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Focus Tool

Series

Getting to Scale in
Young Adult Reproductive
Health Programs

JANET SMITH

CHARLOTTE COLVIN

April 2000

FOCUS on Young Adults

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The FOCUS on Young Adults program promotes the well-being and reproductive health of young people. FOCUS is a program of Pathfinder International in partnership with The Futures

Group International and Tulane University School of Public Health and Tropical Medicine.

FOCUS is funded by USAID, Cooperative Agreement # CCP-A-00-96-90002-00. The opinions

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Publications addressing adolescent reproductive health can be downloaded from the FOCUS

Web site: <www.pathfind.org/focus.htm>.

ABOUT THE AUTHORS

Dr. Janet Smith is a medical sociologist with an extensive background in family planning program policy, design and evaluation. As Director of Program Coordination for The Futures Group International, Dr. Smith takes a strategic approach to emerging issues and to the development of population and reproductive health programs. Dr. Smith is also involved with staff and consultants who are developing path-breaking tools and conducting cross-cutting studies relevant to strategic planning, market segmentation, private sector development, and costs and priorities in reproductive health and family planning. She has long- and short-term experience in building family planning and other social sector programs in countries such as Egypt, Madagascar, Jamaica, Haiti, and Tunisia.

Charlotte Colvin is a Senior Research Associate at The Futures Group International and currently in the position of Program Coordinator for FOCUS on Young Adults, where she works with the Policy and Research & Evaluation components of the program. Previously, Ms. Colvin was a project specialist for the Population Technical Assistance Project (POPTECH), where she contributed to the development of the POPTECH Tools Series, a group of publications on the design, evaluation and monitoring of family planning and reproductive health programs. She has been involved with the Central American AIDS Project over the past three years, and provides ad hoc assistance to Futures' activities in the area of HIV/AIDS. Ms. Colvin has a master's degree in Latin American Studies from Tulane University.

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Foreword

Nearly twenty years ago I led the development of a series of studies on the determinants of female adolescents' sexual and contraceptive behavior. Why was it limited to girls? Our donor had decided "certainly not the boys—they have nothing to do with this." Early in my career, I learned to appreciate the importance of negotiation and a sense of humor when dealing with sensitive matters such as adolescent sexuality.

Social psychologists working in Mexico in the early 1980s found that to avoid unwanted pregnancy and promote responsible sexual behavior, young people need information, as well as good communication skills and the empowerment to make good decisions. Knowledge or standard "sex education" is not enough to promote healthy sexual practices. Armed with these study results, I began to approach schools and clinics to see if there was interest in developing a program based on these important findings. This direct attempt to engage health services and professionals was not successful, so we decided to bring together a group of program development specialists and policymakers to build a strategy for promoting our ideas. We adapted a life skills education program, implemented it in selected locations, evaluated our efforts, and were able to demonstrate that we had a very effective program.

The next step was to move beyond the initial program sites and take the program to the national level. After many meetings with senior government officials and many stakeholders, we were able to convince the Ministry of Education to endorse and use our program. Since these early efforts, the Instituto Mexicano de Investigación de Familia y Población (IMIFAP) has scaled up research and educational programs for children and adolescents (girls AND boys) by training teachers from all 32 states in Mexico in our curriculum. We have trained more than 30,000 teachers and extended our work beyond Mexico's borders to nine additional countries. We have also developed programs in HIV/AIDS prevention, emergency contraception, violence against women, maternal and child health, and, most recently, training of health personnel.

What have we learned through this experience? Many of our lessons are reflected in *Getting to Scale in Young Adult Reproductive Health Programs*: build on existing program infrastructure; share ideas with other organizations that work in your area; ensure go

leadership, and think realistically about the amount of time, energy, and money the scaling up process will require. Additionally, base the development of your program in sound research, include an evaluation as part of every program, get all of your staff on board, and enlist the support of the media and policymakers. The IMIFAP experience has been a process of negotiating with our partners (and sometimes our enemies), developing the strong leadership necessary to guide our programs, and empowering our staff and the NGOs we work with every step of the way.

I am very happy that a practical tool on scaling up for young adult reproductive health (YARH) programs has been developed by the FOCUS on Young Adults program. Many NGOs and government agencies have expressed the need for such a document. Once we have developed effective programs, we often want to expand them, but have not always known how to conduct this process. The guidelines presented in this document will empower program staff members to work toward scaling up, to have the patience to look for the right leaders, to negotiate, to engage in the necessary research and evaluation, and to advocate for their programs.

Susan Pick, PhD

President, Instituto Mexicano de Investigación de Familia y Población, A. C. (IMIFAP)

Mexico City, Mexico

January 2000

Acknowledgments

Many individuals provided assistance to the authors throughout the development of this tool. The authors are especially grateful to the program directors of the Pathfinder Bangladesh Newlyweds program, the Centro Médico de Orientación y Planificación Familiar (CEMOPLAF) Fertility Awareness program and Tsa Banana for giving us their time and guidance on the case studies. Dr. Mohammed Alauddin (Country Representative, Pathfinder International, Bangladesh), Jeannette Cachan (Field Program Specialist, Georgetown Institute for Reproductive Health) and John Harris (Population Services International, Namibia) corresponded with us and provided invaluable information and support that helped us document the process by which each of these youth programs scaled up.

Esther Corona (Director, the Mexican Association for Sex Education) provided guidance and insight on the experience of scaling up sex education programs in Colombia and Mexico. She also authored an earlier concept paper on scaling up for the FOCUS project, and this piece provided valuable ideas to the authors as they began work on the tool.

We would especially like to acknowledge the guidance and support of two FOCUS on Young Adults staff members: Laurel MacLaren and Christine Stevens. At key points in the development of the tool, they provided insights into the material and how it could be shaped to make it relevant to colleagues in the field of young adult reproductive health. They also created the worksheets that appear in Chapter 8, effectively making this document a tool that can be applied by program and policy planners in their efforts to scale up.

Barbara Seligman, Nancy Murray, Sharon Epstein, Lindsay Stewart, and Tijuana James Traore of FOCUS on Young Adults reviewed and commented on this tool during its development. Laura Sedlock provided a developmental edit of this tool before its review that greatly helped in its development.

Other reviewers who provided insight and feedback include Paurvi Bhatt (USAID), Linda Sussman (USAID), Christopher Castle (Horizons), Kerry Richter (AIDSMark Research and Evaluation Coordinator Population Services International), Messaye Girma (The Synergy Project, TvT Associates), Elaine Douglas (JSI consultant, Rowen & Associates), Ruth Levine (World Bank), and Bill Winfrey and Jeff Sine (The Futures Group International).

Copyediting of this tool was provided by Publications Professionals LLC.

Executive Summary

The importance of scaling up young adult reproductive health (YARH) programs is an emerging concern given the growing and changing needs of youth, the lack of effective programs to reach young people in many countries, the need to build widespread public acceptance for YARH programs, and shrinking resources in many areas. Although the term “scaling up” has few precise definitions, most definitions imply that the program extends services to more people in more places. As used in this tool, the term refers to the process of institutionalizing effective programs to achieve greater impact in terms of increasing the numbers of young people served, broadening the geographic coverage, and, sometimes, expanding mandates. This tool aims to improve program leaders’ and policymakers’ understanding of scaling up and to help them plan for scaling up their own YARH programs.

Scaling up youth programs may bring a number of important gains. First, economies of scale may be achieved by reaching more young people. Scaled-up programs can reach beyond urban areas to provide services for youth in rural areas. Documentation and evaluation of efforts to scale up can contribute to the field’s understanding of how to design and implement at-scale programs. In deciding whether or not to scale up, programs need to consider four important factors: whether the program has been effective, how scaling up will affect the program’s impact, whether the increased scale will be sustainable, and what their objective of scale is.

Four major approaches to scaling up YARH programs are:

Planned expansion refers to a steady process of expanding the number of sites and the number of people served by a particular program model once it has been pilot tested.

Association involves expanding program size and coverage through common efforts and alliances across a network of organizations.

Grafting means adding a new initiative to an existing program, such as adding a sex education program to academic school programs or making family planning programs directed at adults “youth friendly.”

Explosion is sudden implementation at a large scale, usually with its roots in high-level politics.

Most YARH programs achieve scale-up through a combination of these approaches. Many programs also start out as pilot projects—smaller, simpler interventions that have more defined time limits—before they are taken to scale.

Seven key ideas about scaling up YARH programs have emerged from the literature:

- Key Idea 1: Programs should prepare for scaling up by focusing on program development and institutionalization.
- Key Idea 2: Policy shapes program development and may inhibit or encourage efforts to scale up.
- Key Idea 3: Activists and program planners should build on existing institutions and infrastructure when scaling up.
- Key Idea 4: Committed leaders are needed to support, guide and sponsor the scaling-up process.
- Key Idea 5: The process of scaling up should be participatory and allow for flexibility.
- Key Idea 6: Program developers and policy advocates should anticipate obstacles and challenges to scaling up.
- Key Idea 7: Data, research, and monitoring and evaluation systems are crucial to scaling up effective programs.

In general, the better developed a program is—and the more it is supported by favorable policy—the greater the chance that the program will be able to function at scale. These strengths enable a program to withstand shocks in the policy environment or changes within the program. This does not mean that every policy factor must be favorable, or that every program implementation step has to be accomplished. But the more that these ideal conditions are met, the more likely it is that programs will be successful at scaling up.

It is critical to plan early for subsequent scaling up; to use a participatory process to include youth, staff members, and stakeholders; and to infuse the process with dynamic leadership. By identifying specific requirements of program development and a range of favorable policy factors in the design phase, the large tasks of program and policy development can be subdivided into more manageable steps to which planners and activists can devote particular attention. Identifying policy hurdles and obstacles in program development provides early warning regarding circumstances or conditions that may pose problems to program expansion.

With key ingredients like leadership, staff, funding sources and advocates, programs can move beyond local origins to operate at scale. Program managers interested in scaling up should plan the building of policy advocacy and networking support activities into new YARH designs. They can also plan for staggered phases of local adaptation, and can build the program supports (administrative systems, training courses and curricula) on which successful scaling up depends.

The last section of this tool provides a number of worksheets that will help YARH program leaders and policymakers prepare for the task of scaling up.

Acronyms & Abbreviations

AMES	Mexico Association of Sex Education
CEMOPLAF	Centro Médico de Orientación y Planificación Familiar (Ecuador)
CONAPO	Consejo Nacional de Población (México)
CPR	contraceptive prevalence rate
CRESALC	Latin American and Caribbean Committee for Sex Education
DHS	Demographic and Health Survey
FOCUS	FOCUS on Young Adults program
FPA	family planning association
IEC	information, education, communication
IMIFAP	Instituto Mexicano de Investigación de Familia y Población
IMSS	Mexico Social Security Institute
INJUVE	Instituto Nacional de Juventud (México)
IYF	International Youth Foundation (United States)
MEC	Ministry of Education and Culture
MEXFAM	Mexico Foundation for Family Planning
MIS	management information system
MOE	Ministry of Education
MOH	Ministry of Health
NGO	nongovernmental organization
PEP	peer education and promotion
PNES	National Sex Education Program (Colombia)
PROFAMILIA	Asociación ProBienestar de la Familia Colombiana (Colombia)
PRONOEI	nonformal early learning programs (Peru)
PSI	Population Services International
STI	sexually transmitted infection
YARH	young adult reproductive health

1 The Importance of Scaling Up YARH Programs

Young adult reproductive health (YARH) is receiving increasing attention as a critical issue in the field of international population and health. The importance of “scaling up” YARH programs has also become a concern, because of the growing and changing needs of youth, the lack of effective programs to reach young people in many countries, the need to build widespread public acceptance for YARH programs, and the shrinking resources in many areas. Although the term “scaling up” has few precise definitions, most definitions imply that the program extends services to more people in more places. As used in this tool, the term refers to the process of institutionalizing effective programs to achieve greater impact in terms of increasing the numbers of young people served, broadening the geographic coverage, and, sometimes, expanding mandates. Several important reasons to scale up YARH programs are discussed next:

Scaling up is the process of institutionalizing effective programs to achieve greater impact in terms of increasing the numbers of young people served, broadening geographic coverage, and, sometimes, expanding mandates.

YOUNG PEOPLE ARE A LARGE, AND GROWING, SEGMENT OF THE POPULATION.

Young people age 10-24 represent 33 percent of the world’s population.¹ The adolescent population is growing, and this growth is especially rapid in those countries that have not yet completed the demographic transition to replacement-level fertility.² In sub-Saharan Africa alone, 15- to 19-year-olds have the highest growth rate of any population segment.³ These young people need education, training, and jobs, and their numbers have an enormous influence on overall population growth rates in the region.³ In the least-developed countries, adolescents enroll in secondary education at very low rates, 13 percent for girls and 22 percent for boys.¹ In the 10- to 14-year-old age group, 73 million young people are working worldwide, limiting their ability to continue schooling and, possibly, increasing their exposure to reproductive health risks.¹

ADOLESCENCE IS INCREASINGLY EXPERIENCED IN CONTEXTS THAT FACILITATE SEXUAL RISK TAKING AND NEGATIVE REPRODUCTIVE HEALTH OUTCOMES.

