

SCALING Up

Advancing Change from the Outside In:

*Lessons Learned About the
Effective Use of Evidence and
Intermediaries to Achieve
Sustainable Outcomes at
Scale Through Government
Pathways*



A working paper prepared for the Global Community of Practice on Scaling
Development Outcomes

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A. Introduction

Increasingly, governments and international development actors recognize the importance and challenges of achieving impact at scale, but there remains a glaring gap between stated intentions and actual practices. A movement is emerging to professionalize discussions about scale and scaling and to place these issues in the center of the development conversation; and the Global Community of Practice on Scaling Development Outcomes (CoP) has been actively engaged at the crossroads of this movement. Active since 2015, the CoP's 2000+ members – representing more than 400 official donors, foundations, governments, academic institutions, think tanks, NGOs, private companies and social enterprises – are drawn from the global north and the global south. The CoP's mission is to use its multi-sectoral composition, diversity, independence and convening capacity to provide direct support to its members and to professionalize the practice of scaling in members' organizations and more broadly.

This document is based on a series of six virtual events that took place from April to November 2021, organized by the CoP's Monitoring and Evaluation Working Group (MEWG), one of the CoP's nine working groups¹. The webinars, and the current working paper, emerged from a recognition that recent attention by donor agencies, foundations and NGOs to the need for scaling improved practices by institutionalizing those changes in government agencies have not been accompanied by comparable attention to the role of M&E, and the role of "evidence" more generally, in facilitating that institutionalization.

The goal of this document is to present the rich and critical insights emerging during the 2021 webinar series. The first draft was developed through careful review and culling from the presentation recordings which are listed in the annex on page 14 by a consultant on behalf of the CoP. The series presenters spoke from their practical experience supporting efforts to institutionalize within government health and education interventions that were incubated in NGOs. They represent, we believe, a useful point of departure for the MEWG, the CoP, and the larger development community to engage a range of issues not fully addressed in the initial 6 webinars or in this paper. Given the critical importance to the development field of better understanding what makes institutionalization succeed generally, the CoP has as a goal to continue and expand its deep dive on this topic.

B. Overview of Institutionalization and the Scale-Up Community of Practice

When the Monitoring and Evaluation Working Group (MEWG) was established at the launch of the Global Community of Practice (CoP) in 2015, its first order of business was to disaggregate and map the relationship between Monitoring and Evaluation, on the one hand, and Scaling, on the other.

¹The CoP's other working groups include: agriculture and rural development; climate change; education; health; nutrition; social enterprise innovation; youth employment, and fragile states. Several of these groups helped co-organize the sessions that form the basis for this work.

After almost two years of discussion, the Working Group settled on a three-tier framework (Figure 1) which is has used to guide it subsequent deliberations. .

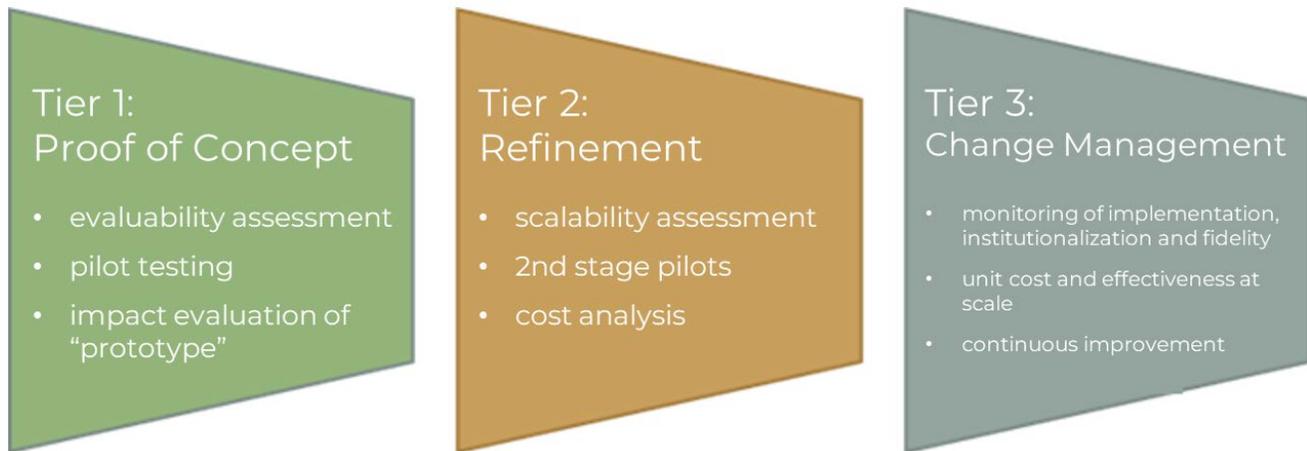


Figure 1 | Changing Information Needs for Scaling—a Three-Tier Approach
 (Source: Purdue University and African Development Group’s [Scale Up Sourcebook 2018](#))

