Saving Brains
Thematic Brief on Scaling through Partnerships with Government

CONTENTS

INTRODUCTION: The quest for scale

TAKING SHAPE: Four good practice themes

YOUR CONTRIBUTION: Four ways you can help

GOOD PRACTICE 1: Focus on scaling to achieve outcomes, not replicating a product.

- Design for outcomes
- Focus on co-creation, not replication
- Understand the value of your outcomes to key stakeholders.
- Create a business plan linked to your outcomes (not a fundraising target).

GOOD PRACTICE 2: Plan strategically and be realistic about the common challenges in working with governments and donors.

- Anticipate challenges - the system is not perfect
- Plan your approach carefully - be strategic
- Avoid the moral hazards
- Be ready to respond to pressures from donors

GOOD PRACTICE 3: Work at all levels of the system, but particularly engage/support frontline workers and families.

- Governments are systems of people
- Find the level(s) of the system most relevant to your work
- The frontline is where the 'experience' happens
- Families and communities are an essential part of the system

GOOD PRACTICE 4: See quality as the result of a continuous process of learning and relationship building.

- Make quality tangible and measurable
- Leave your ego at the door. Others needs to own the solution.
- Look for support beyond government
- Stick with the relationships, even after you've been successful

CONCLUSION: We are scaling interdependent human systems.

INTRODUCTION: The quest for scale

The human need for early childhood development (ECD) is vast. Yet, our drive to deliver quality services to millions of children and their families continues to result in too many failed pilots. Little wonder that the quest for scale is a critical issue for the network of innovators seeking ECD breakthroughs.

By night, many of these innovators dream of governments and other large institutions taking up the quest, adopting the new programming the innovators have piloted and pushing forward to serve every child, even those hardest to reach. By day, these innovators search themselves; testing new ideas; extending the reach of innovations that are working; advocating to those with money or influence; building community support; and training others to join the cause.

Different models for scaling envision different roles – some foreground, some background – for national and local governments. But for many innovations, governments are critical partners in delivering universal quality ECD services at scale. Governments not only have the legal and policy responsibility for this, they have the resources and infrastructure to ensure that it is feasible and sustainable at national scale; that the services can reach those often left-behind where ECD has the biggest potential for impact.

But, persuading governments to join this quest and supporting them to scale quality innovations has proven to be a huge challenge. Sometimes, the thirst for government support has blinkered

innovators to the risks and alternative approaches. What's more, it's clear that even enthusiastic government backing is no elixir on this quest. Frankly, dreams can turn into nightmares! Nevertheless, this is a quest where success is possible, and we increasingly understand the elements that make success more likely.

This thematic brief collects the experiences of scaling from front-line innovators. Specifically, it comes from the quests of twelve organisations spread over five continents who attended a Saving Brains *transition-to-scale workshop* supported by Grand Challenges Canada (GCC) and Porticus in April 2019.

In sharing the experiences and insights of these innovators, we aim to spark a dialogue in which others contribute their own ideas and reflections. This brief is thus a work in progress; see the section below on "Your Contribution" for specific ways to participate. We hope the cumulative learning will help ECD innovators see new opportunities, avoid pitfalls and ultimately help the sector to make greater progress towards quality ECD at scale.

Innovators at the April 2019 workshop focused mostly on government as a scaling partner, but other partnership strategies – with large private organizations, for example – were also represented, and faced similar challenges. This brief therefore largely deals with government scaling and we anticipate that future discussions will explore alternative scaling approaches more fully. Every approach holds lessons for the ongoing quest for scale.

TAKING SHAPE: Four good practice themes

During the meeting of Saving Brains innovators, we discussed four questions:

- How can the results of a single innovation/project **catalyze change in government policy**?

- How can we assure **ongoing quality and sustained effectiveness** when implementation of an intervention is being transferred to a large system outside the direct control of the innovation team?

- How can we enable **rapid, ongoing adaptations**, in program content and delivery methods, to new contexts as we scale, while assuring continued effectiveness of the program?

- How do we assure **financial sustainability** at scale?

When we analyzed the results of the four discussions (see a snapshot of the mind map in [Appendix A]), we found that four **cross-cutting good practice themes** stood out:

> **The initial experiences of members of the Savings Brains innovator community suggest that successful scaling is more likely to happen when we:**
>
> 1. **Focus on scaling to achieve outcomes, not replicating a product.**
>
> 2. **Plan strategically and be realistic about the common challenges in working with governments and other donors from the outset.**
>
> 3. **Work at all levels of the system, but particularly engage/support frontline workers and families.**
>
> 4. **See quality as the result of a continuous process of learning and relationship building.**

This report explores each of these four good practice themes, illustrating them with vignettes of real-life experience from which they are drawn. In the concluding section, we ask if there are lessons to be drawn across the four themes and the vignettes.

YOUR CONTRIBUTION: Four ways you can help

This document is not a final report, but a means to further synthesize and illustrate the dialogue we started. It is written as a Google Doc with an open invitation to everyone connected with the Saving Brains community (**yes, you!**) to edit and contribute your experiences. The goal is not to write an academic paper[1], but to capture the **real-life experience-based insights** of those bringing ECD to scale.

You can contribute in four ways:

1. We need your help to illustrate the good practice through **vignettes** (that is "*a brief evocative description, account, or episode"*) that demonstrate the challenges and success of this work on the ground. Vignettes have been inserted in 📝 **red boxes** throughout the text to illustrate the points made with **short, concrete, real-life experiences** (~200 words). We would like more! We know that it is tempting to only share successes … but we encourage you to also mention things that you have changed as a result of early experience. We know that the front line is messy and not every story has a happy ending; but nevertheless, we can learn from it all. Please propose a vignette by adding to the list in Appendix B.