The context in which adolescence occurs is changing in many places. Urbanization, high unemployment rates in urban areas, increased literacy and education, and the

reach of the mass media contribute to the growing gap between physical maturity (puberty) and social maturity, often marked by marriage and childbearing. More and more young people are having sex before marriage, often without using contraception, thereby exposing them to the risks of sexually transmitted infections (STIs), HIV/AIDS, and unplanned pregnancy.^{3,4,5} If pregnancy occurs before youth are fully developed— especially in countries where anemia and malnutrition are common and where access to health care is poor ⁶—young mothers can be exposed to particularly acute health risks, including damage to the reproductive health tract, delayed or obstructed labor, ruptures in the birth canal, and elevated risks of maternal mortality.^{6,7, 8, 9} Babies born to youth experience more birth injuries and increased incidences of low birth weight and stillbirth;¹ infant mortality is highest in those countries with the largest proportions of adolescent births.² Young, unmarried women, who are disproportionately likely to have an accidental pregnancy, often resort to desperate, life-threatening measures to terminate pregnancy.¹⁰ Young people are vulnerable to sexual violence and other health threats such as drug and alcohol abuse, and they may take risks exchanging sex for money, gifts or food. They often have minimal awareness of reproductive health issues, lack the resources to seek reproductive health information and services, and encounter negative attitudes from clinic workers or other personnel.

SEXUAL RISK TAKING INFLUENCES YOUNG PEOPLE’S LIVES BEYOND THEIR REPRODUCTIVE HEALTH. .

The decisions youth make also affect their current and future life options. Becoming pregnant or bearing a child at a very young age often means the end of schooling and sometimes means the continuation or exacerbation of a cycle of poverty.¹¹ For those infected with HIV during adolescence, death at an early age is virtually inevitable in most developing countries. Because reproductive health risks have far-reaching consequences for young people’s lives and costs to the societies in which they live, it is critical for governments, private sector organizations, donors, health workers and community members to address youth’s reproductive health needs.

YOUTH-FRIENDLY SERVICES DO NOT EXIST IN MANY PLACES

Family planning programs that have been effective with adult women and men often do not reach—or reach out to—young people. Contraceptive prevalence among youth in areas where women and men have relatively good access to family planning continues to lag behind prevalence in the older cohorts.¹² The concept of “youth-friendly services” is relatively new in the field of family planning and reproductive health, and approaches to serving youth are still under study in many parts of the world. Once the essential components of youth-friendly services are known, it is necessary to implement them on a scale great enough to serve this large segment of the population.

SCALED - UP YARH PROGRAMS CAN POSITIVELY INFLUENCE PUBLIC OPINION ABOUT ADOLESCENT NEEDS.

Bringing programs to scale can also affect the way that YARH is perceived by the general public.

Programs that address young people’s sexual and reproductive health can be sensitive and controversial, and they are often not easily accepted or discussed by community members or policymakers. When programs are expanded in response to existing demand, they may gain legitimacy and permanence, creating a climate that is more

open to recognizing and supporting YARH

programs. In those countries where policymakers have not yet recognized the need to address YARH, the expansion of pilot programs can play a role in demonstrating need.

SCALING UP PROGRAMS CAN BE A MORE EFFICIENT USE OF SCARCE RESOURCES. .

Finally, scaling up effective programs can bring about a more efficient use of government and donor resources. Resources are not keeping pace with the growth of the world's adolescent population; in fact, in many cases, donor resources are actually declining. Therefore, it is imperative that programs scale up to achieve "economies of scale." Economists use this term to refer to the fact that increasing production can actually reduce the costs of production per unit (as output, or units of production, increases, the costs of production per unit of output can decrease). If a YARH program can increase the number of youth served with little or no increase in financial expenditures, the program may achieve economies of scale because the costs per youth served decline even as the number of youth served increases. For example, a sex education program might invest a high level of resources in curriculum design, but beyond this initial investment, the costs of replicating materials and training teachers is relatively low. When the program is scaled up and larger numbers of youth take part, the "value" of the initial start-up investment in the curriculum is spread more efficiently over a larger group. YARH programs can realize economies of scale by using existing research, training programs, supervision systems, resources and infrastructure to provide the base from which to scale up.

Scaling up may also be a more efficient use of donor funds because it eliminates the need to fund repeated start-up costs associated with pilot projects. Some donors, particularly government agencies, may fund successful pilot projects only to find that they are not replicated, and then confront the continuous need to fund start-up costs.ⁱ

This tool aims to improve program leaders' and policymakers' understanding of scaling up and to help them plan for scaling up their own YARH programs. The rest of this tool is organized in the following way:

- Chapter 2 raises several issues that are important to consider when bringing programs to scale.
- Chapter 3 describes several models of scaling up, the advantages and disadvantages of each model, and the ways in which using a combination of models can contribute to a successful scale-up.
- Chapter 4 presents seven key ideas regarding scaling up YARH programs that emerge from the literature in this field.
- Chapter 5 provides four case studies that illustrate that there is usually more than one process or model at work when youth programs are scaled up.
- Chapter 6 overviews lessons learned, linking the seven key ideas with the experiences described in the case studies and with evidence found in the literature and suggests future research needs.
- Chapter 7 consists of worksheets that will help program leaders and policymakers to prepare to scale up their own youth programs.\\

ⁱ According to a review by the International Youth Foundation in 1990, approximately 80 percent of youth funding worldwide went to innovative pilot programs, and only 20 percent was devoted to replicating proven approaches

2 Bringing Effective YARH Programs to Scale

Given the urgent need for YARH programs to increase coverage, program managers and policymakers may decide to scale up even when the costs of doing so will not bring about economies of scale. Scaling up may bring other important gains. For example, reaching beyond urban areas to provide services for youth in rural areas may be expensive, but policymakers may decide that the gains of reaching rural young people outweigh the costs, especially when larger social costs are factored in.ⁱⁱ Documentation and evaluation of efforts to scale up can also contribute to the field's understanding of how to design and implement scaled-up programs. In deciding whether or not to scale up, programs need to consider four important factors, discussed below:

- whether the program has been effective,
- how scaling up will affect the program's impact,
- whether the increased scale will be sustainable, and
- what their objective of scale is.

EFFECTIVENESS

In the field of young adult reproductive health, there is little hard evidence about which program strategies impact young people's behavior, and what elements make programs effective. Since effective models of youth reproductive health have not been well identified, it is crucial that data from program monitoring and evaluation be used to assess whether a program strategy is effective before making the decision to scale up.

Program planners should identify the elements of YARH programs that lead to their effectiveness, and should consider what might be lost in the process of scaling up. For instance, some youth programs have identified the need for intensive group interaction and the minimum of 14 hours of instruction as key elements of success.¹³ While it is ideal that these features be incorporated into the design of a scaled-up program, there may be some elements that are more difficult to sustain when operating youth programs at scale.ⁱⁱⁱ

ⁱⁱ Operations research is a tool that can be used to determine the feasibility and impact of such an expansion.

ⁱⁱⁱ The key elements of young adult reproductive health programs were explored in four papers published by FOCUS on Young Adults in 1997. These papers are available on-line at <www.pathfind.org/focus.htm>.

Although effectiveness is best determined by a formal evaluation assessing impact on key indicators, the International Youth Foundation has developed a set of basic criteria for effective, scaled-up youth programming, including involving parents, family and the community; developing a plan to become self-sustaining; promoting cultural and local relevance; and focusing on prevention. 14,15

IMPACT

Policymakers and program managers should realize that increasing a program's coverage will not necessarily increase its impact. Some large-scale programs cover many people but have low impact. Programs tend to be more successful if they understand and respond to the specific context in which youth make reproductive health decisions. Large-scale programs may experience more difficulty responding to the specific context because they tend to cover youth in a diversity of settings (e.g., rural and urban) and with a variety of backgrounds (e.g., different ethnic or religious groups), as well as young people with a mix of educational and income levels.

Increasing a program's scale does not automatically increase its impact.

Program planners also need to consider the possibility that scaling up may stretch resources too thin and reduce the program's impact, especially if the program requires a high staff-to-youth ratio or other intensive resources. Where the intervention is very intensive and highly adapted to the local context, it may not be possible to scale up without unacceptable sacrifices in quality, and programs may decide to continue operating on a small scale. For example, community-based programs for high-risk youth that provide an intensive set of services may become overwhelmed with larger numbers of clients, resulting in loss of impact. To avoid this negative result, program planners should develop indicators to monitor how the increased scale affects the program's impact.

Many young people have complex needs, conditioned by their gender, age and particular stage of life, as well as the social, cultural and economic context in which they live. Addressing these needs is not easy, and intensive resources may be required to change adolescent behavior. Research shows that multicomponent programs addressing a variety of influences on youth have greater impact than programs that target only one of YARH.¹⁶ For example, programs that provide services while targeting the social norms and other factors that influence young people's decision making are more likely to have an impact than those programs that only provide education or contraceptives, or those that strive to improve parent-child communication.

SUSTAINABILITY

Another issue to consider is whether scaling up will be programmatically and financially sustainable. Programmatic sustainability is the capacity of the program to continue to achieve program objectives and to adapt and respond to change over time. Strategic planning, policies, leadership, operational and administrative systems, and technical durability increase this capacity. Political and economic situations may change, influencing the environment in which the program operates. Other issues may receive attention, displacing the support or funding for YARH. Scaled-up programs need to be able to handle these types of changes.

Characteristics of youth populations may also change, affecting the shape and size of the target group the program is expected to reach. The needs of young people may also change over time. The capacity of programs to evolve and respond to the dynamic needs of youth should also be considered as part of sustainability.

Financial sustainability is also important. Although this is a complex topic that cannot be addressed here fully, programs need to consider how they will sustain the financial costs of scaling up. Family planning programs in many parts of the world have made progress toward financial sustainability by charging for services, contraceptives or both. However, many youth might not be able to pay for services, and those who are still dependents may find it difficult to discuss their reproductive health needs with their parents and ask for money. Youth programs, such as drop-in centers that provide group or individual counseling, may find it hard to collect fees or to generate revenue sufficient to offset costs. Some programs are specifically targeted to poor or at-risk youth for whom any financial cost might be a barrier to receiving services.

Social sensitivities surrounding YARH issues can also make financial sustainability difficult. Because of these sensitivities, donors or governments must often step in and fund YARH programs until they gain broad-based community support. In fact, self-financing is often an unreasonable expectation for a YARH program even in the long-term.

Obtaining diverse sources of funds protects programs from fluctuations in any given funding source. Programs may rely on “official” resources, such as municipal, provincial or national funds, but may also use in-kind contributions such as volunteer staff or donated materials. As programs gain strength—and solid support in the community—they can increasingly look for ways to supplement their revenue base and achieve greater financial sustainability, such as charging for services.

SCALE

It is difficult to define what “at scale” means operationally for youth programs. Some programs may define reaching a large proportion of a small, high-risk youth population as operating at scale, while others may define reaching large numbers of youth with multiple services as operating at scale. An objective of scale should be articulated by programs before they scale up, clearly defining the coverage and scope the program hopes to achieve. Coverage deals with what proportion of the youth target population the scaled-up program will reach. Scope refers to the extent of the activity the scaled-up program will offer to youth.

3 Models of Scaling Up

This section describes four major approaches to scaling up YARH programs:

- planned expansion,
- association,
- grafting, and
- explosion.^{iv}

PLANNED EXPANSION

Planned expansion refers to a steady process of expanding the number of sites and the number of people served by a particular program model once it has been pilot tested. One form of planned expansion is called franchising, which involves replicating a service that can be reproduced intact. Expansion can also be done through a phased approach, referred to as staged replication or phasing. In this model of expansion, an intervention is pilot tested and evaluated before replication.

Well-known examples of franchising are the American Red Cross and the Boy Scouts of America. Each chapter of the Boy Scouts is guided by the principles of the national organization. Local chapters are structured according to the same hierarchy, and activities are modeled on the ideals of the organization. Boy Scouts wear the same uniform nationwide. Thus, the local chapters are replications of the founding organization. Likewise, individual chapters of the American Red Cross follow standard guidelines when starting up a program. They structure the board of directors, conduct fundraising activities, and work at the community level with guidance from the national organization.^v

ASSOCIATION

Association involves expanding program size and coverage through common efforts and alliances across a network of organizations. This form of scaling up is driven by local communities and involves adapting the program to the local context.

Another way to think about association is concept replication. In concept replication, an idea or approach is replicated but adapted to meet local needs (as opposed to franchising, which involves replicating an identical product).¹⁵ Each local site or organization

^{iv} The terms expansion, explosion and association were suggested by Myers in Myers, R. 1992. *The Twelve Who Survive: Strengthening Programmes of Early Childhood Development in the Third World*. London: Routledge.

^v Please note that this example refers to the U.S.-based chapters of the Boy Scouts and the Red Cross. The authors recognize that international chapters of the Scouts and the Red Cross/Red Crescent Society may not fall under the same organizational structure as the two organizations referenced here.

then develops a program building on that particular idea or approach. For example, “street education” is a concept that is widely replicated in programs that reach out to street youth. Individual educators have different approaches to street education, yet this aspect of programming for street youth is a critical element of any program striving to reach them effectively.¹¹

GRAFTING

Grafting means adding a new initiative to an existing program, such as adding a sex education program to academic school programs or making family planning programs directed at adults “youth friendly.” In some cases, the grafted program may be added as an intact, stand-alone component, such as when services for youth are offered at separate times or locations from adult services. In other cases, YARH services may be integrated into the existing program and share some functions and systems but require adjustments such as special staff training or new education materials.

EXPLOSION

Explosion is sudden implementation at a large scale. It usually has roots in high-level politics, and local groups may jump onboard to take advantage of the opportunity offered. Myers cites Colombia’s large national immunization campaign as an example of explosion¹⁷ but offers some concerns about this model of scaling up. When explosion stems from central political motivations, it may be launched without much cultivation of policy support, community support or organizational development. After explosion, many programs need to be adapted to the local context to ensure their survival and effectiveness. Explosion can take the form of mandated replication, in which programs are sponsored by governments and expanded through a top-down process.¹⁵

Table 1 describes some of the advantages and disadvantages of the different models of scaling up. This table may help program planners who are considering scaling up to think about which model will best help them achieve their objectives.