Although work remains to be done in fully adapting Tier 1 to the implications of scaling, the MEWG concluded that there is relative consensus and considerable good practice in the first tier, Proof-of-Concept, on articulating a prototype intervention and pilot testing to demonstrate its impact². The group concluded that, as a community, we have less understanding and agreement on good practice in the next scaling tier, Scalability Assessment, intended to support refinement, streamlining, and testing for robustness; and it devoted considerable effort during 2020 to augmenting scalability tools and frameworks³. The third tier, Change Management, focuses on the information needed to guide and track the widespread integration of the new intervention. It represents the least developed area of Monitoring, Evaluation and Learning (MEL) within the development community and includes issues such as monitoring the scale-up process, tracking institutionalization, ensuring fidelity, and minimizing unit cost at scale. As an effort to deepen our knowledge and practice regarding this tier, the MEWG focused particular attention in 2021 on the role of MEL where the preferred scaling strategy is “institutionalization” within government of interventions or practices that were initially developed and tested outside of government.

From April to November 2021, the M&E Working Group convened a series of webinars to learn from select partners about the role MEL played in institutionalizing their education and health approaches into public sector programming in low-and-middle-income countries. The webinars included

² NB: A poll of MEWG members revealed a striking consensus regarding budget guidelines for Monitoring, Evaluation, Learning and Communication in pilot projects. Given the critical role that evidence plays in the rationale for these projects, the group agreed on a recommended guideline that 20% of total project expenditure be earmarked for these purposes, rather than the 3-5% typically allocated by donors.

³ The MEWG reviewed, debated, and contributed to the development of several now-widely-used Scalability Assessment Checklists, particularly the [MSI Scalability Checklist](#), [CIMMYT’s Scaling Scan](#), [Mark Shut’s Scaling Readiness: reaping the benefits from innovations](#), and [Expandnet’s Nine steps for developing a scaling up strategy](#).

presentations by NGOs that initially played the role of originating organization, leading or co-leading the pioneering of particular interventions (Tier 1) and subsequently also played roles as intermediary and boundary organizations (Tiers 2 and 3)⁴ supporting institutionalization of those interventions within government. To round out institutionalization perspectives, presenters also included government ministries that aim to institutionalize these interventions and donors that support these efforts.

The webinars underlined the fact that institutionalization is a complex, context-specific process with technical, financial, and sociopolitical dimensions. As one webinar panelist, Angela Gichaga, CEO of Finance Alliance for Health, said, institutionalization is “a process not an event; a continuum, not a binary outcome; subjective and not always quantifiable.”

Two lines of thinking cut across the presentations. First, they reflect a shift in the broader development community to ‘do development differently.’¹⁵ Originators of new interventions are increasingly moving beyond direct service provision and taking on the role of long-term partners to government, working collaboratively to support ministries to adapt, integrate, scale, and sustain interventions through government systems and programs many of which were pioneered outside of government. In the scaling parlance, these organizations are playing the role of both originating organizations and intermediary/boundary organizations. The case examples highlighted in this webinar series— including from Educate!, Last Mile Health, Living Goods, and Young Love - reflect this change. This change in perspective is echoed in the MEL approaches discussed below. Second, there is growing recognition of the complexity and the non-linear processes and extended timeframes that characterize institutionalization into national systems. This acknowledgment of complexity and extended timeframes is also mirrored in the metrics and MEL systems needed to inform, track, and support these changes.

To provide a common point of departure and a foundation for the discussion, presenters at all six webinars --representing intermediary/boundary organizations, governments, and donors - were asked to link their presentations to the MSI Institutional Tracker⁶ and reflect on the fit between that framework and their respective approaches to monitoring the process of institutionalization.