2. This document is full of "**for example …**" bullet points. Do you have another idea or suggestion that could help others? If so, please add your bullet point example to any list in the document.

3. Can you respond to a "⚠ **HELP!**" flag in the document? These are points where editors have flagged content that particularly needs strengthening, enhancing or improving.

4. Finally, at the end of each section and at the end of the document you will see some 💬 **pink commentary boxes**. This is an opportunity to contribute a reflection or observation on what you have read. Can you see an angle, pattern or trend in what you're reading? Is there a gap, opportunity or blind spot?

Please don't just comment - get your fingers moving and add or edit some content! Your contribution will become part of a document that will be widely shared to help innovators around the world. If any of your vignettes are sensitive or need to be anonymous, contact andrew.bollington@viaed.net first to talk about how that is best done.

The result will be a rich resource for those on the front line and a grounded contribution to the global dialogue about what it takes to scale quality ECD.

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[1] If you would like to sample the academic literature of scaling in ECD, two recent papers drawing on earlier Saving Brains experiences can be found at: https://nyaspubs.onlinelibrary.wiley.com/doi/10.1111/nyas.13684 (*Annals of the NY Academy of Sciences*, 2018) and https://adc.bmj.com/content/104/Suppl_1/S43 (*BMJ Archives of Disease in Childhood* 2019).

GOOD PRACTICE 1: Focus on scaling to achieve outcomes, not replicating a product.

When talking about scaling, we often use commercial analogies. In business, scale is usually a friend. It brings economies, additional resources, new opportunities to improve products and tailor different offerings to different markets, and larger profits. However, in the world of social innovation, growth can sometimes be an enemy. It typically spreads limited resources thinner and creates greater complexity. Social innovations in ECD are generally not a product – they are a service. A service deeply intertwined within a social context. If that's the case, how do we make scale our ally?

Saving Brains innovators are clear that the key is to **focus on scaling to achieve outcomes, not replicating a product**. This good practice breaks down into four key themes:

a.   Design for outcomes

It is outcomes that matter most. To some extent, everything else is a means to that end. Our innovators point to the importance of having, of measuring, and of communicating clear outcomes from the early stages of the design of a program.

Scaling inevitably means that the context in which an intervention is being delivered will change – and in such situations it is important to be flexible about the 'how' to suit the new environment. Clear outcomes make it possible to change the 'how' and to ensure that the service continues to deliver the outcomes that are desired. Clear outcomes help to focus everyone involved in delivery on a greater purpose than service delivery alone.

⚠ **HELP! This feels a little theoretical. Any illustrations of what 'design for outcomes' means on the ground?**

b.   Focus on co-creation, not replication

Many stories of successful scaling from the business world or other sectors focus on scaling a product and its delivery mechanism. How is it that Coca Cola can reliably be found in every corner of the world? How did the health sector eradicate smallpox through global immunisation? Useful as such case studies are, it is important to remember that ECD is not a product. It cannot be manufactured and bottled; it cannot be delivered in a single injection. ECD services are usually more complex and always have people at their heart. As such, local culture and context plays a much more important part in their success, and engaging people in service design – first agreeing to the common objective, the desired outcomes, then *co-creating* ways to get there – is much more likely to achieve successful results.

c. Understand the value of your outcomes to key stakeholders

Outcomes usually have considerably more value than activities. For example, if parents attend a parenting workshop, that's nice. If those same parents ensure the immunisation of their children as a result, then that has direct benefit to the health system. Rather than focus on the activity (the parenting workshop) it is important to communicate the outcome to your key stakeholders – especially stakeholders most likely to value that outcome.

d. Create a business plan linked to your outcomes (not a fundraising target)

If you understand the value of your outcomes to key stakeholders, then it becomes easier to create a business plan based around those outcomes. Who else might be willing to pay for those outcomes? Our innovators advice was "follow the money"!

A credible business plan that maximises your outcomes will be more interesting to donors (few of whom want to take on the funding of long-term service delivery), but perhaps even more importantly, may reduce your dependency on grants and donations in the longer-term.

COMMENTARY: Observations on Good Practice 1

Saving Brains has been encouraging and supporting innovators to develop business models as part of their scaling planning. It's still early days, but do we have examples of reduced dependency on grants and donations?

Your Comments (please type directly in this box)

Linking the plan with outcomes is a very important point that every innovator should remember. Also we should focus on the theme not the replication of the project. **(comment from Amar Seva Sangam)**

GOOD PRACTICE 2: Plan strategically and be realistic about the common challenges in working with governments and donors from the outset.

In this quest, governments are a huge potential ally with resources and reach. Unfortunately, it's often the case that they're busy with many other priorities, or that even when they are committed to ECD, their resources are under great pressure. The services that governments manage may have limited capacity to deliver at large scale the benefits innovators may have achieved in smaller pilots, especially where it matters the most.

Given this context, Saving Brains innovators are clear that it is essential to **plan strategically and be realistic about the common challenges in working with governments and donors from the outset**. This good practice breaks down into four key themes:

a) Anticipate challenges – the system is not perfect

While government may be your desired partner, it will certainly never be a perfect partner. Saving Brains innovators have suffered from overnight changes in ministers and policy; bureaucratic tie-ups; unilateral cuts in budgets (even after agreements had been signed); slow decision making (especially problematic in emergency situations); incentives built more around headlines and numbers than real quality; and huge gaps in understanding between policy makers and front-line staff.