THE IMPETUS FOR SCALING UP OFTEN VARIES

With planned expansion and explosion, the impetus for scaling up comes from above. The central management level plays a pivotal role, as it is there that the desire to control the product (franchising) or disseminate the intervention (explosion) first emerges. For certain types of interventions—especially those that are more technical in nature—a centralized approach may be more appropriate to provide the expertise required.¹⁵

Scaling up by association tends to be much more decentralized, originating from within communities themselves.¹⁵ Acceptance of an idea is often contingent on the ability of local groups to adapt the idea to their particular community and conditions. Decentralized approaches allow for experimentation, the spread of ideas, and local control and initiative. They can encourage participation at the grassroots level and enhance community and youth ownership of the program.¹⁸

PROGRAMS OFTEN SCALE UP USING A COMBINATION OF THESE APPROACHES

During the scaling-up process, a program can take different approaches at different points in time. For example, through association, nongovernmental organizations (NGOs) can break

new ground and provide support for YARH programs. Once the programs have succeeded in building acceptance, public-sector programs can institutionalize initiatives through planned

Table 1: Advantages and Disadvantages of the Models of Scaling Up^{vi}

Model	Advantages	Disadvantages
Planned Expansion: the steady process of expanding the number of sites and youth served by a particular program model once it has been pilot tested	<ul style="list-style-type: none"> • This type of program is very systematic. It plans and tests the approach before scaling up. • Planned expansion is good for scaling up where critical technologies are needed, such as medical services for youth. • It can allow for flexibility and adaptation to local conditions. • If franchised, tight quality control is maintained and the product will be very consistent. 	<ul style="list-style-type: none"> • Some programs need to be flexible in order to respond to youth needs, and are not as effective with tight control over the end product. • Franchising does not always allow for latitude in local adaptation that may be critical to meeting youth's needs.
Association: expanding youth program size and coverage through a network of organizations	<ul style="list-style-type: none"> • Association is very responsive to local community and youth input. • It improves sharing of resources and information. • It increases capacity for advocacy. • It facilitates sharing of ideas and approaches within a network of organizations. 	<ul style="list-style-type: none"> • Given the degree of adaptation at the local level, outcomes and quality may vary greatly from site to site.
Grafting: adding a new youth initiative to an existing program	<ul style="list-style-type: none"> • A new youth initiatives can build on existing program infrastructure with few additional resources. 	<ul style="list-style-type: none"> • Staff members may be unfamiliar with or resistant to the mission of the grafted youth initiative.
Explosion: sudden implementation of a youth program at a large scale	<ul style="list-style-type: none"> • The youth program is quickly taken to a very large scale of operation. 	<ul style="list-style-type: none"> • Programs may have to backtrack to develop sound operating structures. • If driven by central political motivation, communities may resist the youth program and may not want to comply with central dictates.

^{vi} Van Oudenhoven articulated pros and cons of planned expansion, explosion and association in Van Oudenhoven, N., and R. Wazir. 1996. *Replicating Youth Programs: Approaches, Strategies and Conceptual Issues*. Baltimore, Md: International Child Development Initiatives, International Youth Foundation.

expansion with greater success than the individual NGOs could achieve. In other cases, governments can take nascent NGO programs and expand them quickly if the programs support public policy objectives. Sometimes, NGOs can play a role in generating support for these services through publicity; referrals; and information, education, and communication (IEC) campaigns. This happened in Mexico where the Mexican Social Security Institute (IMSS) collaborated with the Mexican Foundation for Family Planning (MEXFAM) to provide services for young people. MEXFAM took the lead on generating demand and publicizing the new services, and IMSS trained providers and used its existing clinics to provide the services.

SCALING UP PILOT PROGRAMS

Many social development programs start out as pilot projects. This is often the case with YARH efforts. In the words of one expert, pilot projects are like a laboratory where new interventions can be tested to determine their value and feasibility to see whether they should be developed into fully institutionalized programs.²⁰ Pilots are typically smaller, simpler, and have more defined time limits than larger programs that depend on formal systems and complex organizational structures. With the exception of explosion, they often play an integral role in the process of scaling up in the context of YARH programming.^{vii}

An organization may begin pilot interventions as new initiatives with enough organizational strength to function, but are not yet institutionalized to the point that they

ASSOCIATION AND PLANNED EXPANSION IN PERU

The early childhood learning program in Peru provides an example of how a program can be scaled up through a combination of association and planned expansion and of how government and NGO efforts can complement each other.¹⁹ In 1968, the Peruvian government began to establish centers for early learning and increased their coverage through expansion. Meanwhile, parents and other volunteers in many communities were simultaneously developing nonformal early learning programs (PRONOEIs), which were scaling up by association. Beginning in 1973, the government decided to establish standards for the home-based PRONOEIs, bringing them into the formal early-learning system. The government offered training and a small stipend to PRONOEI volunteers, and model curricula and field guides from one state became available for adaptation and local use in other areas. The two programs continued to grow side by side through expansion, until national coverage reached nearly 30 percent in 1981.

Although this kind of public-private collaboration has clear benefits and strengths, it can become complicated. While fully institutionalizing the program, this process had many policy ramifications. For example, as economic conditions deteriorated in the 1980s, the PRONOEI volunteers organized to ask the government to provide them with a larger stipend and the same benefits offered to the public-sector teachers. The government's resource constraints did not allow this, and critics seized this opportunity to draw negative publicity to the program. The initiative also ran the risk of losing its grassroots links by associating with a national government program. However, recognizing the strong tradition of community organization in Peru, the government gave the PRONOEIs who were linked to the public sector latitude to adapt the program to their needs, and the grassroots aspects were not lost.

vii According to a review by the International Youth Foundation in 1990, approximately 80 percent of youth funding worldwide went to innovative pilot programs, and only 20 percent was devoted to replicating proven approaches

are integrated into existing programs with full sets of guidelines, procedures and permanent staff. As the pilot interventions become more developed, the organization may then begin to put down roots in the community and become institutionalized there as a program. Gradually the project may be scaled up as the organization looks for additional implementation sites, ways to expand coverage and new target groups. The organization may even consider expanding the mandate of the pilot project. If this process is successful, a pilot project can grow into a strong, well-supported program with extensive coverage and/or numerous sites. Throughout this process, program development is a continuous and key concern.

Scaling up from a pilot through expansion is a deliberate process and will not occur overnight or without planning and ongoing work. Programmatic investments, such as those for research, training and materials development, must be made in order to create the operational framework for expansion. If there is a plan for potential scaling up, the steps and inputs required should be defined and the foundation laid even during the initial pilot phases. In view of scarce resources, planning from the start to test effectiveness with an eye to expanding coverage is an appropriate pilot project design. While these issues may be applicable to any intervention that is scaled up through expansion, it is especially true in the case of pilot projects, where the program may be using a particularly innovative approach.

4. Seven Key Ideas About Scaling Up

The following seven key ideas—critical to consider when scaling up YARH programs—have emerged from the literature. Although several of these ideas are relevant to effective, well-functioning programs of any scale, specific relationships between the key idea, and the process of scaling up are discussed in this section:

- Key Idea 1: Programs should prepare for scaling up by focusing on program development and institutionalization.
- Key Idea 2: Policy shapes program development and may inhibit or encourage efforts to scale up.
- Key Idea 3: Activists and program planners should build on existing institutions and infrastructure when scaling up.
- Key Idea 4: Committed leaders are needed to support, guide and sponsor the scaling-up process.
- Key Idea 5: The process of scaling up should be participatory and allow for flexibility.
- Key Idea 6: Program developers and policy advocates should anticipate obstacles and challenges to scaling up.
- Key Idea 7: Data, research, and monitoring and evaluation systems are crucial to scaling up effective programs.

KEY IDEA 1: PROGRAMS SHOULD PREPARE FOR SCALING UP BY FOCUSING ON PROGRAM DEVELOPMENT AND INSTITUTIONALIZATION.

Programs of any scale need to be concerned about program development and institutionalization. Institutionalization “connotes a process of converting an ad hoc activity into an entity with structures, goals and purposes that characterize an established organization.”²¹ The list in Table 2 suggests a number of program factors that have been core ingredients in family planning and population program development and institutionalization. Some of these factors (e.g., stakeholder involvement in planning) are relevant for YARH programs at any stage of development, whereas others (e.g., network of institutions and partner groups) are particularly important for organizations attempting to scale up.

If scaling up is achieved through either planned expansion or association, each individual organization must be concerned with program development and institutionalization. For example, a program scaled up within a school system must be institutionalized in each of the various schools within that system. Likewise, if a family planning association (FPA) plans to

scale up a program, then each individual service outlet of the FPA will implement the program. Scaling up programs in schools and FPAs requires investments in program development and institutionalization throughout their organizational systems.

Programs scaled up by explosion face an even greater challenge to institutionalization. Because these programs tend to emerge full-blown in a sudden fashion, most have not had the chance to fully develop the program or to build their institutional structures. Because the explosion sometimes precedes widespread acceptance of the idea, the program may have to work to gain support before it can begin to institutionalize.

KEY IDEA 2: POLICY SHAPES PROGRAM DEVELOPMENT AND MAY INHIBIT OR ENCOURAGE EFFORTS TO SCALE UP.

As programs scale up, they are inevitably influenced by policy. Policy is a course of action that is evidenced in laws (including related regulations and enforcement mechanisms), formally documented directives and guidelines, and actual practices and measures. Widespread practices of service providers and educators may also be considered policy even when such practices are not formally authorized, but where they effectively govern service delivery and access.^{viii} Policy factors are rarely neutral; they may spark and support program development, or they may constrain it. Table 3 lists favorable policy factors that can help a program in its efforts to scale up.

The shape of a program at any given point reflects the policy environment in which it has developed. In some cases policy influences may be overt, whereas in other cases they may play a more subtle role. Policy factors affect many aspects of programs, such as the following:

- choice of interventions (*Should the program include reproductive health services? Information? Counseling?*)

Table 2: Core Ingredients for Program Development and Institutionalization

- Stimulus of a vision or a big idea
- Organizational leadership
- Ownership by program staff and local community
- Local adaptation and data
- Stakeholder involvement in planning
- Network of institutions or partner groups
- Involvement of youth in design and implementation
- Effective mobilization of demand of youth for services
- Critical mass of trained cadre
- Ongoing technical assistance (TA) and support
- Guidelines available and used
- Dedicated time and resources
- Incentives that reinforce program goals
- Accountability
- Program supports (e.g., curricula, training, administrative systems, information systems ²²)

^{viii} The line demarcating policy and practice is rarely clearly defined. Practices that are not formally authorized under national policy may be considered to fall within the discretion of implementation decisions. For example, the decision by a clinic not to

provide services during evening hours could have the force of policy, even though it is not a decision that has been dictated by a policymaking body "above" the clinic, such as the Ministry of Health. The distinction between informal practice and formal policy is, therefore, moot if providers believe it to be policy or they are socially and culturally motivated to adhere to it. This is frequently the case with reproductive health care eligibility requirements related to age, marital status and gender.

- location of interventions (Will the program exist in this particular town? Can a similar program be adapted to reach youth?)
- institutional site of interventions (Can the program be based in the schools?)
- financing method (Will the program receive public funds? What strings are attached to public funds?)

As programs increase in scale, policy factors can influence the shape, composition and direction of the program in both supportive and harmful ways. In one country, for example, an NGO-sponsored YARH program may be able to provide health services because it had previously collaborated with the Ministry of Health (MOH) and developed a reputation for quality work. In another country, however, MOH policy may prevent a program from offering reproductive health services to youth. In a situation with an adverse policy climate, programs often choose to work in ways that are not controversial and that will create very little policy friction, such as programs fostering parent-child communication. Programs may also identify ways to work around policy constraints, such as handing out condoms directly to youth because pharmacists are unwilling or are legally prohibited to sell condoms to minors.

Program development factors are crucial from the very beginning of a program, and policy factors become more salient as the program grows and develops. Pilot programs are less affected by the policy climate, as they are often either too small or too new to be noticed or are extended informal—and sometimes formal—waivers to operate. The influence of policy on program development varies at different points in time, depending on the political entity in power, the predisposition of key officials, or social and cultural attitudes toward the issue being addressed.

The relationship between policy and program development does not operate in only one direction, however, as programs can actively work to create a policy environment that is conducive to scaling up. For example, implementing a program through a network of partner groups can result in a wider base of support, which may lead to a push for policy change.

Table 3: Policy Factors that Shape Scaling Up

- Creation of a movement based on a vision or a big idea
- Leadership
- Political support/acceptance
- Favorable macro or sector policies
- Favorable media
- Attention to national and international environment
- Raising awareness
- Expanding groups who are involved or allied
- Academia and professionals
- Data on needs and favorable data from pilot projects
- Policy to adapt initiative to local conditions
- National guidelines and supportive norms
- Resource availability
- Inter-sectoral support
- Commitment to implement

KEY IDEA 3: ACTIVISTS AND PROGRAM PLANNERS SHOULD BUILD ON EXISTING INSTITUTIONS AND INFRASTRUCTURE WHEN SCALING UP.

In the process of scaling up, program leaders often can build on programs that already exist. This is especially true when the grafting or association models guide the scaling-up process. In most countries, a variety of institutions implement programs that could be used to reach youth. To make the most of limited resources, programs should try to take advantage of any available channels that exist. Existing institutions may complement each other if they have different ways of operating or if they reach a different clientele. For example, one program may be based in fixed facilities whereas another supports outreach programs. NGO programs may charge some fee for services, whereas government programs often subsidize these services and charge modest fees or serve the very poor for free.