The MSI Institutionalization Tracker is a maturity model that tracks progress in a total of 11 institutional building blocks spread across five domains (see Figure 2 below):

⁴ This paper uses the two terms ‘intermediary organization’ and ‘boundary organization’ somewhat interchangeably, but note that while similar, they are not identical. Intermediation comprises a set of functions, including technical assistance, training, fundraising, change management, system strengthening, convening, and constituency mobilization (*The Broken Part of the Business Model in Taking Development Outcomes to Scale*). A range of organizations, including donors, consulting firms and NGOs, can perform these functions. Some, but not all, of the organizations that perform these functions exist at the boundary between innovators and delivery systems and serve???: those that do sometimes self-define as boundary organizations and adapt their interventions accordingly.

⁵ Duncan Green, *Fit for the Future? Development trends and the role of international NGOs*. OXFAM Discussion Paper, June 2015

⁶ See Tool 13 in MSI’s 2021 [Scaling Up — From Vision to Large-Scale Change: Tools for Practitioners](#)

| DOMAINS | Governance | Planning, Budgeting, Finance | Human Resources | Infrastructure and Materials | Accountability and Learning |
|------------------------|-----------------------------------------------|---------------------------------------|------------------------------------------|-------------------------------------------------------------|------------------------------------|
| BUILDING BLOCKS | 1. Leadership 2. Policy 3. Coordination | 4. Planning 5. Budgeting & Finance | 6. Staffing 7. Training & Supervision | 8. Physical infrastructure 9. Procurement & Distribution | 10. Standards 11. M&E |

Figure 2 | Institutionalization system building blocks

(Source MSI's 2021 [Scaling Up — From Vision to Large-Scale Change: Tools for Practitioners](#))

Figure 3 below provides illustrative stages of institutionalization for two of these domains and a total of four building blocks. The four levels shown for each building block represent dimensions of institutionalization that can be tracked as institutionalization proceeds and that provide a way to chart progress and outstanding challenges. Each of the originating organizations participating in the webinar series used some analogous rubric to track and guide progress towards institutionalization.

| | | Low Institutionalization (1) | Emerging Institutionalization (2) | Significant Institutionalization (3) | Full Institutionalization (4) |
|-----------------------------------------|------------------------|----------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| PLANNING, BUDGETING, AND FINANCE | Planning | Intervention not included in national or subnational plans | Intervention included in national and/or subnational plans, but without clear metrics, mile - stones or timetables | Intervention included in national and subnational plans and metrics | Intervention fully integrated into government programming and no longer viewed as a standalone intervention |
| | Budgeting and Finance | Funding exclusively from Originating Organization and/or donors | Credible estimates for costs of implementing the intervention on a pilot basis, but no credible estimates of the investment and recurrent costs to implement the intervention at scale | Credible estimates of investment and recurrent costs to implement the intervention at scale and some of the relevant costs included in budget of the Adopting Organization | Full funding for (phased) implementation and sustained operation of the intervention provided in approved budgets or have other reliable income sources |
| HUMAN RESOURCES | Training & Supervision | No plan for sustainable in-service or pre-service training of personnel needed to implement the intervention | Plan in place for sustainable in-service and/or pre-service training of the needed personnel and for their supervision | Staff benefit from regular supervision by either the Originating or Adopting Organization | Permanent arrangements under active implementation for training and supervising at scale and over time |
| | Staffing | No credible estimates of the additional staffing and skills required to deliver and manage the intervention at scale | Credible estimates of the additional staffing and skills required to deliver the intervention at scale, but no allocation or retraining of permanent staff | Deployment of staff from Adopting Organization on a time-limited or partial basis | Plan for full staffing with permanent employees completed or under active implementation |

Figure 3 | MSI Institutional Tracker – illustration of institutionalization building blocks

There was general agreement that the indicators and metrics included in the MSI Institutionalization Tracker and similar instruments can and should be enriched by viewing systems as having both “hard” and “soft” characteristics and by related efforts to measure soft system characteristics. Hard system perspectives of institutionalization focus on more tangible elements such as funding re-allocation and policy revision, with relevant objective indicators tracking achievement. Institutionalization efforts also often integrate soft system perspectives that explore less tangible elements of motivations, incentives, power, and voice of different actors in the systems and the

broader political enabling environment. Relevant indicators of achievement for these soft system elements are often defined more subjectively⁷.