But none of these issues should be surprising. According to our innovators, this is the 'normal cost of doing business with government'. The trick is to anticipate and plan for these challenges, not to accept them as an excuse for failing to move forward. For example:

- You can limit the consequences of a change in minister by ensuring that you have multiple supporters at all levels of government. Don't be satisfied by finding one champion, however senior that person is.

- Be prepared for tough discussions. You are entering a political arena. Be clear in advance what is negotiable and non-negotiable. Do not be overawed by government.

- Build advocacy activity in to your funding proposals. It will usually take more and longer than you think[2].

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[2] Due to government funding rules on funding, GCC cannot fund advocacy. It will be necessary to fund this activity in different ways.

b) Plan your approach carefully - be strategic.

The issues faced by governments, ministers and civil servants are very different from the world in which front-line innovators usually live and work. Before you approach government, it is important to understand the world as they perceive it, right or wrong, and to plan your approach strategically.

Our innovators stress the importance of shaping and timing the message to fit the cycles of government. For example:

- Identify issues that the government already cares about and wants to solve.
- Be aware of budget and fiscal cycles.
- Do not approach a government whilst it is in the middle of a political crisis or focused on an election, however important your issue may seem to you.
- Be realistic - the government might not share the same 'open minded' belief system that you do.

Governments are complex, multi-level institutions. Therefore, it's important to consider which level(s) of government your work is relevant to. Tools like network maps can help focus resources at the right level.

Part of the pitch to government will usually be a strong evidence base for the innovation or policy change. This can be challenging for ECD where many of the benefits are felt by non-voters, and over decades rather than within an election cycle. Our innovators recommend that you:

- Identify immediate, short-term benefits to build political will.
- Include appropriate outcome/impact indicators in your pitch.

📝 *University of São Paulo: Survive and Thrive*

A team of innovators based at the Faculty of Medicine at the University of São Paulo developed *Survive and Thrive*, an adaptation for Brazil of the "Reach Up and Learn" curriculum to support mothers of young children. After a successful local pilot, the team sought a pathway to scale in Brazil. So they faced the challenge and opportunities presented by Brazil's large, diverse population and its complex, multi-level system of government, where municipalities have the autonomy to approve funding for any innovation as long as it complies with national standards. To start, they needed to work in a municipal setting large enough to provide meaningful scale-up but not so large as to be unmanageable for an initial step.

Survive and Thrive leveraged its relationship with its Brazilian strategic and funding partner, Fundação Maria Cecilia Souto Vidigal (FMCSV). FMCSV also sponsored a leadership program for policymakers in Brazil on ECD. The Mayor of the Municipality of Boa Vista had participated in that program, and FMCSV connected *Survive and Thrive* with her. The Mayor's commitment to ECD and to the resulting partnership with *Survive and Thrive* created a crucial basis for the first phase of scale-up.

FMCSV and *Survive and Thrive* saw the municipal scale-up as a step to nationwide impact, so FMCSV also connected the innovation team with the federal Ministry of Social Development (MSD). MSD had instituted Criança Feliz, a national home visiting program in 2016. In Boa Vista, *Survive and Thrive* developed and piloted a major new program dimension to its work – adding the prenatal period to its curriculum – to comply with federal guidelines, enabling integration into Criança Feliz and associated federal funding. By being responsive to requirements at the federal level while embedding the work locally, the project has vastly increased its potential to operate sustainably and to scale

- Do not assume that compelling evidence alone will make the case for your innovation. Remember that people who "know something may still not change their behavior" to match. Indeed, we can cite examples where projects have been taken up by government despite no research, while other innovations with compelling evidence have been ignored.

c) Avoid the moral hazards

Front line experience reveals that working with governments and donors is not without moral hazards. Planning should include management of these risks and dilemmas, many of which relate to funding. Let's take three examples:

- **Maximizing the free gift:** From a government's perspective, the combination of an effective NGO and a generous donor can be an '*almost too good to be true*' scenario, especially if the government has stretched resources and numerous other priorities. The problem can be particularly acute if the beneficiary group is of low political priority or influence (eg. non-voting refugees or very young children in poor communities). In this scenario, the interest of the government is to sustain the external funding and resources for as long as possible, without really mobilizing government resources for sustainable scaling. Why not accept the free gift? Why not encourage it to continue longer? Why start paying yourself? To protect the interests of the beneficiaries, why not say what the NGO and donor wants to hear?

  From the NGO/donor's perspective, the government can appear supportive and enthusiastic. It can be very hard to test real commitment and even more difficult to 'pull the plug' when it becomes apparent that the government may not follow through with its own funding, despite earlier, encouraging signals. In a

- **Overcoming the cost vs quality dichotomy**: In any scaleup, the pressure potentially exists to reduce unit costs while increasing the number of beneficiaries. This creates a potential competition between cost and quality – where ultimately it is the outcomes and impact that are most likely to suffer.

  According to our innovators, these are common pressures, but this does not mean we have to accept the dichotomy. It is essential to be clear about 'minimum standards' and the 'non-negotiables' for the intervention to work effectively. Scaling an intervention that is no longer working correctly is a waste of resources, so it is necessary *both* to start with clear guidelines showing how quality creates impact and value for money *and* to put in place ongoing measurement and assessment of results, so that data can be used to assure that outcomes improve rather than degrade during the scaling process. As such, regular communication of data is integral,

worst case, the NGO can be left in the middle "holding the baby" as the donor and government engage in a game of 'chicken' to force the issue.

The advice from our innovators: don't get trapped in the middle. Bring the donors to the negotiating table with you from the start. Raise the stakes steadily from day one, so that government commitment (and funding) is built-up in regular small steps – not a big leap.