When grafting YARH initiatives onto adult family planning programs, success depends on selection, training and supervising program staff members.²³ Programs need to select staff members who understand youth and are willing to serve them. New and existing staff members may have to be trained on the importance of serving youth and the necessity for cordial, nonjudgmental, caring services. Ongoing supervision helps to reinforce the need to serve youth well.

KEY IDEA 4: COMMITTED LEADERS ARE NEEDED TO SUPPORT, GUIDE AND SPONSOR THE SCALING-UP PROCESS.

Because bringing a program to scale is difficult, expensive and time consuming, program managers or policymakers must be committed to leading the way. Similar to the process of strategic planning, scaling up requires understanding the program's strengths and opportunities—as well as its weaknesses and external challenges—when developing a strategy. Leaders must also reflect on the environment in which the program operates; obstacles in the political, economic or social context may or may not fall inside the program's control.

The following questions highlight some of the commitments a leader needs to consider before undertaking a scaling-up process:^{ix}

- Have others expressed an interest in replicating the program? Do other organizations want to replicate or adapt the program?
- Has the leader begun to “market” the idea of scale-up, to explain and suggest the idea to others to uncover or stimulate interest in replication or expansion?
- Does the leader have the capacity and resources to manage the scaling-up process?
- Will the leader work to raise funds for scaling up?
- Has the leader considered the positive and negative effects that scaling up will have on the existing organization?
- What level of scale does the leader envision at the end of the process?
- Does the leader have the resolve to ensure adherence to the key components, values and standards of the intervention?
- Is the leader positioned to provide the support, guidance, adaptation and networking that will be required to scale up and adapt to changes in regional and local conditions?

^{ix} This list was drawn from Replication and Program Strategies.

1995. Self-Assessment Tool. Philadelphia, Pennsylvania: Replication and Program Strategies.

Finally, a leader's passionate vision can be essential to a successful scaling-up effort; it can inspire change and gain the commitment and support of staff members, community members, and other key stakeholders.

KEY IDEA 5: THE PROCESS OF SCALING UP SHOULD BE PARTICIPATORY AND ALLOW FOR FLEXIBILITY.

Participation and flexibility are critical to success. Involving stakeholders—including youth and communities—from an early stage contributes to scale-up success.²⁴ Programs are also more likely to succeed in scaling up if staff members are engaged in discussions about scaling up from the beginning. Leaders should include program staff members and other key stakeholders in reflection and discussion on what scaling up will entail, and should consider their knowledge and viewpoints. As soon as a commitment is made to scale up a program, a plan should be developed to ensure that it is a participatory process. Scaling up can make great demands on staff, so their full participation is necessary, as are mechanisms to help them deal with issues related to scale-up as they arise. Programs may decide to scale up incrementally, improving one area of program operations before going on to another, to allow for changes in plans to scale up.

A participatory process is especially important when grafting programs for young people onto programs that traditionally serve adults. Staff members need to “buy in” to the concept of serving youth if the program is to be successful. Program leaders in Jamaica, Mexico and Colombia, for example, have had to learn how to handle nurses and other clinic staff members who “chase away” young people with their negative attitudes toward adolescent sexual activity and judgmental behavior.^{25,26}

KEY IDEA 6: PROGRAM DEVELOPERS AND POLICY ADVOCATES SHOULD ANTICIPATE OBSTACLES AND CHALLENGES TO SCALING UP.

Programs will inevitably encounter both program and policy obstacles when scaling up. Program obstacles include those related to institutionalization, such as inadequate resources, staff turnover, or stakeholder disagreements about program direction. Obstacles may include community or staff members' sensitivities about serving youth.

CREATING INCENTIVES FOR CHANGE

Elmore's article *Getting to Scale with Successful Educational Practices* encourages readers to pay attention to the attitudinal—as well as programmatic or institutional—aspects of the scaling-up process.²⁷ Elmore notes that “simple policy shifts and exhortations” are not sufficient to scale up programs. Despite having the main ingredients in place, such as sound curricula and training programs, many new educational programs fail because they do not involve staff members or create incentives to support the new program.

Elmore suggests introducing a goal or vision for the future that is then linked to implementation. When bringing youth programs to scale, for example, developing a goal that captures the imagination of adult staff members may help them be open to new ways of working with and serving young people. As leaders move toward implementation of a scaled-up youth program, they must also ensure that there are transparent, clearly understood channels for staff to (a) learn about what the youth program hopes to achieve, (b) receive training in how to work with young people

and (c) participate in the process of developing strategies that respond to the dynamic needs of youth.

Individual obstacles sometimes interact with and influence each other. Opponents of an initiative may try to stymie program growth, for example, by blocking clinic supplies in customs or by failing to grant approval for an NGO to open a facility at a new location. Political instability or economic crisis may result in programs not being allocated necessary resources. Program managers and policy advocates should constantly scan the environment for potential problems and take a proactive approach to addressing challenges.

Table 4 synthesizes the program and policy obstacles and challenges to scaling up.

KEY IDEA 7: DATA, RESEARCH, AND MONITORING AND EVALUATION SYSTEMS ARE CRUCIAL TO SCALING UP EFFECTIVE PROGRAMS.

Data—whether about program development, operations or impact—are critical in the process of scaling up, in sustaining programs at scale, and in gaining policy support for YARH initiatives. Key Idea 1 emphasized the importance of program development and institutionalization in the early stages of scaling up, and programs need management information systems with which to monitor these processes. In the decision to scale up, programs may have considered

Table 4: Obstacles and Challenges to Scaling Up

PROGRAM

OBSTACLES AND CHALLENGES POLICY OBSTACLES AND CHALLENGES

- No political will at the implementation level
- No institutional partners
- Inability to adapt to local conditions
- Interests vested in status quo or alternative policies
- Inadequate financial resources
- Administrative turnover
- Bureaucratic disarray
- No data or feedback
- No links to decision making
- Weak incentives and lack of accountability
- No permanent staff
- No effort to mobilize beneficiaries
- Difficult to involve youth
- Censored or self-censoring media
- Sensitivities about serving teens
- Disagreement about program direction
- Macro-political environment is not participatory
- Political instability
- Leadership turnover
- Laws and regulations prohibit actions
- No enabling laws and regulations
- Lack of funding available for youth programs

whether scaling up will achieve economies of scale. Data collected on indicators of service level and program cost can be very useful in helping to monitor the achievement of economies of scale. These indicators also can help programs decide when they should scale up; program managers may decide in advance that hitting a particular benchmark will signal that it is appropriate to move forward.

Process and outcome indicators ^x are needed, even in the earliest stages of operations, for the design of scaled-up programs. These indicators will shed light on the composition of the program to be scaled up (e.g., identifying which component should be revamped, which one dropped, and which one sustained or expanded). Programs that worked well with one small section of a given population may need revisions and modifications to succeed with a large, potentially less homogeneous, group. Programs may need to conduct research to learn more about young people as a whole, as well as about different subsections of the target audience, to replicate the success of the original program.

Furthermore, outcome and impact indicators should have a permanent place in the monitoring systems of effective programs for two reasons. First, as programs go to scale, by definition they serve larger populations and possibly increase their geographic coverage. Programs must be concerned about whether the intervention is having the same kind of outcomes and impact in the target population that it had at a smaller scale. The program should also use process indicators to identify whether the program is being stretched too much by the expansion. Process data about how the program is functioning at various levels of scale provide important feedback to program managers and may suggest the need for program refinements. For example, data may show that service quality is lessened as a result of scaling up; program managers can use process and monitoring data to diagnose the situation to determine the causes. They may find that the new target group has different needs, that expansion areas require a higher level of investment than planned to get going, or that the management systems from the home office require adaptation. From a diagnosis based on monitoring and process data, program managers can take the appropriate steps to improve the intervention, such as making changes in the ongoing program, returning to a previous level of scale, or delaying plans for further growth.

Research and evaluation measures are very important in the policy arena. In the initial launch of scale-up, data about the program can help to gain positive visibility and can attract support and resources critical to scaling up. The need to promote the program does not go away over time; Key Idea 2 addressed the ever-changing nature of the policy climate. Programs depend on sustained support and funding year in and year out to accomplish their missions. Youth programs have to be prepared to compete for attention and resources in the context of either of these phenomena. Evaluation data that demonstrate program impact—and of course, prudent management—can be very helpful in protecting the program's continued existence.

^x An indicator is a measurable statement of program objectives and activities.

5 Experiences of Scaling up YARH Programs

This section provides case studies of four programs that have scaled up in different ways, with varying degrees of success. Each case study offers a brief overview, the program and policy development factors that influenced its efforts to scale up, and its achievements. A summary box at the end of each case study highlights the factors that most affected the scaling-up process.

THE BANGLADESH NEWLYWEDS PROGRAM OVERVIEW

The Bangladesh Newlyweds Program demonstrates the potential for large-scale implementation of a new program over a short time when policy and program environments are supportive. Given the unique demographic circumstances of this country, where rates of adolescent marriage and fertility are very high, Pathfinder International, Bangladesh saw a real need to reach married youth with information on family planning, specifically the importance of delaying first births and spacing subsequent births. With a cadre of family planning field workers nationwide, the program worked with a network of NGOs to implement a new program targeting newlyweds in a relatively short time at the national level, thus following both the explosion and grafting models of scale-up.

PROGRAM DEVELOPMENT

Bangladesh, the ninth most populous nation in the world, has a high rate of marriage among young people. Fifty-six percent of youth age 10–19 are married,²⁸ and adolescent mothers accounted for 21.6 percent of total births. National data show that contraceptive prevalence rates (CPR) are lowest among couples under the age of 20, most of whom were presumed to be newly married. Social and cultural norms, as well as norms of the family planning service delivery system, were identified as barriers to young women's practice of family planning.

The pressing demographic situation and apparently unmet YARH needs motivated Pathfinder International, Bangladesh to look for ways to quickly and effectively reach young married couples with family planning information and services. In 1992, it designed a strategy to reach newlyweds that was implemented in 40 sites by 29 NGOs.²⁹ The program consists of three elements. First, family planning field workers identify and register newlywed couples, and provide the bride and her in-laws with information on

the benefits of delaying the first birth. Second, the field worker returns to provide the couple with family planning services and counseling, as well as referrals for maternal and child health services. Third, the NGO hosts an orientation session, usually in a private home, to educate newlyweds about the importance of smaller families, delay of first birth and birth spacing. Having the orientation sessions at private homes has helped the program gain community support and has promoted the norm of a two-child family because more community members are exposed to this idea.

By 1993, preliminary data showed that the program was having a positive effect. From January to December 1992, the program reached 15,347 newlywed couples, and 30 percent of these couples elected to use contraceptives.²⁹ Pathfinder then used the 1993 government-sponsored annual national reception, hosted on National Population Day, to raise awareness about the need to reach newlywed couples with family planning services. The reception was held for 64 newlywed couples and attended by high-level government officials. It served as an advocacy tool, bringing the need to reach newlywed couples to the attention of the government and family planning service providers.³⁰

The reception stimulated the adoption of the National Plan for Action (described below), after which Pathfinder almost doubled the size of its own program to 72 sites, and other organizations replicated the newlywed intervention.^{xi} In total, 128 NGOs working in 337 project sites implemented newlywed programs based on the model.³¹ The newlyweds program thus fits the explosion model of scaling up most closely, having achieved national-level support and wide coverage shortly after its initial start-up. Interestingly, part of the reason the program was able to “explode” was because it grafted services for youth onto programs already providing services for older married couples and was franchised by other NGOs. Unfortunately, not enough is known about the behavior changes attributable to the program to determine whether the intervention results in a lasting impact. It is difficult to maintain the quality of services provided by the intervention when the number of sites is so high. For example, to reach the desired number of newlyweds, the community education sessions are not long enough to allow young women to ask questions and clear up misconceptions they may have about contraception. This example illustrates the challenge of balancing the need for an intensive, effective intervention with the need to reach larger numbers of young people.

POLICY DEVELOPMENT

In 1993, Pathfinder’s country representative in Bangladesh was named as the Member Secretary of the Working Group on Critical Underserved Groups, part of the government-sponsored National Steering Committee for Future Challenges in the Family Planning-Maternal Child Health Programme. During the Steering Committee’s annual meeting, data were presented to argue for the need for increased services to newlyweds. As a result, these services were prioritized in the National Plan for Action by the Ministry of Health and Family Welfare.³² Subsequently, a number of national-, regional- and district-level workshops were held to disseminate the

^{xi} The other Cooperating Agencies included the Asia Foundation, Family Planning Association of Bangladesh, and the Family Planning Service and Training Center (FPSTC).

National Plan of Action and to present the data on the unmet needs of newly married couples. The government has been involved throughout the life of this program, resulting in political support for the program. In 1997, the Government of Bangladesh incorporated a focus on newlyweds into its national family planning strategy, considerably expanding program coverage. The newlyweds program is also considered an integral part of the national strategy to reach the goal of a two-child family by 2005. Receptions continue to be held at the local level to support ongoing visibility of and support for the program.³⁰

CONCLUSION

MIS data from agencies participating in the newlywed program indicate that contraceptive use increased from 30 percent in 1992 to 42 percent in 1997 for all registered newlywed couples.⁷ The program has also encouraged male participation in contraceptive decision making, as evidenced by the 37 percent rate of condom use among newlyweds age 15–19 in project areas, compared to the average rate of 15.7 percent among all married adolescents.³³ The Bangladesh Newlyweds Program has enjoyed great success over a short time because the donor organization was able to work with a network of committed NGOs and to make use of existing resources. This situation helped to foster support at all levels, from communities to Ministry-level officials. However, there are challenges to its continued success. One such challenge is the shift from using family planning field workers to relying on static clinics, which will make it harder to reach young married women in their homes. However, the program has gained recognition at the national level for its effect on married young peoples' contraceptive use, and its reputation for producing fast results has already resulted in its institutionalization within the family planning services delivery system.