This paper summarizes discussions from the webinars focusing on: how originating and intermediary organizations support institutionalization processes in real-life contexts; and how M&E data can help in tracking and guiding the institutionalization processes. The closing section looks at M&E issues raised during discussions that merit more attention from the Scale-up Community of Practice.

C. How Originating and Intermediary Organizations Support Institutionalization

1. Collaborative engagement and systems-support roles are crucial to support the institutionalization process.

All the speakers – whether from intermediary/boundary organizations, donors, or government – indicated that early and frequent collaboration with government was crucial to advance institutionalization from intervention co-development to planning for and implementing scale up strategies. Each also emphasized the central role MEL plays in this process and how the respective MEL roles of originating organizations and government ministries shift as institutionalization proceeds.

The webinars illustrated numerous variations on collaboration. Many of the NGOs which initially focused on direct implementation have now embraced their roles as intermediary/boundary partners to transfer the model to government systems through a support function. Each of these intermediary organizations is working at multiple levels, with staffing both at delivery sites and within central ministries. Their collaborations are not just technical but include building coalitions that facilitate access and trusted relationships with government and donors, civil society, and researchers. At the same time, most of these NGOs continue to implement the intervention directly, albeit sometimes at a smaller scale, to maintain on-the-ground understanding and push further "R&D" and refinement of the intervention models.

Presenters emphasized that these new and evolving roles mean shifting their own mindset and MEL systems -- and those of donors -- to highlight working collaboratively with government ministries to support institutionalization. It requires them to think and walk in the government's shoes. Practical advice offered by these NGOs includes:

- Be participatory and insider-focused, involving government in co-planning, co-design, and evaluation of interventions. A scaling mindset shifts the scaling focus from that of an originating organization to one focused on government aims.
- Take the time to co-visualize institutionalization aims with government partners and users and co-analyze and define the change in services, funding streams, and other support sectors

⁷ Adapted from definitions in Kohl, Richard. Scaling and Systems Issues. 2021. See <https://www.scalingcommunityofpractice.com/wp-content/uploads/2021/05/Scaling-and-Systems-Change-11-May-2021.pdf>.

to improve health and education outcomes. Ideally, these collaborations begin during proof-of-concept research⁸.

- Consider co-locating within government units MEL and program advisors with expert knowledge of the intervention being institutionalized. Co-location, which often happens at the central or district level, can maximize an intermediary organization's insider interactions and understanding of issues from a government perspective, facilitate knowledge sharing, and offer insider opportunities to leverage actors and resources for institutionalization.⁹

Case examples from Young Love, Educate!, Living Goods and Last Mile Health highlighted various approaches to MEL collaboration between NGOs originating improved practices and government ministries aiming to institutionalize these new practices. In these cases, the NGOs innovated and pilot-tested direct service delivery models outside of government and gradually transferred aspects of design, implementation, and MEL to the government through long-term partnerships. Over time, the transfer of responsibility was reflected in changes to the internal ministerial process, with the government exercising greater ownership.

Collaboration in scaling and systems change also has a range of financial implications. All intermediary/boundary organizations understood that their initial implementation models required adaptation if they were to be delivered at a national scale through government and consciously moved to some level of sharing responsibility and costs depending on resource availability. In some cases, governments were well-resourced financially to work alongside the originating NGO to share technical and financial costs (e.g., Young Love in Botswana, Educate! in Rwanda, Tamil Nadu Early Childhood Development program in India). Others were less well resourced (e.g., community health worker interventions with Last Mile Health in Liberia and Living Goods in Uganda). Cost-sharing by the government was sometimes measured in-kind versus direct funding of the intervention's scaling. Speakers noted that, in such cases, that the presence of a strong ministerial focal point and in-kind resources often serve as leading indicators of serious commitment. Several NGOs also noted that they found themselves unexpectedly playing intermediary functions helping to mobilize core funding to offset government budget limitations.

2. “Systems savvy” approaches to institutionalization processes.

Speakers noted that it is essential to situate scaling – from planning, to supporting implementation, to identifying financing - within the larger picture of government system performance, whether supporting the process from outside-in or the inside-out. Responsibility for making these links often falls to intermediary or boundary organizations such as those featured in the webinar series. The National Health Systems Resource Center in India, for example, is a free-standing governmental institution that performs many of these functions on behalf of the Ministry of Health while NGOs such as Young Love and Last Mile Health perform many of these same functions from a platform outside of

⁸ For example, Young Love in Botswana conferred with government counterparts on their preferences for the scale-up strategy based on system understanding. The government wanted a bottom-up approach to show the new intervention worked within their system. Results of the proof-of-concept testing would create a buzz and the emergence of champions and early adopters who could promote the new approach. Only then would they move to training activities.