- **Biting the hand that feeds you**. Sometimes, the relationship with government has many dimensions. Government may be important for a supportive policy environment, for access to services, for funding, for technical support, etc. Simultaneously, you may be taking a public stance about or shining a spotlight on 'failures in the system' that the same government is responsible for. Holding a government publicly accountable while seeking resources and support from them can be full of dilemmas!

but within the context of a culture that values data and sees it as a means to improve rather than blame.

From a cost perspective, some approaches may scale more efficiently than others. For example, technology solutions may require a large upfront investment, but can then scale substantially with limited additional cost. Similarly, innovations that utilize existing delivery platforms may find that that the marginal cost of adding an additional innovation is much lower than building and scaling a new delivery platform.

Provided that there is clarity over outcomes and rigorous testing, scaling creates opportunities to compare alternative delivery approaches and create new efficiencies. For example, can group sessions achieve similar outcomes at lower cost when compared to individual counselling?

⚠ **HELP! - we'd like more/better examples of dealing with the cost vs quality dichotomy. How do we make scale a friend?**

d) **Be ready to respond to pressures from donors**

While donors are a great support to innovators, they can also make requests that become challenging and distracting. Our innovators warn that:

- Matched funding is hard; it takes significantly more time and human resource.
- Funders may have additional issues they want you to address. You need to be flexible, but also willing to say 'no' if agendas do not align.
- Working with multiple funders needs planning. Multiple reports, multiple systems, and multiple guideline can be a challenge. Work out how to do this efficiently upfront.

- Delays are common. Funding inevitably takes longer to secure and arrive than is planned. Gaps between tranches of funding are not uncommon.

Dependence on a single source of funding, or project-only funding creates considerable risk. Our innovators are all seeking a balanced funding model and to shift donors from "project" to "enterprise" funding where possible. Others are seeking more sustainable forms of income by integrating business models into their work; seeking to ensure that the need for philanthropic donors is linked to upfront development costs and not ongoing service delivery.

COMMENTARY: Observations on Good Practice 2

This advice assumes a good knowledge of government to start with.

How can innovators build up their experience of government if their starting point is low?

Your Comments *(please type directly in this box)*

In our experience we understood government consists of 2 major divisions. Ministries and Bureaucracy. There should not be 2 different approaches for these two divisions. They see our innovation in different ways. For example Minister sees the number of beneficiaries and bureaucrats sees number of staff involved and recurrent expenditure involved. Both will have different views on quality. Please approach the government with a good number of beneficiaries without compromising on the quality.

Please don't have short cuts to reach the government at any level . Please stick on to proper channel to approach. **(comment from Amar Seva Sangam)**

Brick by Brick Uganda has been working in the Rakai and Kyotera Districts of Central Uganda for the past fifteen years. Our partnerships with government exist on two levels, fully engaged collaboration with district government departments of health and education, and at the national level, membership and participation in various national working groups, especially those focusing on maternal, newborn and adolescent health. Our partnership at the ministry level, ensures that our programs' goals and objectives are fully aligned with national priorities. We have found that the most the most impactful partnerships are with our two district governments, who are involved in every aspect of program design, implementation, monitoring and evaluation. District government, while often resource constrained, has the flexibility to allocate the resources available and provide essential human resources that ensures local involvement and ownership of our program initiatives. For example, our Babies and Mothers Alive (BAMA) Program, is largely implemented by our corps of thirty BAMA-trained Mentor Midwives, who are fully government-paid and supported, allowing us to stretch our own limited resources and achieve dramatic improvements in the quality of maternal and

newborn care, while building that capacity of the district health system. **(Comment by Marc Sklar, Brick by Brick Uganda)**

GOOD PRACTICE 3: Work at all levels of the system, but particularly engage/support frontline workers and families.

Hans Rosling, in his book Factfulness, observes that: "*[H]uman beings have a strong dramatic instinct toward binary thinking, a basic urge to divide things into two distinct groups, with nothing but an empty gap in between. We love to dichotomize. Good versus bad. Heroes versus villains. My country versus the rest. Dividing the world into two distinct sides is simple and intuitive, and also dramatic because it implies conflict, and we do it without thinking, all the time*"(p. 38). To Hans's list we might add "government versus the rest of us". Yet, Saving Brains innovators have understood that binary thinking is a recipe for failure in scaling. Instead, understanding and working with the rich complexity of and nuances of the system through which you are scaling is essential. This lesson translates into four key themes:

a. **Governments are systems of people**

There's a tendency to think about government as a homogenous entity but like any huge institution, it's not at all. Government systems are made up of thousands, if not hundreds of thousands of people with different interests, knowledge, agendas and priorities. As such, they are capable of simultaneously holding completely contradictory views.

These people are humans! They need empathy too. Maintaining enthusiasm and motivation in a large bureaucracy takes a particular type of talent and insight. Those in leadership positions may need mentoring to help them get the best out of their people and the system.

In any people-based system, relationships usually matter more than protocols or processes. Depending on the cultural context, this insight may be even more critical than it initially seems. Relationship building takes time, should never be taken for granted, and requires an ongoing investment of energy that may appear (especially initially) to produce limited results. There's no shortcut.

📝 *Community Empowerment Lab: Kangaroo Mother Care*

Kangaroo Mother Care (KMC) is a strategy for newborn care where mothers and fathers keep the infant in close skin-to-skin contact. This approach for low birthweight infants has demonstrated benefits in reduced infant mortality and improved child development when compared to standard incubator care. Yet despite decades of supportive evidence and favorable policy guidance globally – as part of the Every Newborn Action Plan, as well as within several countries, there has been less than 1% uptake of KMC globally. The Community Empowerment Lab (CEL) introduced KMC within rural communities at its local base in Shivgarh, Uttar Pradesh (UP), India, in 2004, with dramatically successful results[1]. In 2016, against the backdrop of a favourable national policy environment, CEL sought to expand and institutionalize KMC within public health facilities across the state of Uttar Pradesh.