HIGHLIGHTS IN SCALING CALING UP: THE BANGLADESH NEWLYWEDS PROGRAM ROGRAM

- Explosion of the newlywed strategy was possible because the program was grafted onto already-existing family planning services.
- An alliance of existing family planning NGOs provided infrastructure for rapid implementation.
- Data about the program convinced other donors and the government to further scale up the program through association.
- Program leaders passionately guided the program and fostered excellent relationships with the government.
- Program efforts encouraged the development of favorable policy; married adolescents are now considered an important target population of the national family planning strategy.
- Local resources, such as the use of community leaders' homes for orientation meetings, were mobilized to support scaled-up efforts.

ECUADOR'S FERTILITY AWARENESS CURRICULUM OVERVIEW

The effort of the Centro Médico de Orientación y Planificación Familiar (CEMOPLAF) to establish an effective fertility awareness curriculum in schools throughout Ecuador provides a good example of scaling up from a successful pilot project by planned expansion. In this case, the implementing organization responded to a specific need expressed by the community to provide high-quality sex education to students. CEMOPLAF accomplished this objective by designing and testing a fertility awareness curriculum and training teachers to use it in classrooms. It carefully monitored the pilot project to pinpoint trouble spots and to make changes along the way and created an initial cadre of teachers to train new teachers in the curriculum.

PROGRAM DEVELOPMENT

In 1995, CEMOPLAF, in collaboration with the Georgetown University Institute for Reproductive Health, initiated a pilot sexuality education program for youth in secondary schools in four provinces of Ecuador. The program trains teachers to use a fertility awareness curriculum and, since the initial pilot, CEMOPLAF has worked with the Ministry of Education and Culture (MEC) to expand coverage of the program. The MEC officially endorses the curriculum throughout the public school system, and the training can be used to fulfill continuing education for teachers throughout Ecuador. CEMOPLAF independently provides the training to private schools around the country and works with the MEC to implement the program in public schools. The program most closely fits the planned expansion model in its move from pilot project to large-scale program.

The impetus for this program was the documented high demand for training and the curriculum by teachers, parents and students. Schools constantly asked CEMOPLAF staff members to provide information to youth on reproductive biology and physiology, changes during puberty, and other related topics. As a result, CEMOPLAF assessed youth's needs in the communities that showed interest. The results of this assessment guided the curriculum development process. The curriculum provides information about the reproductive system and covers topics such as self-understanding, self-assessment skills and communication skills. The curriculum is organized into six modules, including communication, self-esteem, values, fertility and family planning, sexuality, and sexually transmitted diseases. It was developed with the input of students, teachers and parents. An initial study of knowledge, attitudes, and practices provided the baseline for the development team.³⁴

After monitoring and evaluating the pilot project, CEMOPLAF improved the organization and content of the curriculum. For example, CEMOPLAF observers and teachers worked together to identify problems with the curriculum and to document suggestions for change. CEMOPLAF observers used checklists and periodic meetings with teachers to accomplish this task. CEMOPLAF surveyed students, teachers and observers on the content, length, techniques and themes of the six modules to solicit feedback on the quality of the materials and to pinpoint trouble spots. Feedback from all stakeholders—the students, teachers and parents—was used to make

necessary changes. Pretests and posttests at the end of the initial intervention and six months later were used to evaluate the effect of the curriculum on young people's knowledge, attitudes, skills and practices related to sexuality and fertility awareness.³⁴

CEMOPLAF is building on the success of scaling up the sexuality education program with a pilot project to support youth-friendly reproductive health services in its family planning clinics. It is using an adaptation of the fertility awareness model, known as the Reproductive Health Awareness model, to improve its staff's understanding of issues specific to youth. Additionally, five clinics have been remodeled to better meet the needs of its adolescent clients, and IEC materials have been developed to support the effort. At this time, CEMOPLAF is using operations research techniques to test the quality of care provided by the intervention sites and the satisfaction levels of the adolescent clients. Eventually, it hopes to expand to 16 additional clinics throughout Ecuador.

POLICY DEVELOPMENT

The program benefited from the long-standing good relationship between CEMOPLAF and the MEC, as well as CEMOPLAF's good reputation for providing family planning services throughout the country. CEMOPLAF collaborated closely with local schools during the pilot implementation to build relationships with local partners and to win their trust. After the fertility awareness curriculum was established as an effective, appropriate intervention, the MEC officially endorsed it, providing a strong boost for the expansion. Eventually, the collaboration led to CEMOPLAF working together with the MEC to draft congressional legislation for sexuality education in public schools. Thus, this case study is an example of the way programs can generate new support for YARH policies where previous mandates did not exist.

CONCLUSION

CEMOPLAF's experience with the fertility awareness curriculum shows the real need for engaging stakeholders in the process of program development. The investment in a knowledge, attitudes and practices study that included parents and teachers helped to ensure success with the curriculum. CEMOPLAF's flexibility in modifying the curriculum used in the pilot project as it learned about what the target population liked

HIGHLIGHTS IN SCALING UP: CEMOPLAF AND THE FERTILITY AWARENESS CURRICULUM

- CEMOPLAF is an example of a pilot program scaled up through planned expansion.
- The implementing organization documented a demand for sex education from students, parents, and teachers.
- CEMOPLAF's long-standing reputation for high-quality reproductive health services throughout Ecuador and its excellent relationship with the MEC made for a smoother implementation.
- CEMOPLAF used effective monitoring and evaluation protocols to refine program design and to ensure program impact.
- Collaboration with the MEC helped generate support for the program at the national level; legislation concerning sex education in public schools was then drafted by both groups.
- The fertility awareness curriculum helped change the policy environment for YARH, and this led to CEMOPLAF's implementation of YARH services.

and disliked was also a key to the success of the program. This program also demonstrates how successes in one area of YARH, in this case sexuality education, can open the door to other areas, such as service delivery to young adults.

BOTSWANA: “STAY HEALTHY WITH TSA BANANA” OVERVIEW

The Tsa Banana social marketing project is an excellent example of the planned expansion and staged replication models of scaling up YARH programs. The initial program design included a sizable investment in research and evaluation to ensure the effectiveness of the intervention, and planners chose a low-cost intervention that could be easily expanded to the national level. The Tsa Banana experience also demonstrates how to take a potentially controversial intervention to scale by winning the trust of communities and involving youth in all aspects of the program. The program reached national scale in Botswana and laid the groundwork for similar interventions in Zambia, Namibia, and Malawi. This case study describes the elements of success that made scaling up possible, at both the national and regional levels.

PROGRAM DEVELOPMENT

Tsa Banana is a project of Population Services International (PSI) that began in Botswana in early 1995 and continued through March 1996. The initial project was implemented in the town of Lobatse. The program has expanded throughout Botswana and was successfully scaled up in Zambia, Namibia, and Malawi through association. Tsa Banana—which means “for adolescence” in Setswana—combines peer education with condom promotion in an effort to improve adolescent health. Tsa Banana’s message is “stay healthy with condoms and reproductive health services and advice from Tsa Banana outlets.”³⁵ In the original site of Lobatse, Tsa Banana identified and promoted youth-friendly environments (such as clinics, shops and game rooms) to serve as sources of advice for young adults on relationships, teen pregnancy, STIs, and HIV/AIDS. It also included peer education and promotion (PEP) sessions in which program staff held gatherings for youth with the purpose of presenting information on YARH through activities such as skits, dance and music.

Before the project began, research and data provided the necessary background information to plan an effective intervention. In fact, research absorbed a large part of the PSI budget for this activity, and the training, materials, and other costs were relatively small. This is one aspect of Tsa Banana that eased replication in other sites. Resources were allocated carefully to ensure that program costs would not hinder national-level expansion and replication in other countries.

PSI researchers conducted baseline and follow-up surveys to document the effects of the program and used the results of the initial survey to guide the design and implementation of the program. For example, the first survey revealed that many youth are not comfortable visiting a clinic for advice and information on sexual health. Tsa Banana was able to identify 28 alternative sites to serve as “youth outlets” based on the data from PSI’s research. PSI also developed and pretested a marketing strategy to promote a condom that was already on the market (Lovers Plus), but with the Tsa Banana name on the label.³⁶

Another crucial component of the project's expansion was its well-trained, young staff members and their participation in program planning. Training sessions were held for representatives at each of the outlets, and project staff members provided ongoing support to ensure that the outlets were adequately staffed and had information and resources available for youth. The peer educators were trained to conduct a PEP session, but given the freedom to be creative and innovative in their presentations. The managers took the feedback from the field as promoters took the sessions to the community and then used lessons learned to plan future activities. As a result, young people felt that their input was valued and that their activities were part of a much larger effort of the Tsa Banana project.

Because the promoters were so motivated, the senior management did not need to constantly monitor their day-to-day activities. As long as the young people were motivated, managers knew the promoters would do their best work. This high level of trust has been present not only in Botswana but also in Zambia and Malawi. Project manager John Harris notes that the importance of youth involvement is one of the most important lessons to be learned from the Tsa Banana project. He strongly believes that "only programs that take seriously, in a meaningful way, input from youth" will succeed.³⁵ Programs that do not involve youth in such a fashion are not successfully implemented and are not good candidates for scaling up.

Initially, the PEP sessions were not well received in schools, and Tsa Banana was not allowed to use school buildings to conduct them. Instead, the gatherings took place in community centers. Tsa Banana's local staff informed headmasters of the gatherings, asking them to encourage students to attend. After the sessions, students gave their headmasters information about the nature of the program, relaying the positive messages promoted by the PEP sessions. By emphasizing the positive reproductive health information that was imparted by peer educators, the students allayed the fears of headmasters, who were concerned that the intervention would encourage sexual activity. Tsa Banana gained the trust of the headmasters on the local level, and they allowed promoters to come into the schools to conduct PEP sessions. The project was replicated in a similar fashion in the other countries. Tsa Banana started at the local level, local peer education promoters gained the trust of the headmasters, and the program moved into schools and expanded from there.

The success of Tsa Banana illustrates how pilot program designers can plan for a high level of program coverage from the outset. With the goal of scaling up in mind, they invested resources in researching the most-effective, least-expensive intervention that would be easy to expand on a national level once the pilot project was completed.

POLICY DEVELOPMENT

PSI's reputation and credibility with the Botswana MOH made for a smooth implementation of the intervention at the youth-friendly resource centers and clinics. Within the MOH, there was a high level of support for this component of the project, and a network of officials, community health workers and clinicians supported the effort at the local level. This preexisting relationship provided a unique opportunity for PSI to implement Tsa Banana in clinics. Involving and identifying outlets was easy in Botswana because PSI already had a long-standing relationship with the MOH, having worked together before on other health projects.

The program's scaling up in neighboring Namibia, Zambia and Malawi is an example of the association model. Local PSI offices in these countries adapted the program to suit their needs and, in effect, followed the model of association to scale up individually through outreach and school-based programs. Developing clinic-based programs was not feasible.

CONCLUSION

One strategy of going to scale is to take local successes to the central level and gain political support by doing good work rather than by taking an abstract idea or plan to the central level first. This strategy is especially true for programs that deal with sensitive subjects such as adolescent reproductive health. The experience of Tsa Banana also shows that youth involvement is critical to success and that program planners must make clear to young people that their input is valued as a program scales up. Involving youth means more than paying lip service to including them in the process. Tsa Banana clearly made efforts throughout the program development and the scaling-up processes to ensure that youth were given opportunities to participate and provide feedback to the staff.

HIGHLIGHTS IN SCALING UP: TSA BANANA

- Tsa Banana was first scaled up through planned expansion, and then staged replication.
- PSI used baseline data and research to ensure program impact and cost-effectiveness of the intervention.
- Youth were involved in all aspects of program design and implementation, and their feedback was taken seriously.
- Tsa Banana staff members won the trust of community officials with their hard work and their reputation for excellence.
- Using a low-cost intervention made expansion easier because the program was not costly in its implementation.

COLOMBIA'S NATIONAL SEX EDUCATION PROGRAM FOR YOUTH

OVERVIEW

Colombia is perhaps the best example of a country where YARH issues have gained increasing support on the political agenda for years, yet efforts to implement a national sex education program have not been fully successful. Whereas the other three case studies focused on individual programs and the particular processes by which they scaled up, the Colombian case profiles the evolution of the policy environment and how one program fared within it. It has not been an easy process. Although the policy climate gradually became more supportive, and the National Sex Education Program (known by its Spanish acronym as PNES) became an explicit priority, the case study shows that the effort to implement the program had mixed results because of funding limitations. Despite advocacy efforts and official policy structures to support it, resource constraints on PNES are limiting its reach. This case study illustrates the tension between policy mandates, political commitment and program realities for implementing YARH initiatives such as sexuality education at the national level.

POLICY DEVELOPMENT

Since 1965, Colombia has successfully maintained a national family planning program, mostly implemented by NGOs, that serves as a model for other Latin American countries and other countries worldwide. Despite opposition from some conservative elements of Colombian society, such as the Catholic Church and extreme left, and the phase-out of donor assistance, the national family planning program continues to provide high-quality services to individuals from a variety of socioeconomic backgrounds. Colombia has also enacted laws and regulations on women's rights, domestic violence, and sexual harassment, which have both directly and indirectly affected adolescent sexual and reproductive health. These policy changes have resulted in increased awareness of issues related to adolescent sexuality and an overall supportive policy environment for initiatives on the subject.

