

LOGIC MODEL FOR SCALE-UP

PURPOSE

The logic model describes the theory of change leading to the innovation being offered at scale—to the point where the innovation becomes part of routine service delivery—and depicts the causal relationships of inputs, processes (activities and participation), outputs, outcomes and impact. It serves as a guide to achieving project objectives for core resource organization staff and the network of in-country partners who are collectively responsible and accountable for scale-up success as the innovation moves from pilot to being offered at scale. It may also be used as a resource during monitoring and evaluation.

HOW IT WAS DEVELOPED AND USED

IRH developed a global project logic model through a series of consultations among headquarters and field staff and partners. The global logic model, which uses a standard logical framework (log frame) format with impact defined as increased availability of SDM, was designed to be broad enough to guide all five country scale-up programs. Consultations involved targeted input from USAID and other stakeholders, discussions about what IRH expected to change due to widespread expansion of method choice once Standard Days Method® (SDM) was incorporated, and consideration of the activities that would be needed to make SDM services broadly available and sustainable.

The logic model was derived from a temporal and systems-oriented relational framework of SDM integration, which outlined the project's

theory of change. More closely tied to the ExpandNet model of building evidence before considering going to scale, it defines impact as contributing to Millennium Development Goals. We share both the logic model and the relational framework in the compendium but focus discussion in this section on the more traditional logic model that was used to guide country-level efforts.

The logic model was used in discussions with stakeholders in the early stages of scale-up and served as a reference in subsequent years. During the initial scale-up phase it was used to guide key decisions relating to the range of activities on which to focus and identification of partners critical to ensure SDM integration into the method mix of FP programs.

ATTENTION TO VALUES

The global logic model that was first developed did not explicitly lay out the values embedded in the SDM package of interventions or in a scale-up process. Classic log frames are not designed to incorporate values, as they detail activities that can be monitored. They can be adapted to measure values-oriented results, such as 'favorable attitudes to SDM by policymakers.' Additionally, due to the systems-oriented focus of this framework, end-users were not included in the global log frame. The second, in-country log frame did include a more explicit focus on values and users.

LESSONS LEARNED

- Practically, the participatory approach used to develop the log frame yielded better understanding of scale up processes by all partners, specifically, the breakdown of the process section into activities and participation—that is, listing individuals,



groups, types of organizations that would be reached with interventions.

- Overlay of causal relationships with specific types of monitoring, learning, and evaluation in the same graphic worked well.
- Conceptually, this log frame did not incorporate a developmental, non-linear process such as scaling up within complex systems. Other model types might be more useful, such as logical frameworks from the practice of Developmental Evaluation, which are designed to be adaptable over time and to reflect the non-linear nature of scaling up within complex health systems.