This was no easy task. UP is home to over 200 million people and covers a large geography with low levels of resources. Historically, UP has fared poorly on critical human development indicators such as infant mortality. Although the policy environment in India supports KMC, making change in UP's vast and difficult to govern health system – with over 750 birthing facilities and 60,000 medical and paramedical staff – is a huge undertaking. Because systems are made of people, the change needed to start with people at the center.

life-saving for babies, but also directly beneficial and energizing for them, based on their own needs and context. Thus, government leaders saw a chance for a policy victory, leapfrogging UP on an important health indicator; doctors, nurses and families all were introduced to KMC in a way that respected and enhanced their own dignity and goals.

The KMC strategy in UP has many important components, but at its heart is the Kangaroo Lounge, a locally affordable, yet luxurious space for KMC in hospitals, where the poorest and most vulnerable mothers and their support team are treated like VIPs (*see photo to the right, the Kangaroo Care Lounge at the Veerangana Avantibai District Women's Hospital in Lucknow*). By bringing to the forefront quality, dignity and empathy, the Kangaroo Lounge exemplifies the CEL's approach to making KMC an affordable model in UP that is both desirable and empowering for all stakeholders, enabling government to embrace the bold goal to scale KMC. To date, installation with UP funding of 170 Kangaroo Lounges across 69 districts in UP has supported effective scale-up, with over

b. Find the level(s) of the system most relevant to your work

ECD systems span from national government to individual families. They are organised in regions, states and cities. They span education, health, maternity, family services and beyond. In the quest for scale, it might seem tempting to aim for the top, but Saving Brains innovators were tough with each other in asking "what level of the system is going to be most interested in what you have to offer?".

It is also necessary to understand the levels of decision making autonomy that exist in the system. For example, in some countries, city mayors command significant local power and budgets while in others, they may simply be the local face of centralized authority. And the mix can vary. Learning about the system and its levels – where decision-making happens on multiple topics – is an essential starting point for identifying the optimum partnerships.

c. The frontline is where the 'experience' happens

It may be tempting to see the quest for scale as fundamentally a policy decision. "*If only the government would decide to … then everything would be fine.*" As a result, much energy has been devoted to writing policies and drafting legislation. Indeed, many countries have a wealth of well-meaning policy. This is clearly a positive step but Early Childhood Development services matter most when they reach families and children. Adopting policy is not enough. Fundamental to delivery are the frontline workers of ECD systems. This is the point of the system where quality is delivered (or not). These are the people most distant from the policy statement, yet in practical terms, they have a great influence on the service experience.

Saving Brains innovators talked passionately about the plight and importance of frontline workers. They were in no doubt that raising the status of frontline workers is essential. They also note that in times of change and turnover in government, it is the frontline workers that remain consistent.

In discussion, another important theme emerged in regard to front line workers; that is the importance of building trust and empathy. Without empathy, front line workers are unlikely to deliver a quality experience. Our experience is that empathy does not come from training or instruction, but from experience itself. When staff experiences empathy themselves, they start empathizing too.

d. Families and communities are an essential part of the system

Front-line workers are one side of the ultimate delivery of any ECD system. On the other side of the coin are the families and children who should benefit.

If empathy only means sympathy then that is not enough. The engagement of families and children in the design and monitoring of the system is crucial if the system is to respond to real needs, challenges and opportunities. This cannot be token consultation, nor just listening without hearing. Neither can it be assumed that these needs will be static over time or between different communities so the engagement of families and children needs to be part of the life-blood of the system.

📝 *Socios En Salud: CASITA*

CASITA, a project of Socios En Salud in Peru, provides parenting support delivered to families by community-based workers. The intervention depends critically on a trusting relationship between frontline works and the families they serve. CASITA successfully piloted in Carabayllo, Peru, where the program team has had a history of trusted relationships with local families and communities. As CASITA began to scale up in communities outside their historical base, they found that families were hesitant to enroll and reluctant to invite CASITA workers into their home.

CASITA addressed this challenge primarily by forming alliances with local health centres to use existing community spaces for CASITA group sessions. This decision was strategic – integrating CASITA into comfortable and familiar community spaces was greatly beneficial in establishing trust. The selection of these spaces was a collaborative process between the project team, local organizations, and the

📝 *Aga Khan University: LEAPS*

The LEAPS (*Youth Leaders for Early Childhood Assuring Children are Prepared for School*) program of Aga Khan University supports learning and development for both young children and female youth in Sindh province, Pakistan. LEAPS trains young, female ECD workers called Community Youth Leaders (CYLs) to deliver quality early childhood education programs, filling a key service gap. However, the local social environment is not generally conducive to female employment outside the home. This posed a significant challenge. Families of prospective CYLs were often reluctant to break from societal norms and allow their daughters to pursue employment and join the program. Those norms also presented logistical problems; for example, transport to training sessions was a significant barrier for potential CYLs in communities where young women were not permitted to travel without a chaperone.

LEAPS addressed this challenge directly by actively engaging with families to develop their support. According to one former participant, meetings with LEAPS motivated her parents to be more optimistic about her career

municipality, as CASITA saw the community as an integral part of the system. The partnering health facilities also introduced CASITA to families by writing letters, which further helped to legitimize the project. CASITA then found it could maintain rates of uptake of the intervention, and strong relationships between workers and families, comparable to those in the pilot intervention.