⁹ Young Love embedded staff technical advisors in regional district education offices. They found the strategy effectively supported institutionalization; the staff person could more easily support monitoring and training at different levels and serve as a liaison between central, district, and school-level teachers and trainers.

government. Regardless of their organizational placement, the discussions highlighted several points that need to be held top of mind and actively addressed by the organizations playing these roles:

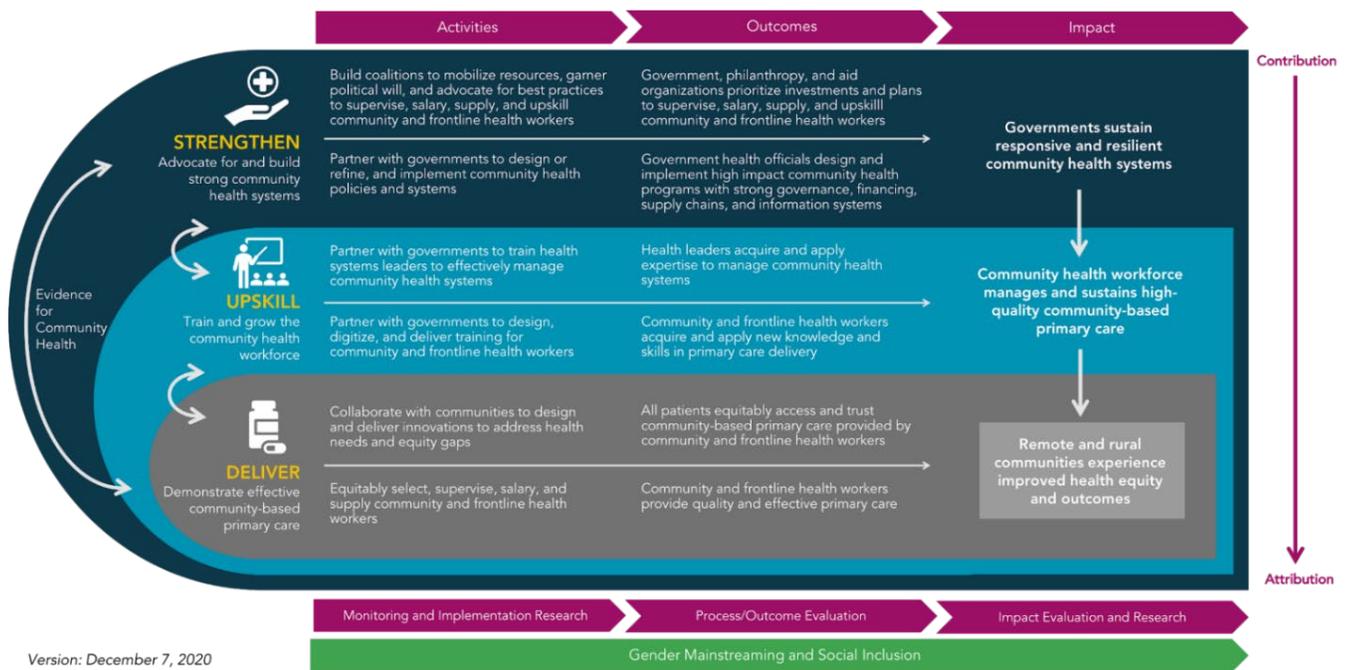
- Institutionalization as a planning process looks very neat on paper, but its implementation reality is not. Government institutionalization is a multi-level and multiyear process. It is crucial to keep the longer-term goal in mind and to celebrate the partial successes (measured as upward trends over time) when they represent meaningful progress (see Figure 4).
- Key government actors - political, policymakers, technical, MEL - are often transferred, promoted, or replaced. It is essential that proponents of change and intermediaries be ready to adjust institutionalization focal points as these changes occur.
- Change at a central level, including policy reform, is critical but not sufficient to ensure full institutionalization which inevitably entails longer-term commitments and collaborations.
- A significant challenge to intervention scaling and sustainability in the public sector in low-income countries is aligning donor priorities and funding cycles, government budget constraints, and funding within ministries. Many ministries work within the constraints of earmarked budgets and have tiny discretionary budgets to support new intervention testing and expansion. The downstream actors within government, such as district trainer-supervisors, service providers, and educators, are likewise resource-stretched. Intervention testing and initial scaling are often resourced primarily or exclusively by originating and intermediary NGOs and donors, which challenges the transfer to government during the scaling processes.
- The Covid-19 pandemic has exacerbated these financial and budgetary challenges. This adds considerable pressure on governments to say 'yes' to resources offered by donors and intermediary organizations, leading to the proliferation of projects and undermining harmonization and longer-term planning essential for institutionalization and durable scaling.