KEY REFERENCES & RESOURCES

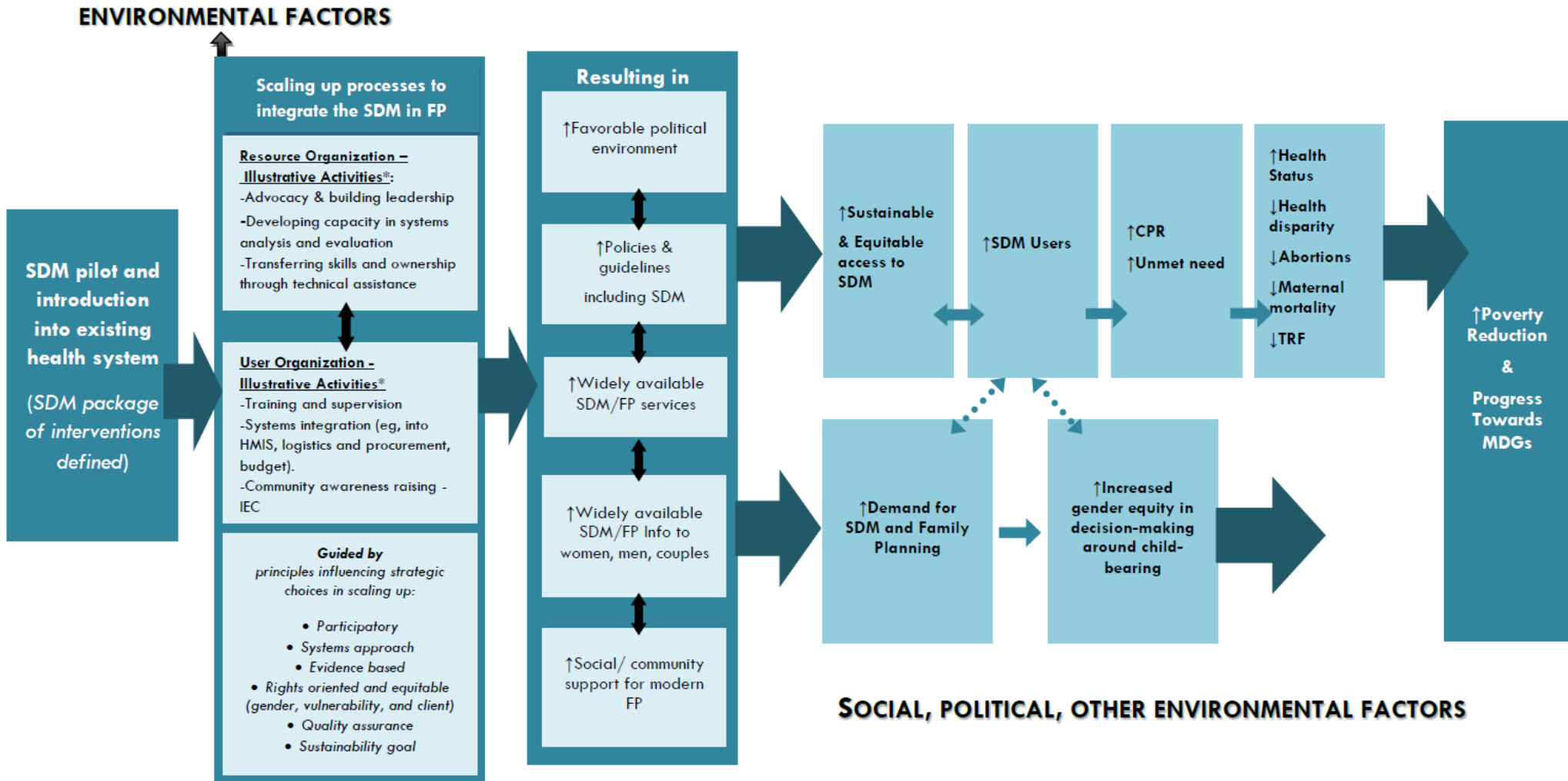
USAID Project Starter Logical Framework:
<http://usaidsite.carana.com/content/logical-framework-lf>

DFID, How To Note - Guidance on using the revised Logical Framework, January 2011.
<http://www.dfid.gov.uk/Documents/publication-s1/how-to-guid-rev-log-fmwk.pdf>

The World Bank, Logical Framework Handbook
http://www-wds.worldbank.org/external/default/WDSContentServer/WDSP/IB/2005/06/07/000160016_20050607122225/Rendered/PDF/31240b0LFhandbook.pdf



