

⁸ ExpandNet defines innovation as “package of interventions, often consisting of several components” (ExpandNet, 2010, p.5)

Implementing	<ul style="list-style-type: none"> ⇒ Context: What is the context where the scaling is happening? ⇒ Resources allocated to the scaling process: What are the resources that are been employed? ⇒ Stakeholders: Who are the stakeholders involved and their roles in scaling? 	<p>The Improvement Collaborative Approach suggests an implementation package to select the procedures based on evidence (USAID, 2008, p.7).</p>
Learning	<ul style="list-style-type: none"> ⇒ Monitoring: What are the monitoring mechanisms in place for the project? ⇒ Evaluation: How is the project been followed and evaluated? How and what is the evidence collected? 	<p>The SEED (Self-Evaluation for Effective Decision making) approach (Taylor and Taylor, 2003, p.283) uses SCALE as “Systems for communities to adapt learning and expand” considering. This approach addresses learning as a iterative process and defines learning as “a process of making mistakes and then building from them, not of starting all over from the same place” (2003, p.9).</p> <p>Three dimensions: SCALE one is successful change as a learning experience; SCALE Square is Self-help Center for Action Learning and Experimentation and SCALE Cubed (Systems for Collaboration, Adaptive Learning, and extension).</p>
Adapting	<ul style="list-style-type: none"> ⇒ Risk assessment: how would you deal with risk? ⇒ Flexibility: What are mechanisms to adapt to unpredictable events? 	<p>The GHLI⁹-AIDED (Assess, Innovate, Develop, Engage, Devolve) approach (Bradley et al, 2011) defines the 5th component devolve as efforts of spreading the innovation¹⁰ and explains that action may result in adapting (p.26). The approach indicates multiple feedback</p>

⁹ The [Yale Global Health Leadership Institute](#) (GHLI)

¹⁰ The GHLI-AIDED approach defines Innovation as: “the process of putting an idea into practice among groups for whom the idea is new” (2011, p.7)

		<p>loops going from the 5th component devolve to the other four components (assess, innovate, develop and engage) (see diagram p.28)</p> <p>ELRHA's Innovation process adaptation is defined as "the process of adapting a solution from elsewhere that requires significant rethinking of certain elements"¹¹. The tools in the ELHRA adaptation module help to assess adaptation of the solution, the organizational and local (contextual)¹²</p>
--	--	--

¹¹ See [Glossary of terms](#), HIF/ELRHA

¹² See Stage 3. [Adaptation: Match a solution to the problem and context](#), HIF/ELRHA

1. When to think about scaling? Scaling and Project Cycle

Carter et al (2018) defined the scaling opportunity as the “moment” for change and identified community readiness and political support to support the scaling decision. There are interventions that will be promoted to scale and others that might not need to scale. Tools can help in making this decision:

- The scalability checklist in Cooley et al (2016) addresses the key questions to help the organizations decide to scale (see [Table 2](#)).
- ExpandNet also values the scalability of the intervention through the following intervention’s attributes: credible, observable, relevant, relative advantage, easy to install and to understand, compatible and testable (2010, p. 10).
- The Scaling Scan evaluates the strengths and weaknesses of the scaling ambition or scalability (Jacobs et al, 2018 p.10).

The scalability assessment of an intervention, practice, project or policy does not define who decides to scale. This process needs to be supported by a reflection on the stakeholders involved, in particular the recipients and the owners/operators of the intervention.



Role of stakeholders

[The HI Operational partnership guidance note](#) specifies Ethics as a criterion of the quality framework that refers to the way the organization manages and builds partnerships, negotiating the distribution of power (Richardier, 2016, p.9). However, reciprocal partnerships are always challenging and require the organization to critically analyze their approaches and to be aware of the power imbalance they bring into the communities they work.

HI work with different partners and local organizations, organizations of persons with disabilities, which may have initiatives, approaches, practices project or policies that need to be promoted to scale. The project owner is then the partner, and not HI directly, whose role is to support the scaling process. [The Making It Work - Gender and Disability project](#) is a good example of this kind of partnership.

The decision to scale should be outlined in the project proposal as well as the steps and directions to scale. In other words, working on scaling begins before the proposal is submitted and is part of the scaling pre-planning process. A pre-scaling process supports the need for funding for the scaling phase of the intervention.

The questions to be asked throughout the project cycle as a pre-phase of the scaling process are:

- What is the scalability of the intervention, practice, project or policy (scalability as feasibility of the intervention to scale)?
- What are the enablers and obstacles anticipated to achieve scaling?
- What are the issues emerging that could impact the scaling?



