

## **Qualitative study of scale-up**

### **Catalysing scale-up – decision making**

Why was it decided to scale up mSakhi to other districts in Uttar Pradesh and to Bihar?

What were the key steps/actions taken by Manthan?

What were the most critical moments/events in the process? When were these moments?

Who were the critical actors - organisations and individuals in the process?

Beyond funding did the Gates Foundation have a catalysing effect?

### **Examples**

Involved in designing mSakhi to be scalable (e.g. cost, simple and adaptable)?

Effective advocacy with state and/or federal government?

Presenting strong and relevant evidence?

What type of evidence? Strength/relevance of the communication of evidence?

What was the state/federal government's use of evidence in decision making?

Working closely with /involving government?

Invoking key individuals and organisations to champion and network?

Harmonising coordination between development partners/ donors and implementers?

Alignment of coordination with state/federal government priorities, policies, programmes, targets etc.?

### **Beyond persuading government - implementation at scale**

Has Manthan supported/enabled national and state government (and other implementing partners) to scale-up mSakhi?

- Strengthening capacity to scale-up – institutions, staff
- Technical assistance for state/federal government/mobile health policy/ programme planning and design

Have steps been taken to make mSakhi sustainable in the longer term?

What is Manthan's role in that?

What are the main issues or challenges? (state/federal government capacity, donor dependence)

Will mSakhi be implemented in a standardised way at scale up by the different implementing partners? What will the regional differences be?

## **Barriers and enablers**

What were the main barriers/challenges to scaling up mSakhi?

What were the main enabling factors – aspects of the state/country context that enabled scaling up mSakhi?

Policy making/economic/government priorities/government rules and procedures/donor coordination?

Health systems?

- Infrastructure?
- Human resources?
- Governance (including management, accountability)?
- Information systems?
- Financing?

Sociocultural?

How were the barriers overcome?

Are there different barriers and enablers for scale-up in different regions?

## **Key messages and recommendations**

Reflecting on mSakhi's initial implementation, have there been key lessons learned for its scale up to other areas?

Should things be done differently? How?

What are the key ingredients of scale-up?

What are the main things implementers should do to prepare for scale-up up?

What are the main messages for governments?

Is coordination among development partners and implementers critical to scale up, or is a bit of competition valuable?