Understanding “scale-up” for more purposeful and effective use of systems thinking to improve nutrition

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BACKGROUND

While many groups have attempted to define “scale-up,” little research has been done to determine how these definitions affect, or don’t, implementation. Nutrition is a special case for scale-up work since it is not encompassed by any one donor sector, but requires an interconnection between the health and food systems. Additionally, effective scale-up requires an in-depth of understanding of how these systems work together to affect nutrition. The USAID-funded Strengthening Partnerships, Results, and Innovations in Nutrition Globally (SPRING) project conducted research to understand how implementers understand scale-up and how that understanding may be shaping the way nutrition work is being carried out.

METHODS

SPRING conducted interviews with USAID nutrition project staff based in home and country offices. Data from these interviews were analyzed, using SPRING’s conceptual framework of nutrition scale-up, to determine how understanding of “scale-up” affects the development and implementation of nutrition programming, especially when scale-up is an explicitly named objective. Many thanks to the projects that participated in the exercise: ACCESSO, Community Connector, FANTA III, LIFT II, MCHIP, Mwanzo Bora, SHIKMA, SPRING, Suahara, TOPS, Yajeejende.

SPRING’S CONCEPTUAL FRAMEWORK FOR SCALE-UP

VERTICAL

Regional/Global Institutions
National Organizations and institutions
Local Organizations and Institutions
Families, Neighborhoods, and Communities

HORIZONTAL

GROUP A
GROUP B
GROUP C

GROUP A
GROUP B
GROUP C

FUNCTIONAL

Area A
Area B
Area C

Component of Scale-Up

Proven Efficacy
Sustainability
Quality

How Projects Talk About Scale-Up

Many have a general understanding...

“Scale-up is identifying what works and making sure that as many people as possible have access to those tools, technologies or approaches.”

...But it is not shared by all...

“Scale-up is one of those terms that people throw around a little too lightly…Something we all claim we understand…without stopping to define.”

And it depends on the project’s mandate...

“We can only take [scale-up] so far because it is based on whatever our contracts have asked us to do.”

...Which might not stay constant over the life of the project...

“As a program matures you learn more about scale…It’s not just scaling up technical interventions but especially how to scale-up systems.”

CHALLENGES THAT PROJECTS IDENTIFY IN EFFECTIVELY SCALING-UP NUTRITION

1) INPUTS

Capability: “Changing behaviors at scale takes a skillset.”
Funding: “We could do everything at scale if we had the money.”
Timing: “Doing sustainable work...requires a structure that takes time to develop.”

2) IMPLEMENTATION

Integration: “Integration is everything when it comes to moving the bar on nutrition scale-up—it’s all about teamwork and when there isn’t full integration.”
Partnership: “Nobody can get credit for working together.”

3) INSTITUTIONS

Government: “Implementing…at district and village level, it’s a different game.”
Donors: “Develop new ways of examining success...talk less about more and more about better.”

4) ENVIRONMENT

Reach/Targets: “If you are only focused on rapid scale-up...you are going to miss the broader base.”
Knowledge/Learning: “It feels like you’re recreating the wheel every time.”
Theory: “Scale-up is not the end—scaling-up is the means.”

RESULTS

While horizontal scale-up was the most commonly mentioned, most projects reported implementing multiple types of scale-up in their nutrition programming, as well as addressing multiple components of scale-up. Lacking an official definition, most nutrition projects rely on unofficial or personal understandings of scale-up. Unclear descriptions of scale-up lead to non-uniform methods for tracking and monitoring scale-up work, that may only illustrate limited aspects of scale-up, such as coverage. In addition, this lack of a definition doesn’t allow projects to effectively incorporate the systems thinking necessary to identify forces that will act as barriers or influencers to scale-up interventions.

CONCLUSIONS

Scholars generally agree that scale-up encompasses more than just coverage, but also includes the issues of equity and sustainability. All of these issues depend heavily on the interactions projects have with the systems within which they are operating. However, without a common understanding of the term that includes this broader view of scale-up, nutrition projects are stymied in their ability to develop programs that appropriately incorporate scale, monitor those programs, or achieve the scale-up they aim for. Effective systems-thinking can help projects address some of these challenges. Overall, projects reported that there is a lack of evidence on how best to reach scale in nutrition and the approaches and types of scale-up processes that are best for nutrition work. On a related note, projects do not agree on what integration does (or should) look like as an effort to support program scale-up. This is not surprising considering that integration for a nutrition project requires interactions with multiple systems, including health, agriculture, etc. Projects do agree, however, that current M&E processes and metrics are insufficient for measuring scale-up. With its role in defining mandates as well as reporting processes, USAID has the influence to affect how projects understand, approach, prioritize, and implement programs to reach scale.