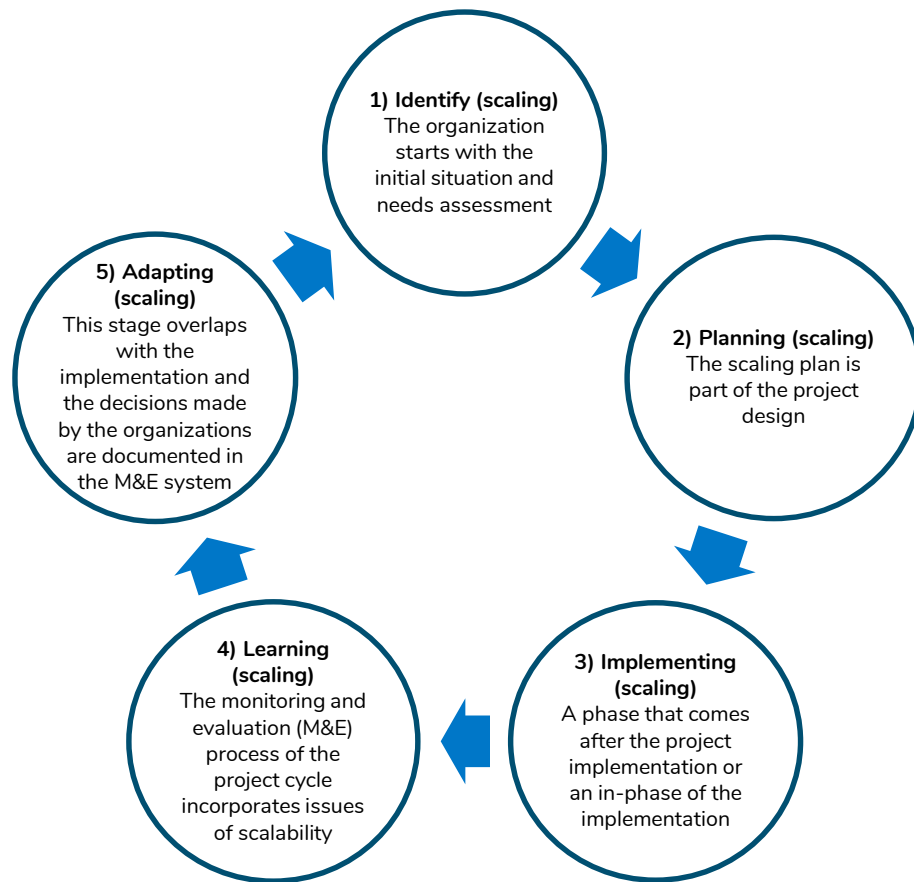
What is a project?

HI defines interventions as projects and takes the definition of project from the European Commission, Project Cycle Management Guidelines (2004, p.8): Project is “a series of activities aimed at bringing about clearly specified objectives within a defined time-period and with a defined budget”.

There are other times where the intervention has been already tested. In this case, the scaling process stages overlap with the project cycle¹³ as illustrated in [Diagram 1](#). The scalability of an intervention, practice, project or policy is addressed by the organization in the initial situation and needs assessment. The questions to be asked to address scaling as an iterative process are defined in the previous section in [Table 2](#).

¹³ See the [HI diagram of the project cycle](#) at HInside.

Diagram 1. Project Cycle and scaling



In the same way that scalability is assessed and then scaling is implemented, the M&E system should consider reviewing the process through the following questions:

- How did the scaling happen?
- What were the organization's strategies to scale that were not planned?
- What worked and what didn't?
- How were the scaling goals achieved?
- How would you do it differently to scale in other contexts?



Scalability assessment & the HI Quality framework

The survey asked participants about how to scale interventions. One respondent identified the following ingredients: **1)** Proven effectiveness; **2)** Institutional rather than individual endorsement; **3)** Possibility to evolve and be improved; **4)** An active community; **5)** Availability of support material; **6)** Close monitoring and **7)** Acceptance of a minimum level of standardization (Survey participant 9).

The HI Quality Framework includes 12 criteria that can be taken into account to assess scalability. The criteria include relevance, changes, capacities, sustainability, administration, effectiveness, efficiency, accountability, participation, cooperation, synergy and ethics. The scalability assessment should address the organizations' technical commitments and the quality criteria for the intervention (for HI, the Quality Framework), as well as a set of minimums requirements for scalability, already established in other frameworks, as noted above.