To build and maintain those relationships in the context of scaling up, the CASITA team used a "community monitoring strategy" where seasoned CASITA workers would peer mentor newer workers, empowering them to support caregivers in the program. This sense of agency and empowerment allowed the newer cohort to build close relationships with families, which in turn helped to gain the trust and support or the community.

and education goals. By working directly with families, LEAPS enhanced families' trust in the program, which in turn cultivated a supportive network for CYLs.

Beyond the individual families, LEAPS worked to foster a more favourable environment for female employment at the community level. Prior to implementation, LEAPS held meetings with village leaders to nominate CYL candidates, so that the community gained an opportunity to play a significant role. LEAPS organized town hall meetings and disseminated regular newsletters to the community. LEAPS also arranged transport to training sessions for new CYLs. Once the program was running, CYLs held monthly meetings with local teachers and health workers. Open discussion of how LEAPS could respond to local ECD needs helped secure continued support from community shareholders. Observing the female supervisors of CYLs as role models for their young girls served as an added positive factor for community engagement.

LEAPS's collaboration with families and communities did more than solve the initial problem of recruitment and retention of young female workers. It also created a ripple effect on gender equality in these villages. As one CYL stated, "I am the one who has stepped out and is working in my family, so because of me the other girls in my family have got the permission to work, they are also working."

COMMENTARY: Observations on Good Practice 3

It's very helpful to think of families and communities as active parts of the 'system' rather than as passive beneficiaries.

Can we bring out more on this dimension in a vignette?

Your Comments *(please type directly in this box)*

Make government to understand the need of the innovation not only by our demonstration or research results but also through public demands. For example there is much difference between demand from a NGO or an institution and from a community or city or a district. **(comment from Amar Seva Sangam)**

Brick by Brick's Babies and Mothers Alive Program has trained over thirty faith-based leaders in our two districts. They are key champions for improved maternal, newborn and adolescent health care services, and have been key partners in increasing demand in our rural communities for these services. **(from Marc Sklar, Brick by Brick Uganda.)**

A Bottom up approach by engaging frontline staff was found to be helpful for School Readiness Initiative to secure the buy in of the government. This was achieved by showing the frontline managers that age-appropriate preparation of children is doable. Initially when we started, we approached the education authorities with a prepared methodology. Our offer was tucked in to the shelf and no action. Seeing no action, we enquired. We found out that everybody in the Education system starting from kindergarten teachers to higher officials, thought that a locally developed /adapted to local context/ comprehensive methodology would not be as good as the established numeracy and literacy-focused methodology. SRI then produced (by collaborating with Bureau of Education) the age appropriate, comprehensive methodology, and piloted it in two districts for a year. The teachers were very happy and felt a lot more confident, parents praised the schools, and the Education Bureau then agreed to take part in the project. When we started in 2010, we had a kindergarten each in two districts. There were only 80 children in the two schools. in 6 years, the government of Addis Ababa was using our methodology in 1652 government owned kindergartens (Of which SRI directly supported 52) involving 23,000 children. In 2017, The Ministry of Health wrote a letter to SRI stating its strong support and encouraging scaling the program in other parts of the country. **(SRI)**

GOOD PRACTICE 4: See quality as the result of a continuous process of learning and relationship building.

Experience from our team of innovators is that quality is neither a vague idea nor a specific recipe.   It is the result of a determined and ongoing focus, in which continuous learning and strong relationships are critical. Neither is quality an absolute level or binary choice; so be prepared for difficult decisions as you scale. We identified four key themes:

a. Make quality tangible and measurable

Quality pervades every aspect of an innovation - from the front line experience of families, right through to the longer-term outcomes and impact of the work. "If quality is 'tangible' then it can be scaled. If it's an 'idea', then it cannot" said one of our innovators. Signing up to vague ideas of good quality is both easy and undemanding, whereas delivering a specific quality of service that achieves defined outcomes requires ongoing monitoring, energy and commitment.

Improving quality is a continuous process, not a one-off task. It requires constant focus on improvement, not blame.   It is about the system, not a tool to performance manage individuals. Compliance models will not by themselves secure quality; shared commitment and understanding is key.

📝 *FAMI*

FAMI is a parental support program of the Government of Colombia using paraprofessional facilitators. Working in partnership with the government, the Saving Brains innovators at the Universidad de los Andes and the Institute for Fiscal Studies enhanced the existing FAMI program by introducing a specific curriculum, by training and coaching the facilitators, and by incorporating nutritional supplementation. The developers realized that for the new curriculum to effectively promote high quality relationships with children, the relationships between the program facilitators and the families they served needed to be equally positive and supportive, modelling the quality of the family relationships they sought to promote. For example, it was integral for facilitators to use positive reinforcement to promote the mother's self-esteem, confidence and motivation. However, within the existing supervisory culture of the FAMI facilitators, more directive approaches were prevalent and continuous praise and

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📝 *Amar Seva Sangam: mVBRI*

mVBRI (Mobile Village Based Rehabilitation Initiative) program is a technology enabled, home-based systematic approach for the rehabilitation of 0-6 year old children with developmental delays. Early intervention is inaccessible in most rural part of India. The mVBRI team takes rehabilitation services to the doorstep of the family and provides a full package of services with local resource people called Community Rehabilitation workers (CRWs). Rehabilitation specialist like physiotherapist, special educators and speech trainers supervise the CRWs. The process starts with child screening, collection of base details, initial assessment by specialists, treatment, and regular periodic evaluation. Since 2013, Amar Seva Sangam has implemented this model in eight blocks of Tirunelveli District in Tamilnadu State of India giving rehabilitation to nearly 1,500 children with delayed development.