RELATIONAL FRAMEWORK OF SDM INTEGRATION INTO NATIONAL FP/DEVELOPMENT PROGRAMS



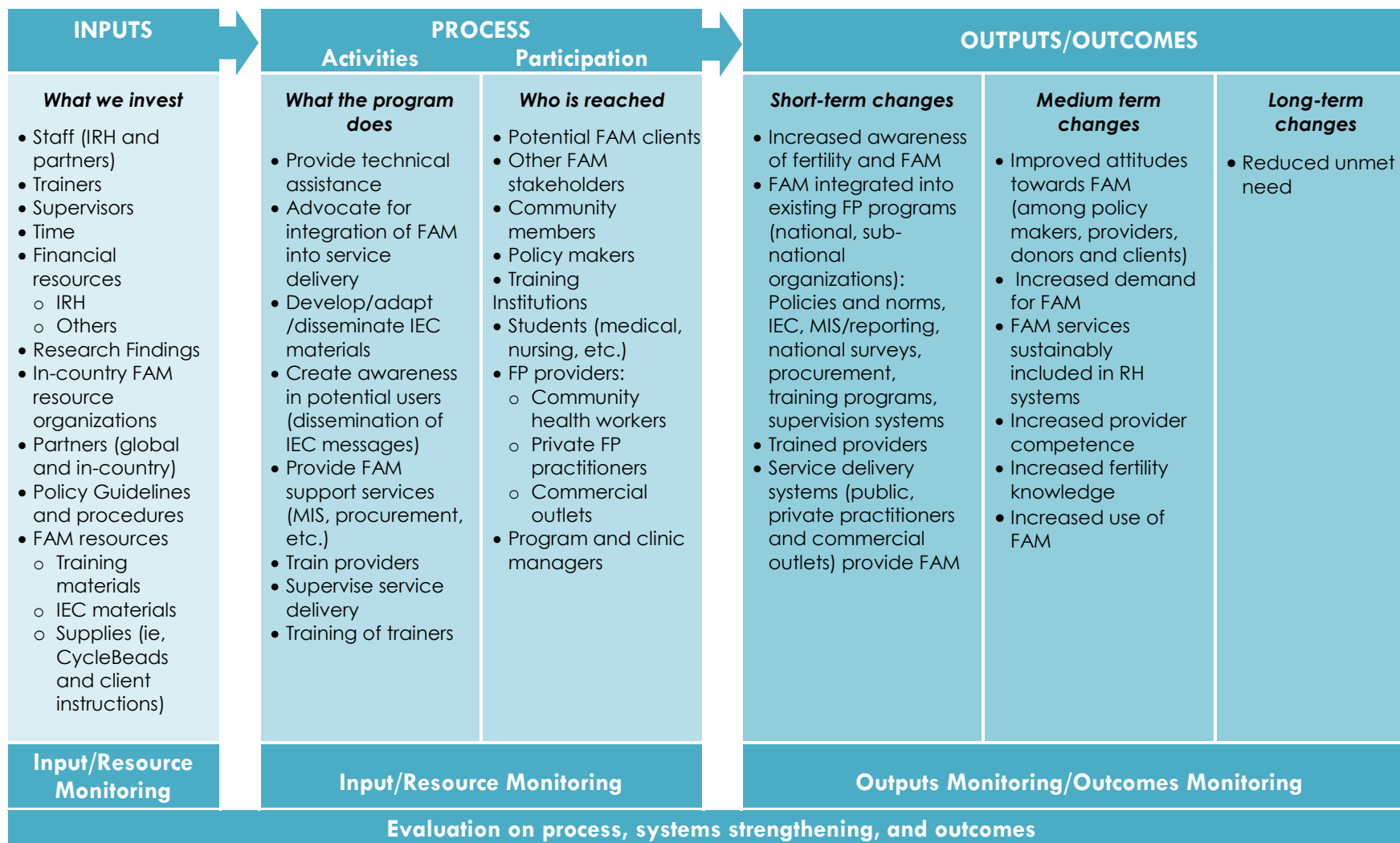
*The ExpandNet terms for scale-up are used for this framework. The arrow between the user and resource organization shows the fluidity between the two; organizations may move from user to resource or activities may switch around between user and resource organization, especially as countries go further along in the process of scale-up. Likewise, various results influence each other and shift throughout the scaling up process.



LOGIC MODEL FOR MONITORING PERFORMANCE AND EVALUATING FAM SCALE-UP AT THE COUNTRY LEVEL

In-Country Program Perspective: What IRH and its network of in-country partners are collectively responsible and accountable for

Objective: Reduce unmet need by increasing FAM use





LOGIC MODEL FOR MONITORING PERFORMANCE AND EVALUATING FAM SCALE-UP AT THE GLOBAL LEVEL

Global Project Perspective: What IRH and its technical partners are responsible and accountable for