How the scaling process itself can influence the intervention

Identifying a practice to be scaled can potentially influence in itself the intervention / other practices. Indeed, the scaling process requires time, effort and resources. Thus, this process can be deployed to the detriment of other aspects of the intervention, and ultimately affect the quality of the whole.

2. How to scale?

2.1 What to scale?

Scaling starts by clarifying what to scale. As already mentioned, the scalable unit could be anything from a practice to a policy. Hancock (2003) identified six different practices, in relation with the level of evidence needed and the general applicability (see [Table 3](#)).

Some scaling frameworks define their scale unit in their own terms. For example, ExpandNet defines *innovation* as a package of interventions with different components (2010, p.5) and the Scaling Up Management (SUM) addresses the model and innovation as two different things. The “model” includes technical processes and organizational components, and the “innovations” are individual components of these models (Cooley et al, 2016, p.4). These authors emphasise the advantages of qualitative analyses to highlight change, including participatory methodologies. (Carter et al, 2018).

Table 3. Proposed state-of-practice classification system¹⁴

State of Practice	Level of Evidence	General Applicability	Sources of Evidence
Innovation	Minimal objective evidence	New Idea, no previous experience; highest risk	Inferences form parallel experiences and contexts
Promising Practices	Unproven in multiple settings	High risk	Testimonials, articles, reports
Models / Lessons Learned	Positive evidence in a few cases	Limited number of settings and experiences	Project evaluations or mid-term reviews
Good practice	Clear evidence from some settings	Promise of replicability, medium risk	Several evaluations (including process evaluations)
Best Practice	Evidence of impact from multiple settings	Demonstrated replicability, limited risk	Meta-analyses, expert review, impact evaluation
Policy principle	Proven in multiple settings	Consistently replicable, widely applicable “truism” essential for success	Replication studies, policy research / policy evaluation



Humanity & Inclusion and Innovation

HI has also been promoting technical and organizational innovations through three stages defined in HInside/3I Innovation, Impact and Information/[Innovation/Ideation](#):

1) Production of new ideas, **2)** Assessment of the viability and feasibility, inclusion funding and, **3)** Testing the idea.

¹⁴ Source: Adapted from Hancock (2003, p.12 and p.73). [Scaling up the impact of good practices in rural development: A working paper to support implementation of the World Bank's Rural Development Strategy](#) (Report Number: 26031), The World Bank

2.2 What is the evidence that we need to scale?

The evidence is collected to prove scalability before planning to scale, but evidence will be also collected throughout the scaling process. The state-of-practice classification system describes the level and sources of evidence to address scalability according to the type of practice. The quality of the evidence collected supports the need to scale and reassures funders. There is a wide spectrum of methods to collect evidence. Collecting evidence is part of the monitoring and evaluation stage of the project cycle but, it is informed by the implementation and learning stages in the scaling process.

The scalability checklists mentioned at the beginning of this second section address the evidences needed to prove the credibility of the intervention (ExpandNet 2010, Cooley et al, 2016, UNDP, 2013, ELHRA, 2020). The [following 4](#) addresses key questions to demonstrate credibility and the corresponding methodologies.

Table 4. Credibility, evidence and methods
adapted from the ExpandNet, the UNDP and the MSI frameworks

Key questions to support the credibility of the intervention	Methods
What data supports the relevance / the benefits from the intervention?	Quantitative and qualitative evidence on results and impact
How sound is the evidence?	Independent Evaluations
How has the data been collected and analyzed?	Community Feedback, life stories of concerned people (teams, beneficiaries, professionals)
Do we need more evidence?	Experts feedback
	Cost-effective analysis
	Project performance evaluations
	Reports



Outcomes measurement versus Impact evaluation¹⁵

HI distinguishes between outcomes measurement and impact evaluation and their methods. The outcomes' measurement focuses on the changes that the intervention contributed to, and its goal is to improve the activities and practices (it can be seen as one of the ways to learn from a project). The impact evaluation measures changes attributed directly to the intervention and contributes to produce strong evidence to convince donors, in order to obtain other funding.

One HI example of method to measure outcomes is the [ScoPeO](#)¹⁶ tool that established a baseline and endline to measure quality of life of beneficiaries, also a tool to learn from their perceptions (Brus, 2016, p.9).