Amar Seva Sangam approached the Social Welfare Department of the

encouragement were resisted. Thus, the program faced a challenge making sure a reluctant delivery system could embrace and sustain "quality," broadly understood to include positive human relationships.

The FAMI team addressed this challenge at the outset by breaking down the idea of "quality" into tangible, measurable, and accessible components, and used these components in training, coaching, and final evaluation. The team designed specific quality targets and used written forms, videos, and observations to monitor the extent to which those targets were being met. For example, indicators included how often facilitators praised mothers and mothers' levels of participation, responsiveness, and enthusiasm. The training strategy modeled positive interactions at each stage, starting with the relationship between field managers and the tutors they trained, and rippling onward to the tutor-facilitator relationship, and finally to facilitators and families. The combination of defining components of quality in a specific manner, training FAMI staff accordingly, and monitoring their implementation helped the team secure a shared commitment to positive relationships. The final results showed a high level of quality, defined this way, in program delivery and strong resulting benefits for families and children.

Government of Tamilnadu for the scale up of the project all over the state. The government of Tamilnadu, after various levels of scrutiny, agreed to a pilot project in selected blocks in two other districts of the state. The pilot project was implemented directly by Amar Seva Sangam in five blocks of Madurai and Namakkal Districts from February 2017. After various meetings with government officials and ministers, Amar Seva sangam then succeeded in their ambition when the Government of Tamilnadu agreed to fund two entire Districts covering nearly 2,000 children.

In addition, the National Health Mission of Tamilnadu was interested in the mobile application which Amar Seva Sangam uses. They agreed to use the mVBRI application in 31 District Early Intervention Centres all over Tamilnadu. In both departments, Amar Seva Sangam faced trouble in introducing the systematic approach. Only once the officials understood the potential of the project were they able to obtain the necessary financial approval.

Amar Seva Sangam was successful because they helped government officials to tangibly see the benefits to children and their families. The government started to fund replication in other parts of the state only after doing the pilot studies. This approach requires patience, but also the tenacity to knock the doors of the government frequently so that they can learn about the potential of the project.

b. Leave your ego at the door. Others need to own the solution.

A challenge faced by every innovator is the question of when their own ego becomes the constraining factor on the growing scale of the innovation. Could there be any tougher challenge to recognise in oneself?

Scaling bigger than the horizon of the founder involves letting go. Engaging others in co-creating means accepting that they own part of the solution. Involving government in service delivery means that it quickly becomes a government service. Our innovators, alert to this risk,

aim to always talk about 'we', not 'I' – even from the earliest days. They recognise that while many parts of the innovation will scale well, their own time and personality is unique to them and can never be scaled.

To further drive this difficult point home, it is the observation of some of our innovators that "ownership" is a prerequisite to others really being committed to quality. Compliance models do not secure quality in ECD – ownership models do.

c. Look for support beyond government

These notes have firmly established that government support is no guarantee of success in the quest for impact at scale. But even with excellent government collaboration (of which we have some striking examples within this community), it can make good sense to look for support elsewhere in addition. Phrases like "grass roots community engagement", "rapid innovation", or "effective, simple technology" are not concepts that come to mind when we think of the typical strengths of large government agencies, yet successful scaling may depend upon all these things. Where else can we get this type of support?

- Be realistic about where government can best help.
- Look for support beyond government.   Could there be a win-win opportunity with business?
- Don't think of government only as a source of financial support.   Perhaps there is in-kind support or assistance with policy or networking?
- Have a plan B in case government support is simply not forthcoming.

d. Stick with the relationships, even after you've been successful

The quest for quality outcomes at scale rarely has an end. There will be breakthroughs, but impact scale remains a relative concept. Conditions on the ground will always evolve, and there will always be opportunities to improve service, to tailor programmes more effectively to each context. Driving an ongoing focus on quality outcomes remains as important after five years as it was on the first day.

Ultimately, others may own the responsibility for driving the agenda. But, our innovators urge that the relationships continue to matter. Your continued passion and focus on the outcomes will continue to enthuse and motivate those you partner with.

COMMENTARY: Observations on Good Practice 4

It would be great to illustrate the "make quality tangible" point with a concrete example of where that's been done and how it worked.

Your Comments *(please type directly in this box)*

Our innovation should be understandable even at the frontline workers level and they should not be like a machine performing the order. When the innovation is approachable and easy to handle by frontline workers, there will be less compromise in quality which will make the innovation more tangible **(comment from Amar Seva Sangam)**

CONCLUSION: We are scaling interdependent human systems

At the beginning of this thematic brief, we explained that the discussion of this group of Saving Brains innovators had largely focused on the role of governments – as funders and delivery partners – to take ECD to scale. There are of course many other approaches, but this dialogue has firmly established a recognition that scaling by dependency on government is no elixir on the quest for impact at scale. Yet, for innovators who see government as crucial to larger impact, there is a middle ground between imagining that government will simply take up and successfully implement any evidence-based pilot or despairing of effective government scaling altogether.

Our conclusion regarding government partnership is that success can be achieved through ongoing, interdependent collaboration. Partly this is because our discussions have identified lots of good practice for constructively dealing with challenges inherent in government work. More than that, we have seen many situations in which sustained government partnerships have worked over time.

The experiences described here point to the value of a relationship with government that is strategic and interdependent, an approach that includes government but also see beyond it. Such an approach starts with the understanding that governments are inherently human institutions which are a critical part of larger human ECD systems. Scaling innovations in ECD that depend on high quality human relationships entails connecting effectively with the motivations and priorities of everyone engaged in the process: people in government, people at the front line of service, people in families and the communities being served.