This policy environment, together with three policy actions directed at youth, has contributed to a seemingly favorable situation for the development of PNES. First, in 1991, Colombia's new Constitution included a specific provision for the rights of young people. The new provision noted that young people were a special group whose needs were not being addressed. This formal sanction encouraged "the active participation of youth in the public and private entities in charge of youth protection, education and progress."²⁵ Second, in 1991, a primary school teacher was fired for teaching public school students about reproduction. The teacher sued the Ministry of Education (MOE). Although she was not reinstated, the Constitutional Court decided to mandate a national sex education program. This landmark action provided a much-needed boost to the sex education movement and a stimulus for the PNES. The third official action supporting the PNES is Law 115, which is part of the MOE's 1993 General Law of Education. This law ensures that sex education is included as part of the general curricula taught in the public school system. Additionally, the MOE emphasizes the importance of sex education in public schools by issuing ministerial directives on the topic at the national, state and municipal levels.³⁷

In addition to these specific aspects of the local policy environment, the PNES has also benefited from the presence of Latin American and Caribbean Committee for Sex Education (CRESALC), a regional interest group with headquarters in the capital city of Bogotá. CRESALC provides leadership throughout Latin America for sexuality education initiatives and was a pioneer in introducing YARH issues in Colombia. CRESALC has been critical to the development of IEC activities and materials and in supporting YARH health services in Colombia. The organization has also trained a cadre of professionals to conduct IEC activities for adolescent sexuality on a national level and collaborated with other NGOs to develop methodologies and materials for IEC programs. Additionally, CRESALC has networked with NGOs who have related interests, such as women's rights and HIV/AIDS/STI prevention.²⁵

PROGRAM DEVELOPMENT

In 1993, the Vice Ministry of Youth launched the PNES with the support of an extensive professional media campaign, which increased public awareness about the need for sex education for youth. The program designers developed and pre-tested a curriculum to be used in public schools throughout Colombia, complete with materials and a training module for teachers. However, despite a clear mandate, a seemingly positive environment for YARH issues, and a well-publicized launch, only 2,500 of the 240,000 eligible teachers received training in the sex education curricula. Whether the resources exist to make this program a reality is unclear. It may continue to exist as an “unfunded mandate,” a program with a high level of visibility but without the commitment of resources necessary to achieve national coverage.

CONCLUSION

The National Sex Education Program in Colombia is an example of the real need for advocacy to implement a national program. The curriculum has been developed and tested, and there are specific laws mandating the program, yet funding is not in place to make national coverage a reality. Political commitment is not strong enough at this point to ensure that the PNES will be able to expand coverage in the future.

HIGHLIGHTS IN SCALING UP: THE COLOMBIAN NATIONAL SEX EDUCATION PROGRAM

- This program illustrates the tension among policy mandates, political commitment, and program realities for implementing scaled-up YARH initiatives at the national level.
- Three official policy actions mandated the program.
- Colombia has a favorable media environment for addressing YARH issues and creating awareness.
- A coalition of organizations with common YARH objectives have come together to promote the issue.
- A cadre of trained professionals is needed to support the program; training has commenced.
- Despite these positive conditions, the program has not received adequate funding

6 Lessons Learned

The case studies, in tandem with the literature review, suggest a number of lessons. This section summarizes the lessons learned, and is organized in the same sequence as the Key Ideas presented earlier.

KEY IDEA: PROGRAMS SHOULD PREPARE FOR SCALING UP BY FOCUSING ON PROGRAM DEVELOPMENT AND INSTITUTIONALIZATION.

LESSON 1: PROGRAMS WITH STRONG TIES AT THE LOCAL LEVEL ARE BETTER ABLE TO SURVIVE CHANGE.

The policy environment in a country is constantly changing in terms of priorities and interests and, consequently, so is the process by which YARH programs are addressed. Strong programs that have a wide base of local support are better positioned to respond to and survive these changes. The Bangladesh Newlyweds Program, implemented by a network of grassroots NGOs, has built on community support and has been able to implement the program even in more conservative areas of the country.

LESSON 2: PROGRAM SUPPORTS SUCH AS TRAINING CURRICULA, STANDARDS OF CARE, AND A CADRE OF TRAINED AND COMMITTED SERVICE PROVIDERS ARE ESSENTIAL TO INSTITUTIONALIZATION.

Program supports have been termed the “tangible products of reform—plans, processes, curricula and materials.”²⁷ These supports are often the mechanisms through which scaling up occurs, and they are essential for the transfer of methods and technology and for the successful functioning of a newly scaled-up program. In Ecuador, CEMOPLAF’s training curriculum and instructional support materials were critical to the process of going to scale. Training program representatives at each service outlet played a crucial role in scaling up the Tsa Banana program, as did the ongoing support to service outlets and peer educators that was provided by project staff members.

KEY IDEA 2: POLICY SHAPES PROGRAM DEVELOPMENT AND MAY INHIBIT OR ENCOURAGE EFFORTS TO SCALE UP.

LESSON 3: POLICY STRUCTURES CAN SUPPORT YARH EFFORTS.

Even in the absence of a fully supportive political environment, governments can establish policy structures that will help to push the issue forward. These structures are often formally established within government agencies. Often policy structures take the form of mandates calling for leadership, awareness-raising, policy support and program coordination to address young people’s needs. To stimulate policy and implement programs,

the MOE in Mexico created Causa Joven, an interdisciplinary group of professionals dedicated to addressing the issue of providing health services for youth. Causa Joven, which means “youth cause,” has greatly contributed to creating a common understanding of YARH issues by publishing a state-of-the-art study of youth programs that includes a chapter on adolescent sexuality.

LESSON 4. MOMENTUM FOR SCALING UP CAN BE DEVELOPED EVEN WITHOUT A SUPPORTIVE POLITICAL ENVIRONMENT, ESPECIALLY WHEN YARH ISSUES CAN GAIN VISIBILITY THROUGH ALLIED GROUPS.

Sometimes the critical support needed to scale up a program is embodied in the law, while at other times support may be gained by raising awareness or joining forces with other advocacy groups, such as advocacy groups for women’s rights, domestic violence, or HIV/AIDS prevention. In Mexico and Colombia, AIDS advocacy and media campaigns helped to raise awareness that HIV/AIDS affects young people, too. Networking has also played an important role in these two countries. The 1989 International Conference on Adolescent Fertility in Latin America and the Caribbean, held in Oaxaca, Mexico, provided a forum for raising awareness and exchanging data, and NGOs in Colombia have networked to contribute to IEC efforts and to collaborate with other groups concerning the issues of HIV/AIDS and women’s rights.²⁵

Through the years, the political environment for YARH programs in Mexico has also been negatively influenced by conservative elements, including the Catholic Church.²⁵ However, through the sustained programmatic efforts of NGOs, the media, public health officials, and IMSS, as well as policy structures such as the MOE’s Causa Joven, adolescent needs have gained visibility, creating the support needed for adolescent programs.

LESSON 5: CERTAIN PROGRAMS MUST ENGAGE THE POLICY LEVEL MORE THAN OTHERS.

Depending on the type of program, and on its particular setting and approach, certain programs may be more affected by the policy environment than others. For example, programs providing health services must comply with a fairly well-established framework of laws and regulations covering medicine and service delivery. Depending on the kind of intervention and the provisions of the legal and regulatory framework, it may be difficult for programs to include health services for youth in their constellation of services. School-based programs are highly engaged at the policy level, because school administrators need to be sensitive to the policy climate, and because the school system itself must make the decision whether or not to implement a particular program. Also, school-based programs may have to comply with curriculum standards and norms.

In contrast, some grassroots programs may make an active decision to engage the policy level as little as possible to retain a higher degree of flexibility and local autonomy. Boyce includes a discussion of the scale-up of rehabilitation agencies in the developing world achieved through building grassroots movements. In this example, typified by the Association of People with Disability in Bangalore, India, there is an unwavering commitment to empowerment in the community and all collaboration is evaluated by that standard.³⁸

LESSON 6: PILOT PROJECTS CAN STIMULATE TE POLICY DEVELOPMENT.

One strategy of going to scale is to gain political support by doing good work through a pilot project and then taking local successes to the central level, rather than attempting to begin directly at the central level with an abstract plan or idea. The final design of the Tsa Banana project, for example, included a school-based component that was initially not implemented because of resistance from the school administration. Therefore, Tsa Banana began by offering the program at the grassroots level and was soon able to show school officials that the program was not controversial. After seeing the program function effectively, the school officials made a policy decision to invite the program into schools. Although policy issues and advocacy were not part of Tsa Banana's original mandate, the good work of the program contributed to a more favorable policy environment.

LESSON 7. EVEN GOVERNMENT PROGRAMS MAY BE VULNERABLE IN A NEGATIVE POLICY ENVIRONMENT.

Government programs are not immune to legal and regulatory influences, as has been seen when provincial or state programs conflict with national policies. In Mexico, the state of Aguascalientes decided to implement universal YARH training for health workers. The state encountered obstacles, however, because of the MOH's national policy of developing dedicated YARH clinics rather than integrating YARH services into general facilities.²⁵ National-level initiatives can also come up against a hostile policy climate, especially after a transition in national politics. This situation happened in Mexico in 1976 when Consejo Nacional de Población (CONAPO) began a national sex education program that could not be sustained after a change in government leadership. More recently, however, IMIFAP (Instituto Mexicano de investigación de Familia y Población, A.C.) designed a curriculum that was adopted by the Secretary of Education and that is currently used in the fifth through the eighth grades. Both government officials and experts from other sectors participated in the scaled up design of this curriculum, which includes a training module for teachers. In fact, a principal reason for establishing formal policies concerning adolescent reproductive health is to ensure continuing protection for program activities, even when unsupportive leadership takes power.

KEY IDEA 3. ACTIVISTS AND PROGRAM PLANNERS SHOULD BUILD ON EXISTING INSTITUTIONS AND INFRASTRUCTURE WHEN SCALING UP.

LESSON 8: NGOS ARE OFTEN THE FIRST TO INITIATE ADOLESCENT RH PROGRAMS.

Governments, by definition, operate in political environments to which they are accountable—and which might not always be supportive or accepting of YARH programs. NGOs, conversely, often have more latitude to work with sensitive issues and more commitment to opening these areas up for greater action. The case studies and existing literature offer a number of examples in which NGOs have taken the lead in implementing YARH programs. In Bangladesh, Pathfinder supported NGOs to develop and field test the strategy to reach newlywed youth. This program was later adopted by the government when it was shown to increase contraceptive use among this group. In Ecuador, CEMOPLAF developed, piloted and tested the Fertility Awareness Program. Once it was proven to be feasible and effective, the program was handed over to the schools to be implemented in a more widespread and systematic manner.

LESSON 9: NGO AND GOVERNMENT INITIATIVES CAN COMPLEMENT AND MUTUALLY REINFORCE EACH OTHER.

As mentioned earlier, NGOs and governments have different strengths and focal points that often serve to complement each other. An excellent example is the collaboration between the Mexican Foundation for Family Planning (MEXFAM) and the Mexican Social Security Institute (IMSS). MEXFAM's talents are performing outreach and recruiting young people, whereas IMSS has an existing system of health services and is, therefore, able to offer clinical services to youth. Governments and NGOs can also collaborate in innovative ways, such as in Colombia where the District of Bogotá has subcontracted with NGOs to provide clinical services to youth and to share their experience with government.

LESSON 10: PROGRAMS CAN TAKE ADVANTAGE OF EXISTING INFRASTRUCTURE TO SCALE UP THROUGH GRAFTING.

The advantage of offering YARH services through schools and clinics is that these programs are established and already have cadres of staff members with technical training, administrative systems and other necessary components of reproductive health programs. In Mali, the Hamdallaye Maternity Hospital used existing facilities and staff members to encourage young people to seek reproductive health services, but trained staff members to respond to the specific needs of youth, particularly in providing contraceptives.²³ To scale up an adolescent program through grafting, the adolescent component must integrate its particular approach, technology and mode of operating into these already-existing programs. Of course, it is possible that the grafting process may bring its own difficulties if the existing program resists change or if the new and old approaches are incompatible. Specifically, programs that originally served adult clients may have more difficulties adding YARH components than programs that were already working with young people. This difficulty is true in the case of Jamaica, where until recently, the health system served mainly children and adults. The attempts to integrate adolescent reproductive health services have had mixed results, and negative attitudes on the part of service providers are a major part of the problem.²⁶

KEY IDEA 4: COMMITTED LEADERS ARE NEEDED TO SUPPORT, GUIDE AND SPONSOR THE SCALING-UP PROCESS.

LESSON 11: A SUCCESSFUL SCALE-UP EFFORT REQUIRES A MAJOR COMMITMENT OF TIME AND ENERGY ON THE PART OF ITS LEADER (S).

The Tsa Banana case is illustrative of this lesson. PSI and its local collaborators committed themselves to a high investment of time and resources during project start up to ensure that the intervention would be effective and popular with youth. After initiating the program, PSI had only one year to expand the program nationally. Without the commitment of the senior manager and his staff, the program would not have had the momentum to succeed. These same leaders were also instrumental in introducing the Tsa Banana program to neighboring Malawi, Namibia, and Zambia.

KEY IDEA 5: THE PROCESS OF SCALING UP SHOULD BE PARTICIPATORY AND ALLOW FOR FLEXIBILITY.

LESSON 12: INPUT FROM YOUTH IS CRITICAL TO THE SUCCESS OF SCALED -UP YARH PROGRAMS.

Program developers must understand the perspectives and needs of young adults to

develop effective programs. FOCUS and the International Youth Foundation cite the involvement of youth as one of the criteria for a successful program for young adults. In the case of Tsa Banana, the senior manager has gone on record as saying that “only programs that take seriously—in a meaningful way—inputs from youth” will succeed. After initial youth surveys determined that many young people were not comfortable visiting clinics—at least initially—for advice and information about sexual health, PSI identified alternative sites to provide YARH services. The project then went on to set up youth-friendly services throughout Botswana.