Objective: Expand family planning choices by making FAM available

INPUTS	PROCESS		OUTPUTS/OUTCOMES		
	Activities	Participation			
<p>What we invest</p> <ul style="list-style-type: none"> • Staff: <ul style="list-style-type: none"> ○ Technical ○ Management ○ Support • Technical Partners • Time • Financial Resources <ul style="list-style-type: none"> ○ USAID/W ○ USAID/Missions • Knowledge 	<p>What the project does</p> <ul style="list-style-type: none"> • Conduct and disseminate research • Advocate for FAM Integration (MIS, Policy, Procurement, etc.) • Engage/expand and maintain partners • Mentor in-country resource organizations • Provide Technical Assistance <ul style="list-style-type: none"> ○ Strategic Planning ○ Quality Assurance ○ Monitoring and Evaluation • Develop/adapt training resources • Train trainers • Develop, adapt, and disseminate IEC resources • Procure supplies 	<p>Who is reached</p> <ul style="list-style-type: none"> • Partners (Global and In-country) • Host governments (national, regional other) • Policy makers • Donors including USAID Missions • Pre-service training Institutions • Research institutions • Community leaders • In-country FAM resource Organizations • Other FAM stakeholders 	<p>Short-term changes</p> <ul style="list-style-type: none"> • Research findings available • Partnership with FAM resource organizations strengthened • Diverse partners • Sensitized policy makers and partners • Coordinated vision for FAM scale-up • FAM integrated into existing FP national and organizational programs: Policies and norms, IEC, MIS/reporting, national surveys, procurement, training programs, supervision systems • FAM training resources available • FAM trained trainers available • FAM IEC resources available • FAM supplies available in public, private and commercial outlets • Strengthened research capacity 	<p>Medium term changes</p> <ul style="list-style-type: none"> • Research findings utilized • Increased capacity of FAM resource organizations to provide FAM technical services • Increased stakeholder awareness of FAM • Broadened base of support • Improved capacity of governments, partners and commercial outlets to provide FAM • Improved services by addition of FAM 	<p>Long-term changes</p> <ul style="list-style-type: none"> • Increased availability of FAM
<p>Input/Resource Monitoring</p>	<p>Input/Resource Monitoring</p>		<p>Outputs Monitoring/Outcomes Monitoring</p>		
<p>Evaluation on process, systems strengthening, and outcomes</p>					

BENCHMARK SETTING WORKSHEET

PURPOSE

As the project team worked to develop overarching monitoring indicators for Standard Days Method® (SDM) scale-up, it became apparent that a tool would be needed to help replicate goal setting both over the project period and annually within each country. The benchmark setting worksheet was developed to guide country teams through the process of establishing their in-country targets in accordance with global project goals and indicators. The worksheet is intended to accompany the benchmark tool (See Monitoring & Supervision Tool #1).

HOW IT WAS DEVELOPED AND USED

The benchmark setting worksheet was the culmination of a series of discussions among core IRH research staff and with key stakeholders including country representatives, partner organizations, and USAID. While the research team was primarily responsible for setting realistic and measurable project goals, participatory methods were important in validating the logic and feasibility of the goals with stakeholders. Country staff was particularly key to adapting indicator definitions (especially in listing national normative documents to count in vertical scale-up) and targets to country contexts.

LESSONS LEARNED

- Participatory methods in the form of interactive, engaging discussions are critical

to the benchmark setting process. A discussion guide in the form of a worksheet are paramount to fruitful conversations that yield useful, applicable results that can be captured and disseminated in a simple manner.

- Discussion questions in the worksheet must explicitly highlight both horizontal and vertical scale-up so that participants are driven to consider scale-up holistically. As vertical questions tended to be harder to state, however, sufficient time should be included for thorough discussion among project staff and those completing the worksheet.
- In multi-country initiatives, Individual country needs need to be balanced with uniformity across the initiatives. This includes defining and operationalizing indicators in a manner that simultaneously depicts country-specific phenomena while allowing standardization for later comparison across countries. It also includes determining the appropriate and possibly individualized setting of intervals for collecting the data if annual benchmarks are not suitable.

VALUES

An inherent value of SDM is stakeholder involvement. Engaging stakeholders in all aspects of scale-up, including MLE, brings ownership to the process. Moreover, including stakeholders from the beginning in the benchmarking phase facilitates data collection and process monitoring throughout the scale-up process.