3. M&E of Institutionalization

Several speakers elaborated on their roles as intermediary and boundary organizations in helping governments adopt and scale interventions and adapt and scale MEL systems to guide, track, and assess the scaling process.

3.1 Example of a comprehensive Tier 3 M&E Framework

One illustration of the implications of an enhanced NGO focus on supporting institutionalization by government is evident in the MEL framework for Community Health Works presented by Last Mile Health (Figures 5 and 6) which incorporates more holistic Tier 3 MEL measurement of institutionalization and service delivery. Last Mile Health included "harder" dimensions such as measuring the capacities of Community Health Workers (CHWs), the extent to which they are equipped and trained, the role of their supervisors, and funding budgeted and allocated on time. They also included "softer" dimensions such as the CHWs' motivation and the political support from new governments and the broader public. The MEL activities to capture these dimensions range from monitoring based on administrative data to qualitative interviews and quantitative impact evaluations.



Version: December 7, 2020

Figure 5 | Last Mile Health’s institutionalization evaluation framework

Following this example, Figure 6 shows system performance outputs that situate CHW-level outputs (service deliverers) within community-level outputs of access, ownership, and demand. The more extensive program that supports and sustains delivery is also monitored.

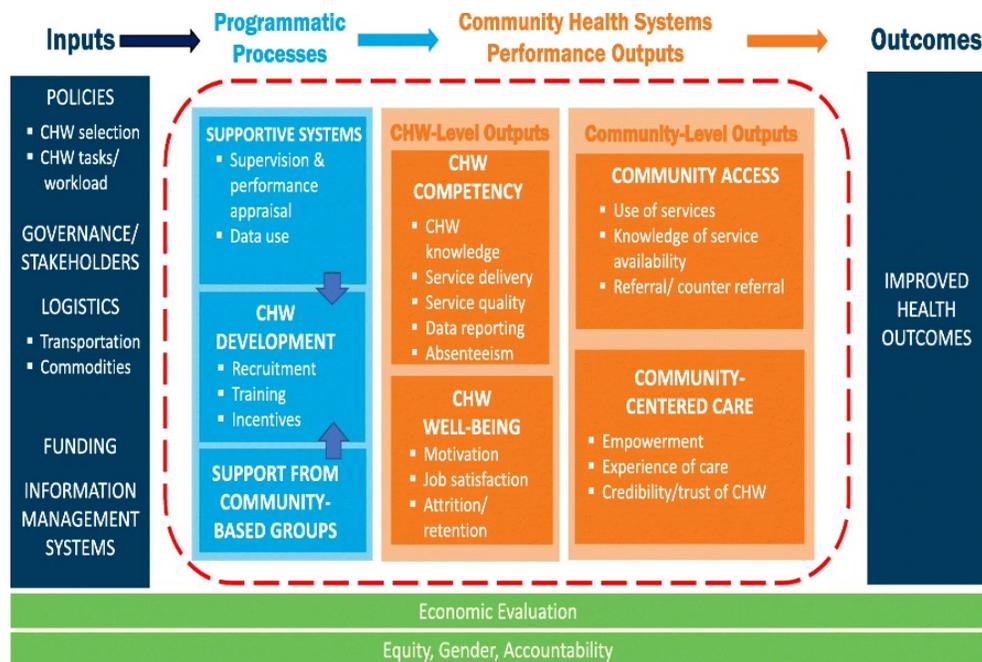


Figure 6 | Last Mile Health’s system and delivery metrics for institutionalization

3.2 Reflections and suggestions for designing and using M&E during Tier 3

Broader reflections and recommendations offered by webinar presenters for designing and using Tier 3 MEL focused on three sets of issues: 1) supporting governments to be more intentional in monitoring service delivery for quality assurance and institutionalization, 2) helping governments build research partnerships to evaluate service delivery during scaling, and 3) strengthening the MEL of hard and soft elements of the institutionalization process.