Outcomes measurement and impact evaluation can be both used to produce relevant data and evidence in order to scale a selected good practice. The choice between these two approaches (which differ in terms of methodology) depends on the level of knowledge that is already available to HI (state of practice described above), the type of scaling pathway (the direction), as well as whether or not this good practice has a strategic place in the future interventions of HI and its partners.

2.3 What are the scaling directions and strategies to adopt?

There are different directions to scale. For example the ExpandNet framework identifies two main types: 1) Scaling out (expansion and replication), 2) Scaling up (institutionalization) (ExpandNet, 2009, p. 30). Other types include the scaling down (allocation, functional) or scaling in (organizational, internal) (Uvin, 1995; Uvin and Miller, 1996; Uvin, Jain and Brown, 2000; Hartmann and Linn, 2008; ExpandNet, 2009, 2010; Cooley et al, 2016 and Carter et al, 2019).

Sanchez et al (2020) identified four scaling directions referred in [Table 5](#). The table defines the direction, its goal, strategies and gives examples of what the scaling direction looks like. It is also possible to mobilize several directions to scale an intervention (thus, the strategies can be overlapped).

Moore et al (2015) include a fifth type of direction and they call it scaling deep, which refers to “durable change that has been achieved only when people’s hearts and minds, their values and cultural practices, and the quality of relationships they have, are transformed (2015, p.74). In the following classification, scaling deep is not a direction but a goal to attain and it might take a combination of any of the four scaling directions suggested below.

¹⁵ Find more information on [Hinside](#)

¹⁶ Score Of Perceived Outcomes

Table 5. Scaling directions

Scaling Directions	Description	Strategies	Goal	Examples
Scaling Up (Structural)	Influencing social structures; such as laws, policies, institutions, and norms; to allow good practices to be adopted more extensively.	Advocacy, networking, partnerships, negotiation	Achieve changes in laws, policies, institutions or norms.	The institutionalization of changes, for example, new laws, regulatory bodies, or working norms relating to health, education, or employment.
Scaling Out (Replication)	Repeating the organization model or approach, across organizations working at similar levels within the systems.	Diffusion, communicating, learning and adapting	Broaden the range or scope of good practices geographically.	Replicating organizational models operating in different geographic locations. Rather like a franchise model in the commercial sector.
Scaling In (Organizational, internal)	Adjusting the structure, functions or skills within an organisation; to allow it to take on the particular work required to implement the good practices it is trying to promote; recognising that change 'outside' often requires change "inside" the organisation too.	Capacity building	Ensure the organisation is capable of delivering the scale of good practices required.	Adapting within the organization, such as introducing new skill sets, or greater skill range; increasing professionalization amongst staff through new training, supports or additional personnel.
Scaling Down (Allocation)	Ensuring that changes in laws, policies or norms, have the necessary means to implement the envisaged good practices 'on the ground'.	Devolve and empower	Effective resourcing to achieve implementation	Sponsoring ground-level implementation ideas at the community level, including allowing for adaptations to local contexts and conditions.



Some examples - HI scaling

HI has attempted to scale and, in some cases, it has succeeded. The following HI interventions were taken from the survey and/or referred by HI staff in informal conversations to illustrate scaling in the four directions.

Scaling up: The Diabetes project in Davao City, Philippines was a three-year project piloted in Davao from 2007-2009¹⁷ and it was first implemented in 10 Barangays (local communities). The project was scaled up by the Davao City Health Office (CHO) with the support of the Davao Jubilee Foundation (DJF) (Sindezique, 2013, p. 25) The Diabetes project' success allowed HI and its partners to advocate the state to include a scale up phase for the CV Project (Cardiovascular disease project). The lessons learnt from this experience to scale up other projects were developed: 1) Refer to appropriate context; 2) Develop and strengthening the competencies of key stakeholders, primarily those that will implement the project; 3) Monitor and evaluate the progress of the intervention pre and post, creating a participatory mechanism. In this project example, the local authorities were involved.

Strategies employed to scale up:

- Building the capacities and contribute to the autonomy of the stakeholders: communities, services providers and local authorities;
- Create plans to cover all 182 Barangays (local communities) and tools to deliver health services;
- While working to advocate at a policy level to scale up the project, this practice also had a key component of community engagement and worked with the diabetes clung and the 6 smaller local diabetes groups created in the first phase of the project (Sindezique, 2003, p. 26);
- Using the evidence of the first pilot project on diabetes;
- Using the infrastructure already created and sustain in the first pilot project.