BENCHMARK SETTING WORKSHEET

Each innovation going to scale will have to its own unique set of horizontal and vertical scale-up benchmarks. To establish those benchmarks, an organization should set a final goal(s) for scale-up, identify indicators that will measure progress towards that goal, and establish intermediary benchmarks to track progress towards the goal(s).

Step 1: Establish end-of-scale-up goals and targets

Conduct a visioning exercise with key staff and stakeholders to establish scale-up goals and targets. Consider both *availability* of the innovation and *institutionalization* of the innovation.

At the end of the scale-up phase, where will the innovation be in terms of availability?

At the end of the scale-up phase, to what extent will the innovation be integrated into critical policies, organizational systems and normative structures that support the innovation's sustained availability at service sites?



Step 2: Build on the goals articulated in Step 1 to establish benchmarks

Identify quantifiable indicators that can be tracked to monitor scale-up progress. To operationalize indicators, establish an End-of Scale-up Benchmark Target for each indicator. Finally, establish intermediary benchmarks that can be used to track progress on a quarterly, semi-annual, or annual basis.

Horizontal Benchmarks

For health products, services, and approaches, indicators are often linked to *training* of providers and to *availability of the innovation at service sites or village/district sites*, the *quality* of the offered innovation, and the *availability of promotional materials* that let consumers know that a new innovation exists.

Horizontal Benchmarks			
Indicator	End of Scale-up Benchmark Targets	Intermediary Benchmarks	
Example: Number of providers trained in innovation	500	Year 1	50
		Year 2	100
		Year 3	150
		Year 4	200
		Period 1	
		Period 2	
		Period 3	
		Period 4	
		Period 1	
		Period 2	
		Period 3	
		Period 4	
		Period 1	
		Period 2	
		Period 3	
		Period 4	



Vertical Benchmarks

For health products, services, and approaches, indicators are often linked to the presence of the innovation in normative documents such as *policies, standards, and service protocols*. Indicators are also often linked to the integration of the innovation into support systems that allow the innovation to be offered, such as its integration into *provider training programs, supervision systems, procurement systems, and reporting systems*.

To operationalize such indicators, list specific policies, protocols, and systems into which the innovation will be integrated. Identify intermediary steps involved in the process of achieving the end-of scale-up benchmark

Vertical Benchmarks				
Indicator	Intermediary Steps	End of Scale-up Benchmark Targets	Intermediary Benchmarks/Process Status	
Example: Innovation present in key policy documents	<ol style="list-style-type: none"> Ministry agrees to include innovation in norms Draft language approved by Ministry Updated FP Norms rolled out 	Innovation present in National Family Planning Norms	Year 1	
			Year 2	
			Year 3	
			Year 4	
Example: Innovation integrated into reporting systems	<ol style="list-style-type: none"> Innovation integrated in into reporting system guidelines Innovation integrated in into service registers Innovation integrated in into district reports Innovation integrated in into central reports 	Innovation present in national reporting system	Year 1	
			Year 2	
			Year 3	
			Year 4	
			Period 1	
			Period 2	
			Period 3	
			Period 4	
			Period 1	
			Period 2	
			Period 3	
			Period 4	

DEFINING THE INNOVATION WORKSHEET

PURPOSE

The Defining the Innovation Worksheet (See MEASURE Evaluation [PRH Guide for Monitoring Scale-up of Health Practices and Interventions](#)) serves to assist planners and practitioners piloting innovative products, services, or approaches articulate essential elements for expansion as *part of the initial planning for strategic scale-up*. The worksheet should be completed using a participatory process that includes multiple stakeholders, facilitates broad ownership of scale-up goals and monitoring, learning, and evaluation (MLE) of the scale-up process, which fosters the sustainability of the innovation offered at scale.

The worksheet combines understanding of implementation drivers and systems thinking (see Box) to guide practitioners through a process to define the human, financial, and time processes and resources required for scaling up an innovation. Ultimately, this exercise will help practitioners define their evidence-based innovation package and move to the next level of program scale.