KEY IDEA 6: PROGRAM DEVELOPERS AND POLICY ADVOCATES SHOULD ANTICIPATE OBSTACLES AND CHALLENGES TO SCALING UP.

LESSON 13: THE ENVIRONMENT IN WHICH A PROGRAM DEVELOPS MAY INFLUENCE ITS SHAPE.

The decision to include certain program components for youth may depend on the environment in which a program develops. In the Tsa Banana project, for example, PSI had a unique opportunity in Botswana to include health services in the program because it had a long-standing relationship with the MOH, which provided the infrastructure and support for service delivery. However, it was not possible for PSI to include this feature of Tsa Banana when it was replicated in Zambia, Malawi and Namibia. In replicated sites, Tsa Banana developed through grassroots and school-based programs.

THE ADVANTAGES OF INVOLVING YOUTH

As summarized in the FOCUS on Young Adults publication, *Involving Young People in Reproductive Health Programs*,³⁹ youth involvement confers the following advantages:

- increased sense of project ownership and relevance,
- assistance with the recruitment of youth to participate in projects and to identify messages and communication channels,
- providing new and vital ideas,
- improved project outcomes,
- increased self-esteem of youth, and
- leadership potential among involved youth.

LESSON 14: THE AVAILABILITY OF RESOURCES SCALING UP.

Some youth programs may not be able to achieve a high level of impact because of resource limitations. In Colombia, for example, Law 115, which mandates sex education in the public school system, affects 55,000 schools, but so far only 2,500 of the 240,000 eligible teachers have received training in sex education.³⁷ Resource constraints may influence which intervention is selected for scale-up in the design stage. In the scaling up of Tsa Banana, a conscious effort was made to select an inexpensive approach that could be expanded even in areas where resources were scarce.

To avoid funding problems, programs can look both to external sources—such as donors and tax revenues—and to mobilizing funds in the community. Programs with strong community relationships are often more successful in mobilizing community-based resources that give some measure of independence from official funding sources. Local resources could be in the form of local philanthropic donations, corporate grants or in-kind resources such as volunteer time or materials needed for the program to operate. Involving the community in this way also

ensures more ownership by local stakeholders. This support may mean as much to the program over time as the financial resources contributed to the operating budget.

KEY IDEA 7: DATA, RESEARCH, AND MONITORING AND EVALUATION SYSTEMS ARE CRUCIAL TO SCALING UP EFFECTIVE PROGRAMS.

LESSON 15: DATA AND RESEARCH ARE IMPORTANT FOR DESIGNING PROGRAMS, SCALING THEM UP, AND SECURING ACCEPTANCE AND SUPPORT FOR PROGRAMS.

The use of accurate data about youth is important for several reasons:

- Program designs and interventions based on data and research findings tend to be more effective and thus more likely to be candidates for scaling up.¹⁶
- Research and evaluation findings can be used to measure outcome and effectiveness, and findings can make the case for scaling up.
- Monitoring data can also provide important information about the best time to scale up and what parts of the program need to be strengthened or institutionalized before scale-up is attempted.
- Once the program is at scale, data on program operations and outcomes can help managers to sustain the level of impact the program had before it scaled up, and to document success.
- In the policy arena, data and research findings play a critical role in raising awareness of the urgency of addressing YARH, pointing to strategic unmet needs, and suggesting interventions that programs may be able to implement. With respect to the use of data in program design, the CEMOPLAF program used data to guide the Fertility Awareness Curriculum and to document its effect on youth. In the design phase, program planners used checklists, meetings, and surveys to solicit feedback from students and teachers. Once the intervention was in place, CEMOPLAF used the baseline and follow-up surveys to evaluate the impact of the curriculum on young people's knowledge and behavior.

From a policy standpoint, data and research findings may be used to help establish the breadth of a problem or behavior, which helps raise awareness about its relevance to a national policy agenda and helps point to strategic solutions. In Mexico, as early as 1985, research results showed that the sexual behavior of young people was changing and that specific reproductive health problems were arising that required action.²⁵ When the International Conference on Adolescent Fertility in Latin America and the Caribbean was held in Oaxaca, Mexico in 1989, professionals working on YARH issues from all over Latin America shared research results and engaged in dialogue and awareness raising between researchers and activists. The conference is considered an important turning point in the effort to provide YARH services throughout Latin America because supporters had the opportunity to share strategies and raise questions and answers about the challenges of serving youth.²⁵

SUMMARY OF CORE PROGRAM INGREDIENTS AND KEY POLICY FACTORS THAT INFLUENCE SCALING UP

Tables 5 and 6 provide a quick overview of the program ingredients and policy factors that influence scaling up. The tables give examples of how each ingredient or factor has been noted in the literature and how each was observed in the case studies.

Table 5: Core Program Ingredients that Influence Scaling Up

Ingredient	Evidence from the Literature	Evidence from YARH Case Studies
Stimulus of a vision or big idea	<ul style="list-style-type: none"> • Big ideas requiring large changes are more likely to be embraced.^{22,27} 	Sex Ed in Colombia/CRESALC.
Organizational leadership	<ul style="list-style-type: none"> • Quality of program leadership is key to successful program design and implementation.^{20,22} 	Strong local NGOs (e.g. PROFAMILIA) and regional organizations (CRESALC) helped build Colombia’s sex education and service delivery programs.
Use of data and local adaptation	<ul style="list-style-type: none"> • Data can be used to adapt program to local beneficiaries.²⁰ • The local adaptation process can engage and train staff.¹⁹ • Recognition of local needs is vital to successful programs.¹⁵ 	Tsa Banana and CEMOPLAF used local data to fine-tune their programs.
Stakeholder involvement in planning	<ul style="list-style-type: none"> • Programs should involve community, family and youth.^{15,22} 	Local NGOs in Bangladesh adapted the intervention to their programs. Youth input was indispensable for Tsa Banana.
Networks of institutions or partner groups	<ul style="list-style-type: none"> • NGO networks provide the potential for expansion.⁴⁰ • Networks are helpful in scaling up.^{17,25} 	Network of NGOs was a basis for scaling up in Bangladesh.
Effective mobilization of demand by youth for services	<ul style="list-style-type: none"> • Mobilization of demand is essential for program success.¹⁷ • In explosion, programs mobilize demand so they will have a clientele.¹⁷ 	Tsa Banana conducted research with youth on the best places and ways to reach youth.
Involvement of youth in design and implement.	<ul style="list-style-type: none"> • Youth involvement is one criterion for a successful youth program.³⁹ 	Tsa Banana found that programs must take seriously—in meaningful ways—inputs from youth.
Critical mass of trained cadre	<ul style="list-style-type: none"> • Change cannot happen in schools without enough people to create a critical mass.²² 	Tsa Banana, PROFAMILIA and CEMOPLAF trained staff members who would be involved in the program. Colombia began training teachers, but has a long way to go
Ongoing technical assistance (TA) support	<ul style="list-style-type: none"> • Importance of ongoing coaching and TA noted by FOCUS on Young Adults Consensus Panel.²² 	Tsa Banana and Bangladesh programs have TA resources to draw on.
Guidelines available and used	<ul style="list-style-type: none"> • Guidelines include standards of care, curricula, training materials.^{22,24} 	Standards of care helped standardize quality of PROFAMILIA clinical programs and were picked up by other programs.
Dedicated time and resources	<ul style="list-style-type: none"> • Skilled personnel, training 	Tsa Banana is a dedicated,

	and materials are needed. ²²	single service program.
Incentives reinforce program goals	<ul style="list-style-type: none"> • Agencies can use incentive-based approaches to build local programs.⁴¹ • It is important to create conditions for success and set up incentives to promote intervention.²⁷ 	In Bolivia, PSI social marketing incorporated incentives for local distributors.
Accountability	<ul style="list-style-type: none"> • Accountability is vital to success.¹⁸ 	Tsa Banana has an active feedback mechanism from youth promoters to learn how the program is going.

Table 6: Key Policy Factors that Influence Scaling Up

Ingredient	Evidence from the Literature	Evidence from YARH Case Studies
Creation of a movement based on a vision or big idea	<ul style="list-style-type: none"> • It is important to be part of a national or international movement.²² 	Professionals and regional leadership organizations such as CRESALC helped create a sex education movement.
Leadership	<ul style="list-style-type: none"> • Leadership moves people in a direction that is genuinely in their long-term best interests.²² 	PROFAMILIA led Colombia's efforts to develop clinic-based services for youth.
Political support/ acceptance	<ul style="list-style-type: none"> • Consensus among key stakeholders to build community and political support ⁴² is vital to scale up.¹⁸ 	CEMOPLAF won the trust of local schools in Ecuador and strengthened their relationship with the Ministry of Education and Culture.
Favorable macro or sector policies	<ul style="list-style-type: none"> • Policies lend importance and direction to local institutions.²² • Family planning and national population policies helped sex education develop in Latin America.⁴³ 	In Colombia, the 1991 Constitution, the General Law of Education and laws concerning women's rights, domestic violence and sexual harassment helped foster YARH programs.
Favorable media	<ul style="list-style-type: none"> • Media can help put the issue on the agenda or propose social policy and initiatives.⁴¹ • Media helped make sex education a mainstream topic in Mexico. ²⁵ 	In Colombia, ample coverage by media of sexuality in general and adolescent sexuality in particular and a large media campaign accompanied the national sex education program.
Attention to national and international environment	<ul style="list-style-type: none"> • International conferences helped create support in Latin America.⁴³ 	CRESALC, a regional leadership organization, influenced adoption of Colombia's sex education program.
Raising awareness	<ul style="list-style-type: none"> • Social mobilization is the process of bringing together all inter-sectoral allies to raise awareness and demand.⁴² 	Movements—as well as media—related to women's rights and HIV/AIDS in Colombia have

Expanding groups who are involved or allied	<ul style="list-style-type: none"> • Alliances with women's groups were important to promote adolescent health issues in Latin America.⁴³ 	helped to raise awareness. Pathfinder Bangladesh supported other donors and the government to support newlywed initiatives.
Academia and professionals	<ul style="list-style-type: none"> • In Latin America, groups of professionals helped create a movement.⁴³ 	Colombia National Forum on Sex Education.
Data on needs and favorable data from pilot projects	<ul style="list-style-type: none"> • Data help to generate local support.²² • Researchers were a key part of the team in Asian success stories.¹⁸ 	MOEC will adopt CEMOPLAF curriculum based on evaluation results. Successful large-scale pilot program in Bangladesh, with evaluation data, convinced government to support the strategy.
Policy to adapt to local conditions	<ul style="list-style-type: none"> • Programs need some autonomy at the local level.¹⁸ 	Bangladesh newlyweds program adapted to the ongoing programs of local NGOs.
National guidelines and Norms	<ul style="list-style-type: none"> • Development of clinical guidelines and procedures greatly strengthened the effort to develop youth health services in Colombia.²⁴ 	MOH in Colombia has developed a Manual of Standards and Procedures for Adolescents.

Table 6: Key Policy Factors that Influence Scaling Up (cont.)

Ingredient	Evidence from the Literature	Evidence from YARH Case Studies
Resource availability	<ul style="list-style-type: none"> • Resources are a pre-condition of program performance.²⁰ • Financial sustainability is a precondition of NGO growth.³⁸ 	Tsa Banana developed a low-cost intervention to facilitate scaling up.
Inter-sectoral support	<ul style="list-style-type: none"> • Support of a range of agencies and groups was important to developing a sex education program in Colombia.⁴³ 	Colombia National Forum on Sex Education was multi-sectoral.
Commitment to implement	<ul style="list-style-type: none"> • National commitment gives directions and provides resources.¹⁸ 	Vice Ministry of Health was mandated and committed to implement program on sex education in Colombia in 1991.

FUTURE NEEDS

This tool is based on a review of the literature and program experience and identifies what is known about the process of taking YARH programs to scale. Scaling up is emerging as an important issue—both to scaling up social programs in general, but in particular as it relates to YARH programs—and the following questions still remain to be explored. Some of these questions are outlined below:

- Economies of scale: What has been the experience of YARH programs in incorporating economies-of-scale analysis into decision making about scaling up? How have YARH programs developed and tracked measures of economies of scale? Have YARH programs used cost-benefit and cost-effectiveness analyses to improve efficiency?
- Financial sustainability: Have YARH programs been able to scale up and develop sustained sources of funding to allow them to be independent of donor financing? Even if they have not achieved full independence, what avenues have YARH programs used to go to scale while diversifying their resource base to achieve greater financial security? What techniques (e.g., community mobilization, user fees) have been the most productive?
- Indicators of success: How have effective, scaled-up YARH programs approached the development of indicators? Do tested prototypes of indicators that assess the process of going to scale exist? Have programs used evaluation and monitoring to demonstrate that scaling up worked?
- Sustaining scale and impact: What has been the experience of YARH programs over a time following scale up? Have these programs been able to stay at scale and continue to operate smoothly? Have they been able to sustain the quality of the intervention and the impact they achieved before scaling up? Have they been able to sustain the commitment and enthusiasm of leaders, staff members and stakeholders after scaling up?
- Starting programs at scale: How can we achieve broad coverage quickly? YARH programs must be initiated at scale where this is practical. As we have acquired knowledge about proven elements of YARH programming, the pilot program

expansion process is no longer necessary. Moving from pilot program expansion will eliminate the associated start-up costs and allow us to reach more youth in a shorter time frame with effective programs.