Scaling out: The Graduation model was piloted by BRAC¹⁸, and then adapted by HI between 2011-14 in Bangladesh to address the specific needs of persons with disabilities (giving rise to a Disability Inclusive Graduation Model¹⁹). The purpose of the project was to improve families' economies though the following criteria: stabilized and diversified income sources; increase in formal and informal savings; food security; improved access to healthcare; use of sanitary latrine and clean drinking water and increase self-confidence and plan for the future. The pilot was implemented in

¹⁷ HI (2013). [How to support local government to integrate CVD and diabetes prevention and management into existing health systems](#) -The Davao City experience, Philippines.

¹⁸ <http://www.brac.net/>

¹⁹ [Reaching the Poorest of the Poor: The graduation model](#) (HI, 2016)

Chittagong District with funding of DFID/SHIREE from 2011 to 2014. The second stage of the project continue to be implemented in the same rural areas: Sitakunda Upazila in Chittsgong District and expanded to Kurigram District in Kirigram Sadar Upazila rural area in 2015-18. The project is currently in its third phase.

Strategies employed to scale out:

- Refining the model used on Chittagong;
- Setting a community worker's group that were the frontline of the project and including a psychosocial counsellor for the families.

Scaling in: The Inclusive Education (IE) Standardization Tool is a basic core package and a four-stage model to support the organization working in multiple contexts. There are four stages of the tool: 1) Pilot project; 2) Follow-up project; 3) Initial scale-up project and 4) National scale-up project. The tool allows HI to have a comprehensive approach to promote IE in multiple settings and with different partners.

Strategies employed to scale in²⁰:

- Standardizing a tool for the organization addressing the needs of each local and national teams;
- Designing a differentiated four-stage approach to implement IE in different contexts;
- Designing and implementing a training process on the tool for HI staff and partners;
- Designing for each stage a pre-design checklist and a basic core package.

Scaling down: In 2017 the Making it Work (MIW) project team and the Technical Advisory Committee selected nine good and emerging practices to end violence, abuse and exploitation of women and girls with disabilities. [The first report](#) on these practices was published in 2018 followed by a group of activities including the Disability and Gender Forum in Nairobi, Kenya. Since then the MIW project team have worked closely with the organizations to support them in their scaling processes.

Strategies employed to scale down:

- Building a network of organizations working with persons with disabilities and those working with women's rights;
- Enhancing the capacity of the organizations to advocate at high level forums such as the Commission of the Status for Women;
- Increasing the organizations' capacity to request for international funding, pointing out the resources available and supporting them on funding proposal writing.

²⁰ Standardization Tool for Inclusive Education Projects available at [HInside](#)

3. Scaling to improve the life conditions of vulnerable populations

Scaling alone does not guarantee that scaling will contribute to amplify change and improve the life conditions of vulnerable populations. [Table 6](#) – which has been adapted with permission of Sanchez et al (2020) - describes for each of the five phases of the scaling up process key actions to ensure the inclusiveness of the approach, proposes questions to be asked to measure the level of inclusion of the intervention and indicates possible sources of evidence. This inclusive model emphasises the active participation of target populations.

Table 6. For a socially inclusive scaling

Scaling Phase	Description of Key Actions- scaling inclusion	How inclusive is the intervention?	Sources of Evidence
Identifying inclusive innovations²¹, projects and programmes (Adapted from Theme 9 of Huss & MacLachlan, 2016)	<p>Some element of evaluation is required to identify the inclusive practice for the targeted groups</p> <p>Appropriate selection criteria are put in place to identify the socially inclusive innovation</p> <p>Organizational strategies have been developed and implemented to document inclusive practices.</p> <p>Organisations have a diffusion strategy to share and promote the inclusive practice amongst different stakeholders.</p>	<p>What new socially inclusive ideas are being considered to scale?</p> <p>From whom is the innovation coming?</p> <p>Has the community participated in the development of the innovation?</p> <p>What are/were the inputs of the community to this innovation?</p> <p>How has/could the innovation been/be implemented and adopted by the community?</p>	<p>Targeted-groups, consultation forums; key-informants, representative organisations;</p> <p>Process evaluations;</p> <p>Establishing, if possible, a baseline before the intervention starts.</p>

²¹ Inclusive innovations are defined as: “the development and implementation of new ideas which aspire to create opportunities that enhance social and economic wellbeing for disenfranchised members of society” (George et al, 2012, p. 663).

