



Checklist for identifying practices for potential scale up

Adapted from WHO (2017) A Guide to Identifying and Documenting Best Practices in Family Planning Programmes.

Instructions: The following checklist provides a series of questions that can help public health practitioners identify a possible innovation to scale up. A plus (+) refers to a positive factor for scaling up, while a minus (-) refers to a negative factor. Answer each question, putting a check in the plus or minus column, depending on whether the issues have been addressed as they apply to the innovation. The fewer the checks in the plus column, the more effort is likely to be required to scale up the innovation. When there are a large number of checks in the plus column, the scalability potential of the innovation is likely to be good. A check in the minus column indicates that plans for the innovation need to be adjusted to enhance scalability.

The checklist should not be used mechanically. A large number of checks in the plus column does not necessarily mean that a proposed innovation will be scalable. Some of the items will carry greater weight than others regarding influencing the scale up potential and may even act as “deal-breakers” in a particular context. An example is relevance: if the proposed innovation is not relevant, the value of further scaling it is questionable, and abandoning it may be the appropriate response. Items identified as minus might be correctable, and once corrective action has been taken the check in the minus column could be moved over to the plus side. Thus, while an innovation may initially not look promising, using the checklist provides an opportunity to revise it to enhance its scalability potential early on. Each case should be judged within its context.

Questions related to potential for scalability via TCI	Yes (+)	No (-)	More information/action needed
1. Does the innovation address a persistent health or service delivery problem?			
<ul style="list-style-type: none"> Is the innovation based on sound evidence and preferable to alternative approaches? 			
<ul style="list-style-type: none"> Given the financial and human resource requirements, is the innovation feasible in the local setting where it is to be implemented? 			
<ul style="list-style-type: none"> Is the innovation consistent with existing national health policies, plans, priorities? 			
<ul style="list-style-type: none"> Has the innovation been implemented in urban poor areas? 			
<ul style="list-style-type: none"> Does the innovation have potential in meeting the needs of the urban poor? 			
2. Does the innovation take into consideration community, cultural and gender factors that might constrain or support the implementation of it elsewhere?			

<ul style="list-style-type: none"> • Have the norms, values and operational culture of the current implementing agency been taken into account? Will other agencies who go to implement the innovation be able to replicate it given their norms, values and operational culture? 			
<ul style="list-style-type: none"> • Have the opportunities and constraints of the political, policy, health sector and other institutional factors been considered in the design of the innovation? 			
3. Has the package of interventions been kept as simple as possible without jeopardizing the outcomes?			
4. Has the innovation been tested in the type of service delivery points and institutional settings where it will be scaled up?			
5. Does the innovation being considered require human and financial resources that can reasonably be expected to be available to scale?			
<ul style="list-style-type: none"> • Will the financing of the innovation be sustainable? 			
<ul style="list-style-type: none"> • Does the health system currently have the capacity to implement the innovation? If not, are there plans to test ways to increase health system capacity? 			
6. Are appropriate steps being taken to assess and document health outcomes as well as the process of implementation?			
7. Is there provision for early and continuous engagement with local government, other implementing partners and donors to build a broad base of financial support for scaling up?			
8. Are there plans to advocate for changes in policies, regulations and other health systems components needed to institutionalize the innovation?			
9. Is data readily available to review progress and incorporate new learnings into the implementation process?			