HOW IT WAS DEVELOPED AND USED

As part of its mandate, the High Impact Practices (HIP) Monitoring and Evaluation of Scale-up Community of Practice (COP) was interested in documenting experiences of innovations that were successfully defined from the beginning. Working in collaboration with MEASURE Evaluation PRH, USAID, Futures Group and other M&E of Scale-Up COP members on

the [Guide for Monitoring Scale-up of Health Practices and Interventions](#), IRH developed the worksheet to capture its experiences defining SDM. The worksheet was inspired by the [ExpandNet's Nine Step Guide to Scale-Up](#), literature on critical implementation drivers of successful scale-up (Blase et al 2009), and actual IRH staff and stakeholder experiences defining the SDM innovation. The worksheet received positive reactions from the M&E of Scale-Up COP members who practiced using it with a variety of innovations during the group's 2012 meeting.

The worksheet consists of tables to guide the definition process. Topic questions reflect main issues to consider in innovation definition, while those in the tables are probing questions that help drill down the necessary level of detail in each step of the definition process. Additional, customized questions may be inserted into the worksheet. Participants should be encouraged to expand the number of rows under each step, as needed.

The worksheet should not be used by program managers in isolation, but rather within the context of a participatory process involving a set of multi-disciplinary stakeholders who are part of or will be affected by implementation of the innovation. This will ensure a well-operationalized definition of the innovation appropriate to the context and will garner stakeholder buy-in. In defining the innovation, it may be useful to assure representation from members of the resource team, user organizations, as well as 'vertical scale up' actors (e.g. central level and technical staff involved in developing norms and policies, HMIS, clinical services BCC, etc.). To maximize the process, a mix of presentations, discussions,

and group work is recommended to engage all parties. Facilitators of the definition process need to exercise flexibility and tact in knowing when to push and when to alter the approach in order to arrive at a complete definition of the innovation elements.

ATTENTION TO VALUES

Both the [Nine Step Guide](#) and the '[Defining the Innovation' Worksheet](#) pay specific attention to defining core values of the innovation that should remain when offered at scale. The worksheet captures an innovation's inherent values by having those who use it describe the underlying principles of the innovation as well as elements related to gender, equity, and human rights, and other values defined by an innovation's resource team.

LESSONS LEARNED

- Feedback from its testing by IBP M&E Working Group members indicated that the worksheet is practical and can be adapted to a variety of innovations, as it allows

flexibility to include additional questions. To make full use of the worksheet during a participatory process, facilitators should orient the group to the rationale of the questions and the format of the worksheet.

- The worksheet still needs to be tested in a real-time field setting to judge what works and does not work so well. Based on IRH's experience using ExpandNet's Nine-Step Guide process to define the innovation, it should take 3-4 hours to reach a consensus on the innovation definition.

KEY REFERENCES & RESOURCES

ExpandNet. "Nine Steps for Developing a Scaling-up Strategy", page 9

Blase, KA, Fixsen, DL et al. (2009) Implementation Drivers – Best Practices for Coaching, page 1. Retrieved June 25, 2012, from the State of Washington Office of Superintendent of Public Instruction website http://www.k12.wa.us/RTI/Implementation/pubdocs/DriversBestPracticesCoachingSept_09NIRN.pdf

ANATOMY OF AN INNOVATION: DEFINITION, INVOLVED PARTIES, AND METHODS

The implementation and scale-up of best practices requires careful documentation of the evolution of the practice as well as lessons learned along the way. Often, practitioners get so invested in piloting their ground-breaking programs, that they lose sight of the basics. Moreover, they struggle to scale up innovations because they are unable to articulate essential elements for expansion. Obtaining broad ownership of scale-up goals and embarking upon a process to monitor and evaluate progress is impossible without a clear definition of the innovation. Several organizations such as ExpandNet, the World Health Organization (WHO) and the National Implementation Research Network (NIRN) have developed resources to facilitate scale-up processes for programmers and researchers alike. Additionally, throughout the literature, there is agreement that defining the innovation is an essential component of scale-up success.