		How is the innovation improving inclusion of the most marginalized?	
<p>Planning inclusive practices (Adapted from Themes 1, 2, 3, 4 and 5 from Huss & MacLachlan, 2016)</p>	<p>Establishing <i>a priori</i> participatory mechanisms including within the targeted populations.</p> <p>Incorporating the results of the participatory processes in the planning processes.</p> <p>Eliminating intermediaries and making sure to reach out to the communities that are to be included.</p>	<p>How is the organization planning to scale?</p> <p>What process was followed, if any, and with which stakeholders, to scale?</p> <p>How is the organization ensuring that the most marginalized groups are included? What strategies are employed?</p>	<p>Needs assessments with the participation of the targeted groups;</p> <p>Community steering committees included in the decision-making processes of the project before it starts;</p> <p>Working groups to address specific challenges around inclusion.</p>
<p>Implementing inclusive actions (Adapted from themes 1 and 5 from Huss & MacLachlan, 2016)</p>	<p>Requires a communication strategy about the implementation that reaches the target populations.</p> <p>The actions and communications require mechanisms to address specific needs and considers intersections amongst, for instance, age, disability, gender, ethnicity, nationality</p>	<p>How will the project activities be executed - are actors in the community taking a relevant role?</p> <p>How are implementers aware of, or trained in, addressing exclusion and promoting inclusion?</p> <p>Are targeted groups represented in the implementation?</p>	<p>Information and involvement of targeted group leaders to ensure community participation regarding the implementation and monitoring of the scaling;</p> <p>Regular follow-up meetings set up according to the demand of the targeted population;</p> <p>Definition of expected outcomes by the target groups and evaluation of the</p>

			results relying on methods sensitive to the nature of exclusion/inclusion.
<p>Learning inclusive lessons from the intervention (Adapted from themes 1, 7 and 8 from Huss & MacLachlan, 2016)</p>	<p>Organizational strategy to review the intervention activities as part of the process of intervention.</p> <p>Participatory mechanisms to address possible risks as well as opportunities that include the various ways to address these.</p> <p>Organizations have tools and procedures to collect feedback critical of their own approach, allowing for non-conformity with intentions and guaranteeing impartiality and safety to those providing such feedback or reflection.</p>	<p>How is the organization's learning process inclusive of the disenfranchised groups they work with?</p> <p>Does the organization have participatory learning tools that give equal opportunity for all to participate?</p> <p>How does the organization protect people who may have views that are critical of its own actions?</p>	<p>Focus groups discussion and participatory assemblies to review the different stages of the intervention;</p> <p>Surveys that include open-ended questions at the end for more critical feedback;</p> <p>Provision of anonymous feedback mechanisms.</p>
<p>Adapting to more inclusive practices (Adapted from Theme 1 and 2, from Huss & MacLachlan, 2016)</p>	<p>An organization works with their targeted populations on their plan with potential partnerships to facilitate quick changes.</p> <p>A reviewed working-plan whose modalities can change according to what is needed and is engaged with by the targeted populations</p>	<p>How is the organization adapting to unanticipated challenges concerning inclusion?</p> <p>How is the organization addressing unpredictability without compromising the inclusion of vulnerable populations?</p>	<p>Consultation of target population to assess risks and identify possible solutions;</p> <p>A specific group in charge of the investigation on how things are now being done differently from before – how the work has evolved to be more inclusive.</p>



Humanity & Inclusion's policy on Disability, Gender and Age

[This policy](#) promotes effective and sustainable inclusion. Furthermore, inclusion is HI's core values and it is addressed in its theory of change taking from the Sustainable Development Goals (SDGs): "leave no one behind"²². The practical guide [How to deliver on inclusion to leave no one behind: An implementing guideline of the Humanity & Inclusion Policy on Disability, Gender and Age](#) (2019) addresses a "marker" for projects with the purpose of evaluating how responsive and ultimately transformative a project to contribute to end inequality particularly those resulting from intersecting forms of discrimination against gender, age and disability.

²² See core values defined in [Access to services for people with disabilities and vulnerable populations: The Humanity & Inclusion's theory of change](#) (2018)

Conclusions

Scaling an intervention represents an ideal but is not always relevant or necessary: not everything is good to be developed, extended, replicated. Indeed, decision-making must be motivated and informed by several questions: What do we want to duplicate? What is the added value/benefit? For whom?

The aim of this note is to stimulate reflection at the organisational level on scaling an intervention. It is not intended to determine terminologies or processes or to explain how to scale a specific initiative, project, practice or policy. It proposes concrete elements and suggests directions for leading discussions and contributing to possible future position papers.