FINAL REMARKS

The better developed a program is—and the more it is supported by favorable policy—the greater the chance that the program will be able to function at scale. These strengths enable a program to withstand shocks in the policy environment (which might be political, economic or social) or changes within the program (e.g., changes in leadership). This does not mean that every policy factor must be favorable, or that every program implementation step has to be accomplished. But the more that these ideal conditions are met, the more likely it is that programs will be successful at scaling up. A large program with widespread support and documented impact will be better able to weather changes in the ruling party, fluctuating levels of priority assigned to YARH issues, or the unpredictable personalities of key policymakers. By the same token, a well-developed program that runs smoothly will be better positioned to deal with internal program change, such as a change in leadership.

We have examined the process of program development and scaling up that programs must undergo to have greater impact on ever-increasing numbers of young adults. Investments in program development are essential, and policy factors shape the program in both supportive and adverse ways. It is critical to plan early for subsequent scaling up; use a participatory process to include youth, staff members, and stakeholders; and infuse the process with dynamic leadership. By identifying specific requirements of program development and a range of favorable policy factors in the design phase, the large tasks of program and policy development can be subdivided into more manageable steps to which planners and activists can devote particular attention. Identifying policy hurdles and obstacles in program development provides early warning regarding circumstances or conditions that may pose problems to program expansion.

With key ingredients like leadership, staff, funding sources and advocates, programs can move beyond local origins to operate at scale. This knowledge should enable program managers to incorporate the supports and inputs into initial planning that will increase the odds of successful scaling up. It may be possible to use more realistic time frames and to build policy advocacy and networking support activities into new YARH designs. Program managers can anticipate and prepare to overcome likely obstacles, plan for staggered phases of local adaptation, and build the program supports (administrative systems, training courses, and curricula) on which successful scaling up depends.

7. Tools to Help Managers Scale Up YARH

Initiatives

This section provides a number of worksheets that will help program leaders and policymakers think about and prepare for the sometimes arduous task of scaling up. The worksheets are organized in the same order as the points raised in the first part of this tool. In some cases, readers might wish to refer back to the relevant sections to refresh themselves with the issues raised. The worksheets can be completed by one person, or be used as a discussion guide with staff members and other key stakeholders when making decisions about scaling up.

WORKSHEET 1: THE IMPORTANCE OF SCALING UP

Chapter 1 discussed several reasons why scaling up YARH programs is important. This worksheet will help you think about why scaling up is important to your program. The questions in parentheses are examples of things you might want to consider; other questions may be more important to your program.

1. Using whatever data are available, describe what you know about young people in your target population and their needs. (What percentage of the population is between 10 and 24 years of age? How rapidly is this population growing? What proportion of this population are you reaching, and what are their characteristics? What are the rates of pregnancy, birth, marriage, STIs, and HIV/AIDS in this age category? What kinds of education, training, and employment opportunities and challenges do youth face?)
2. What factors influence adolescence in your area? What factors influence young people's sexual reproductive health outcomes? (How do social norms affect the lives of youth? What are the effects of urbanization, the mass media, or the lack of educational or employment opportunities? Are youth vulnerable to sexual violence or coercion? Do they use drugs or alcohol?)

3. In what ways does sexual risk-taking influence young people's lives beyond negative reproductive health outcomes?
4. What reproductive health programs for youth exist in your area? Are there programs that serve adults but not young people?
5. In what ways do adults (e.g., community members, service providers, policymakers) recognize and support the sexual and reproductive health needs of young people? In what ways do they fail to recognize or support these needs?

6. What kinds of resources are available to YARH programs? How is the availability of resources changing? (Who are the private sector donors? Who are the international government donors? What types of resources does your government provide? Are resources increasing or decreasing?)

7. In what ways might your program be able to achieve “economies of scale” by increasing the number of youth served but decreasing (or keeping constant) the overall cost of serving youth?

8. Define the scope and coverage the program will achieve once it is scaled up

<p>Target population: The youth you plan to reach with the scaled-up program</p>	<p>Male Female (circle one or both)</p> <p>Age range _____</p> <p>In-school / Out-of-school (circle one or both)</p> <p>Working / Not working (circle one or both)</p> <p>Sexually active / Not sexually active (circle one or both)</p> <p>Geographic location: _____</p> <p>Other characteristics of the youth you will work with:</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>Coverage: The extent to which your target population is “covered” by the intervention.</p>	<p>Of all the youth in the target population, what proportion should receive the program once scaled up? _____%</p> <p>Approximately how many youth is this? _____youth</p>
<p>Scope: The extent of activity undertaken.</p>	<p>Describe the activities that will be implemented under the scaled-up program for the youth target population:</p>

WORKSHEET 2: EFFECTIVENESS, IMPACT AND SUSTAINABILITY

Chapter 2 discussed issues related to program effectiveness, how scaling up may affect impact, and the importance of programmatic and financial sustainability.

1. What evidence, if any, do you have that the program you plan to scale up has been effective?
2. What elements of the program are key to its effectiveness?
3. Would these elements be included in the scaled-up program? If so, how?
4. In what ways might scaling up reduce your program's effectiveness?
5. How would you be able to monitor whether scaling up is causing a loss of impact?

6. What kinds of changes will be necessary to ensure that the scaled-up program will be programmatically sustainable? (What kinds of operational systems, strategic planning, policies and leadership will be needed? How might political and economic situations change, and how will the program be able to handle these changes?)
7. How will the program sustain itself financially once it is scaled up? (Will the program charge for services? What are the implications of doing so? What kinds of funding guarantees have donors provided? What other sources of funds might protect against fluctuations in donor funds?)
8. Are there programs in your area that have achieved financial sustainability? In what ways can you learn from their experience? Can you approach program donors or others to ask for guidance about ways your program might achieve financial sustainability?

WORKSHEET 3: MODELS OF SCALING UP

Chapter 3 described different models of scaling up, the advantages and disadvantages of each model, and ways that programs can scale up by using a combination of models. In the boxes below, describe how your program might be able to scale up by using different models.

Model	How our program could be scaled up by using this model
Planned expansion	

Association

Grafting

Explosion

Now describe the advantages and disadvantages of each of these approaches as they relate to scaling up your program.

Model	How our program could be scaled up by using this model
Planned expansion	

Association

Grafting

Explosion

In the space below, describe the ways in which you think that a combination of these models would best contribute to your program's effort to scale up. Be as specific as possible.

WORKSHEET 4: PROGRAM DEVELOPMENT AND INSTITUTIONALIZATION

This worksheet relates to Key Idea 1: Programs should prepare for scaling up by focusing on program development and institutionalization. Program institutionalization is defined as “the process of converting an ad hoc or time limited activity into an entity with structures, goals and purposes that characterize an established organization.”

1. The table below lists core ingredients for program development and institutionalization. For each of these ingredients, describe how they relate to your program as it exists now, and as it would exist when scaled up.

Core ingredients	Does your current program have this factor? If so, describe it.	What would your program have to change or strengthen in relation this factor in order to scale up?
Stimulus of a vision or big idea		
Organizational leadership		
Ownership by program staff and local community		
Local adaptation and data		
Stakeholder involvement in planning		
Network of institutions or partner groups		
Involvement of youth in design and implementation		
Effective mobilization of demand of youth for services		

Using the items you listed in the third column in question 1, describe what needs to take place for your program to become institutionalized when it is scaled up.

Core ingredients	Does your current program have this factor? If so, describe it.	What would your program have to change or strengthen in relation this factor in order to scale up?
Critical mass of trained cadre		
Ongoing technical assistance and support		
Guidelines available and used		
Dedicated time and resources		
Incentives that reinforce program goals		
Accountability		
Program supports (e.g., curricula, training, administrative systems, information systems)		

WORKSHEET 5: THE RELATIONSHIP BETWEEN POLICY AND PROGRAMS

Key Idea 2 discussed the relationship between policy and program. Policy shapes program development and can inhibit or encourage efforts to scale up.

1. Describe the positive and negative ways that policy has influenced your program.
2. Describe the ways that policy might also influence your efforts to scale up, again both positively and negatively.

3. The following policy factors have been identified as being favorable to scaling up YARH programs. Check which of these factors you think may affect your efforts to scale up.

POLICY FACTORS THAT SHAPE SCALING UP

- Creation of a movement based on a vision or a big idea
 - Leadership
 - Political support/acceptance
 - Favorable macro or sector policies
 - Favorable media
 - Attention to national and international environment
 - Raising awareness
 - Expanding groups who are involved or allied
 - Academia and professionals
 - Data on needs and favorable data from pilot projects
 - Policy to adapt initiative to local conditions
 - National guidelines and supportive norms
 - Resource availability
 - Inter-sectoral support
 - Commitment to implement
-

4. List the ways in which your program has worked to influence YARH policies.

5. Describe the ways in which you could work to create a policy environment that is conducive to scaling up your program. Be sure to consider the possibility of working with other organizations that could aid your efforts.

2. What possibilities exist for working with these organizations? Describe the possibilities for collaboration.

3. What might be the challenges of working with these organizations? Describe how you might overcome these challenges.

WORKSHEET ORKSHEET 7: COMMITTED LEADERS

Key Idea 4 stressed the importance of committed leaders who will support and guide the scaling-up process.

1. Complete the following table to describe who will lead the scaling-up process in your program.

Who will support and guide your effort to scale up?

What are the leader's strengths?

What are the leader's weaknesses?

2. Interview the leader you plan to work with using the following question guide.

- Have other organizations or individuals expressed an interest in replicating or adapting our program?
- How have you begun to “market” the idea of scale-up? Have you explained and suggested the idea to others to uncover or stimulate interest in replication or expansion? If so, how?
- What capacity and resources do you have to manage the scaling-up process?
- Will you work to raise funds for scaling up? How?
- What do you think the positive and negative effects of scaling up will be on the existing organization?

- What level of scale do you think the program can scale up to?
- What do you think are the key components, values and standards of the intervention that should be adhered to?
- What support, guidance, adaptation and networking can you provide during scale-up to help the program adapt to changes in regional and local conditions?
- How do you plan to inspire and gain the support of staff members, youth and other key stakeholders?

Leader's plan for gaining support

Staff

Youth

Stakeholders (list)?:

WORKSHEET 8: PARTICIPATION AND FLEXIBILITY

Key Idea 5 stated that the process of scaling up should be participatory and allow for flexibility.

1. What efforts has the program made to include youth in the plan to scale up? How can these efforts be improved?

Efforts to involve youth	How efforts can be improved
--------------------------	-----------------------------

2. What efforts has the program made to include community members and other stakeholders in the plan to scale up? How can these efforts be improved?

Efforts to involve community members and other stakeholders	How efforts can be improved
---	-----------------------------

3. What efforts have been made to include program staff members in the decision and plan to scale up? How can these efforts be improved?

Efforts to include program staff	How efforts can be improved
----------------------------------	-----------------------------

4. In the space below, describe a plan and timeline for involving these groups in the scaling-up process. Be sure to include mechanisms for feedback along the way.

Stage	Dates	Plan for involving key groups
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

WORKSHEET 9: ANTICIPATING OBSTACLES AND CHALLENGES

Key Idea 6 stated that program developers and policymakers should anticipate obstacles and challenges to scaling up.

1. What policy obstacles does your program anticipate having to face during the scale-up process, and how will they be dealt with? List any staff or financial resources that you will need to deal with obstacles.

Policy obstacles	Describe obstacle you anticipate	Strategy for dealing with obstacle
Censored or self-censoring media		
Sensitivities about serving teens		
Disagreement among stakeholders about program direction		
Macro-political environment is non-participatory		
Political instability		
Leadership turnover		
Laws and regulations prohibit actions, or no enabling laws and regulations		
Lack of funding for youth programs		

2. What programmatic obstacles does your program anticipate having to face during the scale-up process, and how will they be dealt with? List any staff or financial resources that you will need to deal with obstacles.

Programmatic obstacles	Describe obstacle you anticipate	Strategy for dealing with obstacle
No political will at the implementation level		
Chosen intervention is controversial		
Lack of institutional partners		
Inability to adapt strategy to local conditions		
Interests vested in the status quo or alternative policies		
Inadequate resources		
Administrative turnover		
Bureaucratic disarray		
No data or feedback		
No links to decision making		
Weak incentives, lack of accountability		
No permanent staff		
No effort to mobilize beneficiaries		
Difficult to involve young people		

WORKSHEET ORKSHEET 10: DATA AND RESEARCH

Key Idea 7 relates to the need for data, research and a useful monitoring system in order to scale up programs effectively.

1. Use the following table to articulate how your program’s outcome and process indicators will change once scale-up takes place, and how you might measure them differently.

Current program coverage objective:	How measured:	Scaled-up program coverage objective:	How measured:
Current program outcome indicators: ^{xiii}	How measured:	Scaled-up program outcome indicators:	How measured:
•		•	
•		•	
•		•	
•		•	
•		•	
•		•	
•		•	
Current program process indicators: ^{xiv}	How measured:	Scaled-up program process indicators:	How measured:
•		•	
•		•	
•		•	
•		•	
•		•	

^{xiii} Outcome indicators measure the impact your program intends to have on the youth target population. For example, an outcome indicator might be “Increase the use of condoms by youth by 5%.”

^{xiv} Process indicators measure how your program works. Process indicators might include “Train 30 peer educators to provide quality counseling services to youth” or “Hold 15 dialogues about adolescent reproductive health with stakeholders and youth.”

2. Does your program need to do any further research on the expanded youth target population in order to meet their needs? What is your plan for doing this research, and how will it be funded?

3. What type of evaluation data does your program already have? How has it been disseminated to stakeholders and policy makers?

What type of evaluation do you plan to undertake of the scaled-up program? How will this evaluation be funded? How will it be disseminated to stakeholders and policy makers?

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