"Implementation drivers" for scaling up an innovation within a health system are the engine behind scale-up and are comprised of six processes: staff recruitment and selection, pre-service or in-service training, coaching/mentoring and supervision, internal management support, systems level partnership, and staff and program evaluation. These processes enable implementation of evidence-based practices at scale by improving the organizational and systems environment¹. Without attention to these drivers, the scale-up process breaks down.

It is important to remember that the innovation refers to service components, other practices or elements that are new or perceived as new and consists of a "set of activities" including not only a new technology, clinical practice, educational component or community initiative, but also the managerial processes necessary for successful implementation². Furthermore, this set of activities needs to be a package that is transferrable with local and contextual modification. With this foundation of what an innovation consists of, each organization or implementing entity can follow a process to define the components of a particular innovation in their specific context.

In defining the innovation, it is important to first assess the body of knowledge and evidence about successful implementation of the innovation collected during the pilot phase or other setting to tease out the various contributing components including: the practice, the evidence base, the methodology, the users, the implementers, the dissemination strategy, and the policy environment. Useful resources to review include reports from clinical trials, service delivery research, and program evaluations. It will also be useful to consult documentation and tools from previous experiences with the innovation, such as monitoring instruments, supervision check lists, training manuals, budgets and work plans. The worksheet found in this section should serve as an easy reference point in the process of defining the components of the innovation.

INTEGRATING AT SCALE A NEW FAMILY PLANNING METHOD: EXAMPLE

- Offering the method according to a tested protocol by competent and supervised providers to eligible women who are counseled on a range of options and make an informed decision to choose the method.
- The method is included in SBCC materials and strategies with well-tested messages.
- The method is incorporated into appropriate norms and guidelines.
- Finally, the supporting systems such as HMIS, finance and procurement, report appropriate information on processes and commodities.

¹ Blase, KA, Fixsen, DL et al. (2009) Implementation Drivers – Best Practices for Coaching, page 1. Retrieved June 25, 2012, from the State of Washington Office of Superintendent of Public Instruction website http://www.k12.wa.us/RTI/Implementation/pubdocs/DriversBestPracticesCoachingSept_09NIRN.pdf

² ExpandNet. "Nine Steps for Developing a Scaling-up Strategy", page 9



DEFINING THE INNOVATION WORKSHEET

1. Document the philosophy, values and principles that underlie the innovation, provide guidance for all decisions and evaluations, and promote consistency, integrity and sustainable effort across all organizational units.

What are the underlying principles of the innovation product, service, or practice?	What are the elements related to equity?	What are the elements related to gender?	What are the underlying human rights angles?	What are the elements related to [ADDITIONAL THEME]?	How does informed choice factor into this practice?

2. Determine the inclusion and exclusion criteria that define the population for which the innovation is intended and who is most likely to benefit when the program is implemented as intended.

Who does the innovation benefit?	Who is the primary audience?	What other audiences are involved?	Who is not the intended audience?



3. Enumerate the features or the essential ingredients (also known as core intervention components, active ingredients, or practice elements) that must be present to say that a program exists in a given location.

Service Delivery <i>(Effective, Efficient, and Accessible Services)</i>	Human Resources <i>(Sufficient, well-trained staff)</i>	Medical Products, Vaccines, Technologies <i>(Equitably accessible)</i>	Information Systems <i>(Providing useful data on health determinants and health system performance)</i>	Governance <i>(Leadership with effective oversight, regulation, and accountability)</i>	Finance <i>(Adequate funds for affordable services)</i>



4. Capture the implementation drivers or the components related to developing staff competency, organizational supports, and technical and adaptive leadership supports, as well as the responsible party for each implementation driver.

STAFF COMPETENCY/PEOPLE <i>(List Individual/Group Responsible for Managing Staff Competency)</i>	
Who will be involved in implementing this innovation?	
How will they be selected?	
What skills do they need?	
How will they be trained to introduce/maintain the innovation?	
Who provides the training?	
How is the training or coaching received, processed, and applied by the recipient practitioners?	
What type of ongoing coaching, monitoring and/or supervision will they require?	
Who will provide the ongoing coaching and support?	
What tools, if any, are needed?	
How will these processes and tools be integrated into systems for sustainability?	
What other resources are needed?	
Where will the resources come from?	