Several avenues of reflection are therefore opening up - and it will be possible, for example, to:

1. Explore and discuss a common understanding of scaling initiatives, approaches, practices, projects or policies;
2. Analyze the processes of scaling, for example by recognizing and documenting the 5 steps of scaling and taking into account the contexts in order to improve our practices;
3. Develop practical and adapted tools to help teams assess the feasibility of scaling an intervention;
4. Promote scaling of interventions with the active involvement of local partners.

Bibliography

- Bléher G and Varatharajah H (2016). [Reaching the Poorest of the Poor: The graduation model](#). Operational and Technical Resources Division. Handicap International.
- Boulanger, C. & Mora, M. (2015). [Review of participatory approaches used in Handicap International's programmes](#). Operations and Technical Resources Division, Impact, Monitoring and Evaluation Unit. Handicap International.
- Bradley, E. H., Curry, L., Pérez-Escamilla, R., Berg, D., Bledsoe, S., & Ciccone, D. (2011). [Dissemination, diffusion and scale up of family health innovations in low-income countries](#).
- Brus A., Duboz, P., Lefebvre, C., Legoff, S. (2014- updated 2016 & 2019). [ScoPeO-Adults: Measuring quality of life, safety, and social and family participation of project beneficiaries](#). Operations and Technical Resources Division. Humanity & Inclusion.
- Carrier, M. & Legoff, S. (2017- updated in 2018). [Project planning, monitoring and evaluation: Improving the quality, learning and accountability of Humanity & Inclusion's interventions](#). Operations Division. Humanity & Inclusion.
- Carter, B. with Apgar, M. & Khan Mohmand, S. (2019). [Brief 2. Guidance note on scaling up social norm change: Types of scale up](#). K4D Emerging Issues Report. Brighton, UK: Institute of Development Studies.
- Carter, B., Joshi, A., & Remme, M. (2018). [Scaling up inclusive approaches for marginalised and vulnerable people](#). K4D Emerging Issues Report. Brighton, UK: Institute of Development Studies.
- Cooley, L., with Kohl, R. & Ved, R. R. (2016). [Scaling up – From vision to large-scale change: A management framework for practitioners](#). Third Edition. Washington, DC: Management Systems International.
- Daunis, F., Delecourt, G., Geiser, P., and Legoff, S. (2018). [Access to services for people with disabilities and vulnerable populations: The Humanity & Inclusion's theory of change](#). Operations Division. Humanity & Inclusion.
- Hulme, D., Edwards, M. (Ed.). (1992). [Making a Difference](#). London: Routledge.
- ELRHA. (2018). [Too Tough to Scale? Challenges to Scaling Innovation in the Humanitarian Sector](#). Elrha: London.
- ELRHA. (2020). Activity 5.2 A. [Determine Learning Objectives](#).
- ELHRA (2020). [The Innovation Process. The Humanitarian Innovation Guide](#).

- European Commission. (2004). [Aid Delivery Methods. Volume 1: Project cycle management guidelines.](#)
- ExpandNet, WHO—The World Health Organization. (2009). [Practical guidance for scaling up health service innovations.](#) World Health Organization: Geneva, 1–64.
- ExpandNet, WHO—The World Health Organization. (2010). [Nine steps for developing a scaling up strategy.](#)
- Fixsen, D., Blase, K., Horner, R., Sims, B., & Sugai, G. (2013, September). [Scaling up brief #3: Readiness for change.](#) Chapel Hill: The University of North Carolina, FPG, SISEP.
- George, G., McGahan, A. M., & Prabhu, J. (2012). [Innovation for inclusive growth: Towards a theoretical framework and a research agenda.](#) Journal of Management Studies, 49(4).
- Gillet Corinne, Milesi Florent. (2019) [How to deliver on inclusion to leave no one behind: An implementing guideline of the Humanity & Inclusion Policy on Disability, Gender and Age.](#) Lyon: Humanity & Inclusion.
- Hancock. (2003). [Scaling up the impact of good practices in rural development: A working paper to support implementation of the World Bank's Rural Development Strategy](#) (Report Number:26031), The World Bank.
- Hartmann, A., & Linn, J. F. (2008). [Scaling Up: a Framework and Lessons for Development Effectiveness From Literature and Practice,](#) (October), 76.
- Humanity & Inclusion (2015 - Updated in 2018). [Project Planning, Monitoring and Evaluation Policy.](#) Operations Division.
- Humanity & Inclusion (2015). [Our 2016-2025 Strategy for more solidarity and inclusion in the world.](#)
- Humanity & Inclusion (2015). Graduation out of Extreme Poverty, made now Inclusive by HI Bangladesh, Talk & Breakfast- Lyon (HIHQ), September 2015.
- Humanity & Inclusion (2018). [Humanity & Inclusion's policy on Disability, Gender and Age.](#) Institutional Policy. Operations Division. Humanity & Inclusion.
- Huss, T., & MacLachlan, M. (2016). [Equity and Inclusion in Policy Processes \(EquIPP\): A framework to support equity & inclusion in the process of policy development, implementation and evaluation.](#) Dublin: Global Health Press.
- Jacobs, F., Ubels, J., & Woltering, L. (2018). [The Scaling Scan: A practical tool to determine the strengths and weaknesses of your scaling ambition.](#) PPPlab and CIMMYT.
- Linn, J. F., Hartmann, A., Kharas, H., Kohl, R., & Massler, B. (2010). [Scaling up the fight against rural poverty: An institutional review of IFAD's approach.](#)