There is no simple recipe for success but key ingredients certainly include focusing on scaling to achieve outcomes, not replicating a product; planning strategically and being realistic about the common challenges; working at all levels of the system, but particularly engaging frontline workers and families; and seeing quality as the result of a continuous process of adaptive learning and relationship building. The quest for scale continues.

COMMENTARY: Overall Observations

Your Comments (please type directly in this box)

Focusing on the outcomes will help in scale up rather than focusing on expansion and funding. **(comment from Amar Seva Sangam)**

We turned the notes from the original March 2019 discussions into a mind-map so that we could spot patterns and connections. This led to the identification of the four good practice themes around which this thematic brief is based. You can view a high-resolution PDF of this mind map here.
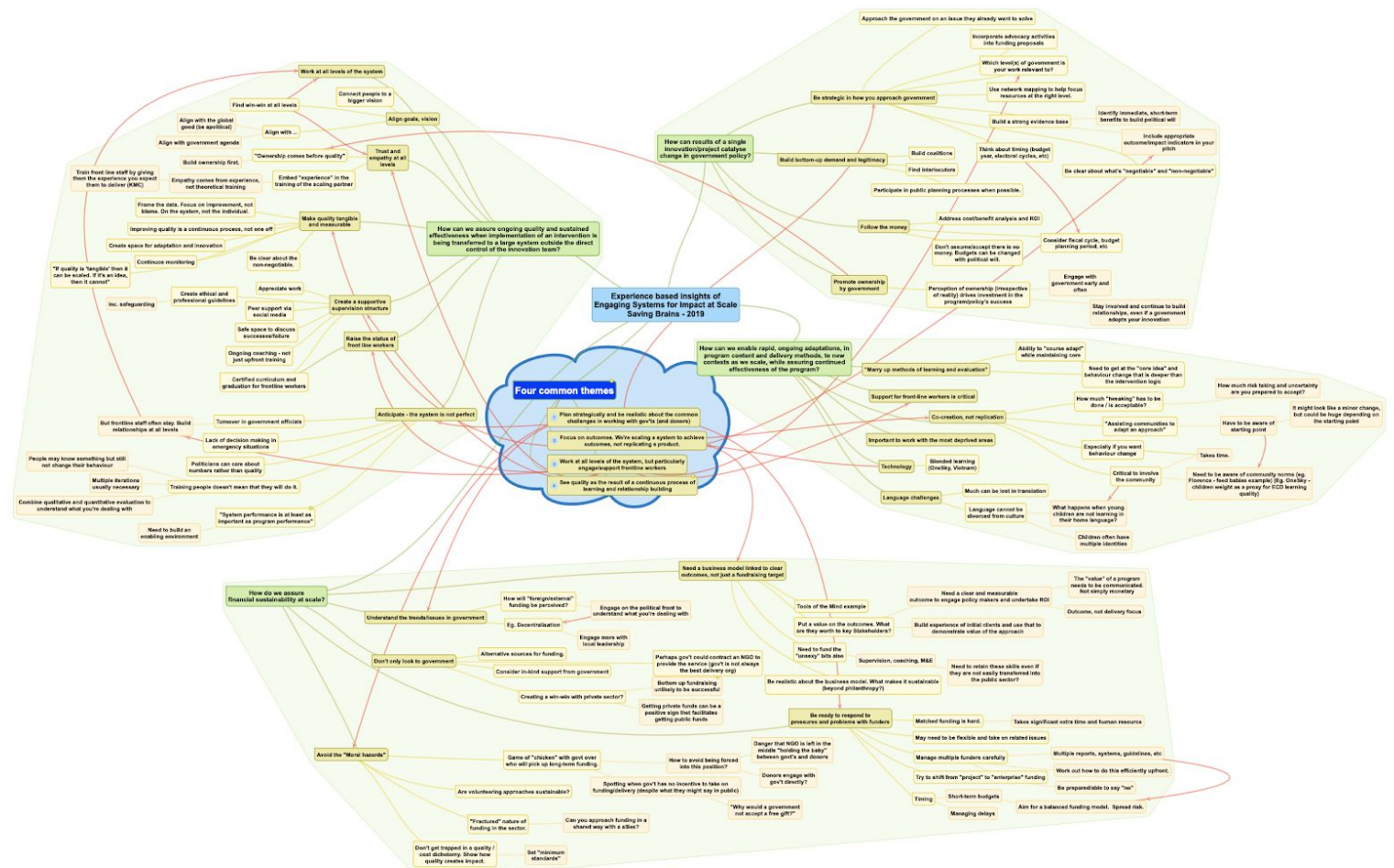
APPENDIX B: Experiences and vignettes

This summary table is designed to help you make connections with organisations who have faced the same opportunities and challenges (issues) that you see in your work.

	Good practice themes	Org name	Org name	Org name
1	Design for outcomes			
	Focus on co-creation, not replication			
	Create a business plan linked to your outcomes (not a fundraising target)			
	Understand the value of your outcomes to key stakeholders			
2	Anticipate challenges - the system is not perfect			
	Be strategic in your approach to government	Survive and Thrive		
	Avoid the moral hazards			
	Be ready to respond to pressures from donors			
3	Governments are systems of people	Community Empowerment Lab		
	Find the level(s) of government most relevant to your work			

	The frontline is where the 'experience' happens			
	Families and communities are an essential part of the system	CASITA	LEAPS	
4	Make quality tangible and measurable	FAMI	ASSA	
	Leave your ego at the door. Government needs to own the solution.			
	Look for support beyond government			
	Stick with the relationships, even after you've been successful			

APPENDIX C: Vignettes

… please add any new Vignette text below …