ORGANIZATIONAL SUPPORTS/SYSTEMS

(List Individual/Group Responsible for Managing Organizational Supports/Systems)

What are our Monitoring & Evaluation capacities?	
What level of support can our HMIS data systems provide?	
Is there administrative support for this innovation?	
What kind of administrative support do we have?	
What is the buy-in of management?	
Which organizational norms and policies facilitate this innovation?	
Which organizational norms and policies hinder/serve as obstacles to this innovation?	
What further systems support is required?	
Where will the additional support come from?	
What are our supervision and/or quality assurance capacities?	
What activities are needed to integrate this innovation into existing systems?	



ENVIRONMENTAL/OTHER ELEMENTS

(List Individual/Group Responsible for Managing Environmental/Other Elements)

What national norms and policies facilitate this innovation?	
What national norms and policies hinder/serve as obstacles to this innovation?	

5. Describe how all core elements of the innovation interact with other sub-systems.

Sub-system	Kind of interaction	What are the system-wide effects?

6. Define the adaptations needed for expansion/scale-up sites.

Adaptation	Is this adaptation practical for the field context?	If it is not practical, should we adjust or drop it? If adjust, how?	What core elements of the intervention would the field application of the adaptation compromise?	Where has this been successfully field tested before? What were the results?

SCALABILITY ASSESSMENT TABLE

PURPOSE

The Scalability Assessment Table provides stakeholders a tool to use when evaluating the feasibility of taking an innovation to scale. The table guides stakeholders in assessing an innovation's scalability, component by component. When completed, the table provides an overview of an innovation's potential to be taken to scale, and helps identify which elements may prove problematic and should be simplified or changed to facilitate scale-up.

HOW IT WAS DEVELOPED AND USED

The table is based on recommendations in the WHO/ExpandNet document, "Beginning with the end in mind: Planning pilot projects and other programmatic research for successful scaling up." It is meant to be used in consultation with stakeholders, where all can review the questions and reach a consensus about each. Different stakeholders may have vested interests in various elements and may not want to see elements to which they have contributed removed from the innovation package. This tool further reminds stakeholders that it may not be realistic to take all elements to scale. When used in a collaborative and participatory process, it can help stakeholders reach consensus on which elements of an innovation should be prioritized or simplified during the scale-up phase.

LESSONS LEARNED

- This tool is best presented and completed in early planning meetings with key stakeholders who will contribute to the scale-up effort. If in-person meetings are not an option, it can still be useful to ask stakeholders to complete the tool on their own and share via email.
- Use of this tool has facilitated important corrections before scale-up was fully underway, such as redesigning materials to allow for less expensive reproduction or eliminating elements of an intervention package which would be too difficult to implement at scale.

VALUES

The table reminds stakeholders to consider the values inherent in the innovation and assess how they can be maintained as the innovation goes to scale. For scale-up to succeed, it is critical that these values be compatible with those of user organizations, or alternatively, to include strategies to nurture these values. When used in a participatory process, this tool can facilitate the inclusion of various stakeholder perspectives and help ensure that values important to different stakeholders are identified and a plan for maintaining them in the scale-up process is established.

VALUES

For detailed, practical tools to guide the scale-up process, visit the [ExpandNet Website](#), where [Beginning with the end in mind](#) can be found.

SCALABILITY ASSESSMENT TABLE

Innovation/ Intervention Component	Commodity <i>(Medicine, device, product used)</i>	User Instructions <i>(Take-home pamphlet, brochure, or other document to reinforce correct use)</i>	Training <i>(How to offer it to potential users)</i>	IE&C <i>(Strategies to raise awareness and create demand for method)</i>	Other
What are the key characteristics and values?					
Will it be difficult to maintain core innovation during expansion?					
Can innovation be implemented with available resources?					
Is innovation compatible with values, services, and capacity of user organization?					
Will changes in logistics be needed to incorporate the innovation as expansion proceeds?					
What training and support will be needed?					
What adaptations may be needed?					
What are potential challenges to scaling up?					
What are possible solutions to these challenges?					