- McGeown, J. (2017). [Standardization Tool for Inclusive Education Projects](#). Inclusion Unit, Humanity & Inclusion.
- Milat, A. J., Newson, R., & King, L. (2014). [Increasing the scale of population health interventions: A guide](#). Centre for Epidemiology and Evidence. Evidence and evaluation guidance series, population and public health division. Sydney: NSW Ministry of Health.
- Moore, M., Riddell, D., & Vocisano, D. (2015). [Scaling Out, Scaling Up, Scaling Deep: Strategies of Non-profits in Advancing Systemic Social Innovation](#). The Journal of Corporate Citizenship, (58), 67-84.
- Richardier V (2016). [Operational partnership at Handicap International](#). Guidance Note. Handicap International.
- Saci, Dejelloul (2017). [Country report. External Evaluation of the “Touching Minds, Raising Dignity” Project](#). French Agency for Development (AFD).
- Sánchez Rodríguez AM, MacLachlan M, Brus A. [The coordinates of scaling: Facilitating inclusive innovation](#). Syst Res Behav Sci. 2020;1–18.
- Sanchez Rodríguez AM. (2020). [How to scale up community-based social innovations for better inclusive policies? Lao PDR as a case study](#). Innovation, Impact and Information Division, Humanity & Inclusion. RS/FP/33.
- Sindezique, M., (2013). [How to support local government to integrate CVD and diabetes prevention and management into existing health systems - the Davao City experience, Philippines](#). Philippines Programme. Handicap International.
- Taylor, D. C., & Taylor, C. E. (2003). [Just and lasting change: When communities own their futures](#). Baltimore: Johns Hopkins University Press.
- UNDP. United Nations Development Programme (n.d) [Scaling-Up Checklist](#).
- UNDP. United Nations Development Programme. (2013). [Guidance Note. Scaling Up Development Programmes](#).
- USAID Health Care Improvement Project. (2008). [The improvement collaborative: An approach to rapidly improve health care and scale up quality services](#). Bethesda, MD: University Research Co., LLC. (URC).
- Uvin, P. (1995). [Fighting Hunger at the Grassroots: Paths to Scaling Up](#). World Development (Vol. 23).
- Uvin, P., & Miller, D. (1996). [Paths to scaling up: Alternative strategies for local nongovernmental organizations](#). Human Organization, 55(3), 344–354.
- Uvin, P., Jain, P. S., & Brown, L. D. (2000). [Think large and act small: Toward a new paradigm for NGO scaling up](#). World Development, 28(8), 1409–1419.



Scaling: Where to start?

This guidance note has been developed in order to better understand the nature and importance of the issue of scaling initiatives, approaches, practices, projects or policies within an international organization. It provides concrete elements and suggests directions for facilitating discussions and contributing to position papers at the level of the organization.

The note proposes a framework for scaling up in five steps: **1) Identification**, **2) Planning**, **3) Implementation**, **4) Learning** and **5) Adaptation**, and includes four directions for scaling up (Sanchez and al, 2020). This framework helps answer the questions what, how and when to develop an initiative.

It also presents the different strategies that can be mobilized for each of the scaling directions. A scaling pathway is presented and emphasizes the importance of the contexts in which the intervention is intended to be developed. Finally, a socially inclusive scaling model is presented, highlighting the participation of the target groups.

Humanity & Inclusion
138, avenue des Frères Lumière
69371 Lyon cedex 08
France
publications@hi.org