Support governments to be more intentional in monitoring service delivery for quality assurance and institutionalization aims

A significant challenge expressed by several NGOs in the webinars is that public sector MEL systems can be cumbersome and not designed to provide timely and management-oriented information. Intermediary organizations can contribute to strengthening capacity and monitoring systems by bringing new technologies and tools, providing MEL capacity building, and helping governments establish processes for reviewing data. Examples included:

- Last Mile Health in Liberia invested in a data collection app for Community Health Workers to record consultations, services, and other information and to allow real-time data entry. This new data collection method facilitated rapid follow-up to CHWs regarding potential implementation issues while allowing rapid consolidation and real-time data with the government to monitor progress and address higher-level system bottlenecks that might exist, for example, in the distribution of supplies.

- To help build MEL capacities, Educate! learned to think beyond group training strategies. In Rwanda, for example, Educate! augmented training with on-site support such as data-for-action coaching by supervisors and program managers.
- Several NGOs emphasized helping to foster an "evidence culture" with government partners to review and reflect regularly on monitoring data after their collection. This required them to produce regular, timely reports and to establish additional venues to disseminate findings and discuss the strategic and operational implications of those findings. For example, Young Love helped the Botswana government create and use simple-to-understand visuals to spur conversations and debate within the government based on the monitoring results.

Help governments build research partnerships to evaluate service delivery

In addition to strengthening the government's monitoring systems to track service delivery at scale, the NGOs also supported government partners to engage with external organizations to evaluate more rigorously the impact of the interventions. Many governments don't have formal program evaluation units. The NGOs leveraged their networks with domestic and international academic institutions and consultants, and their technical expertise, to help governments more effectively evaluate impact at scale through RCTs and other methods, and to understand the scaling process better through the integration of implementation science research.

Consider MEL of hard and soft elements of the institutionalization process

The webinars provided lessons from several other intentionally collaborative and system-savvy strategies to approach MEL of the "hard system" aspects of institutionalization. These efforts yielded a variety of insights, including:

- Be selective in indicator selection. Intermediary organizations can gain early government buy-in by identifying indicators that track institutionalization progress and allow the government to report to policy makers and the public on already-established performance goals. Speakers also highlighted cases where key program metrics were incorporated into national reporting systems. For example, Educate! worked to ensure that national exams included entrepreneurship questions, establishing a solid link to its program.
- Develop indicators and benchmarks cooperatively. As outsiders, originating organizations need to understand how the receiving system operates to support institutionalization. Several presenters discussed how the most appropriate indicators and benchmarks were not always discernable as institutionalization began and only became clear later in the process.
- Use complexity-aware program monitoring and allow iteration and adjustments during implementation to improve performance. Donors, in particular, noted that their investment strategies should be adjusted to support institutionalization efforts and related MEL, moving away from more linear approaches and frameworks.

Some of the most prominent lessons highlighted in the webinars concerned "soft system" issues that merit attention within MEL systems centered on government institutionalization, including:

- Ensure that MEL systems include metrics and other sources of evidence elements that track the demand for institutionalization from policy makers, opinion leaders, middle-level official,

and the general public. Saying "yes" to a donor-funded project is a very weak indicator of commitment and a poor predictor of eventual institutionalization.

- Focus on assessing and enhancing power-sharing between government and the originating organization. Suggestions to assess insider-outside power dynamics include 1) the extent to which the government is incorporating and branding the intervention as integral to its offerings, 2) the NGO's clarity about working at the behest of the government as reflected in MOUs or other such documents, and 3) the inclusion of the intervention by government in its annual budget.
- Find ways to monitor the obstacles and incentives for ministry actors to help or hinder institutionalization.

The evolving role of donors in M&E of institutionalization

Enlightened donors increasingly see themselves as partners helping governments to scale improved practices. Based on donor comments during the webinar series, a new generation of donors recognizes that this shift implies a need for complexity-aware MEL and a greater focus on data utilization for decision-making, and correspondingly less emphasis on accountability for achieving predetermined outputs.

D. Looking Forward

Institutionalization within the public sector is a prominent and complex pathway to scale. Presenters and discussants at the webinars agreed on the need for a paradigm shift to synchronize efforts by government, originating organizations, and donors in order for this institutionalization to be realized. This implies a corresponding need on everyone's part to adjust MEL activities in ways that more effectively inform and assess progress towards institutionalization. In addition to new strategies and tools, this focus on the MEL that supports institutionalization requires extended time frames and increased on-the-ground discretion.

The webinar series confirmed the utility of an institutional building blocks approach such as that embodied in the [MSI Institutional Tracker](#) to guide MEL support for institutionalization and underscored the value of complementing these measures with more attention to soft systems indicators and more appreciation for complexity. The panelists encouraged the M&E Working Group and the larger Community of Practice to continue their exploration of this issues, and to focus particular attention on expanding the collection and use of Tier 3 evidence and shifting the balance of MEL from accountability to learning. The CoP plans to expand its explorations of these issues and more as part of broad attention to institutionalization writ large over the coming 1-2 years.

ANNEX

HOW DOES M&E SUPPORT SCALING INTERVENTIONS IN GOVERNMENT SYSTEMS: SCALE-UP COMMUNITY OF PRACTICE WEBINAR SERIES

Apr 2021. [Generation and use of multi-phased randomized evaluation research to drive policy change of scaled innovations.](#) A case example of evidence-driven multi-phased research collaboration between the Poverty Action Lab (J-PAL) and the government of Tamil Nadu.

Presenter

- Alejandro J Ganimian, New York University, Steinhardt

Jun 2021. [Institutionalization within Education Ministries.](#) Educate!s experience tracking the scale and institutionalization of a skills-based education model in Rwanda and using a sustainability framework to guide M&E. Younglove's experience working very closely with the Ministry of Education in Botswana to scale the Teaching at the Right Level approach and what they are learning about how to think about and measure institutionalization within government systems.

Presenters

- Noam Angrist and Moitshepi Matsheng, Co-Founders of Younglove on remedial education in primary schools
- Meghan Mahoney, Diresctor, M&E at Edicate! On entrepreneurial skills in secondary schools

Aug 2021. [Institutionalization within Health Ministries.](#) Experiences of Last Mile Health and Living Goods to measure how re-imagined community health worker programs delivered through government ministries are being “institutionalized” into existing routine systems and processes. From two NGOs collaborating with governments in Burkina Faso, Kenya, Liberia, Malawi, Uganda, and other countries in Africa.

Presenters

- Emilie Chambert, Chief Program Officer of Living Goods on CHW in health systems
- Nan Chen, Managing Director of Health Systems Strengthen of Last Mile Health

Sep 2021. [Donor Perspectives on Monitoring and Evaluating the Institutionalization of Change at Scale.](#) Foundation and institutional donor perspectives and experiences on supporting scaleup. With Financing Alliance for Health, Global Partnership for Education, Department for International Development (DFID), and Co-Impact Foundation.

Presenters

- Jo Bourne, CTO of Global Partnership for Education
- Angela Gichaga, CEO at Financing Alliance for Health
- Rachel Hinton, Senior Social Development Advisor at UK FCDO
- Varja Lipovsek, Director of Learning, Measurement, and Evaluation at Co-Impact

Nov 2021. [Perspectives from government and intermediary organizations' roles in scale-up.](#) Reflections on collaboration and challenges of government and intermediary organizations working closely to scale interventions

Presenters

- Noam Angrist, Executive Director and Co-Founder of Younglove
- Rajani Ved, Former Executive Director of Indian National Health Systems Resource Centre

Nov 2021. [Mainstreaming scaling in governments and donors.](#) Perspectives from civil society, government, and funders on institutionalization and host governments as a scaling strategy and CoP members to mainstream of focus on scaling with it and donor organizations

Presenters

- Noam Angrist, Executive Director and Co-Founder of Younglove
- Rajani Ved, Former Executive Director of Indian National Health Systems Resource Centre



- Larry Cooley, Founder and President Emeritus at MSI, Founder and Co-Chair of the Scaling Community of Practice, and Co-Chair of the CoP's M&E Working Group
- John Floretta, Global Deputy Executive Director at J-PAL, Co-Chair of CoP's Monitoring & Evaluation Working Group

Respondents

- Ben Piper, Director of Global Education at Bill and Melinda Gates Foundation, Ethiopia
- Jenny Perlman Roberson, Brookings Institution and Co-Chair of the CoP's Education Working Group
- Ruth Simmons, Expandnet and member of the CoP's Executive Committee