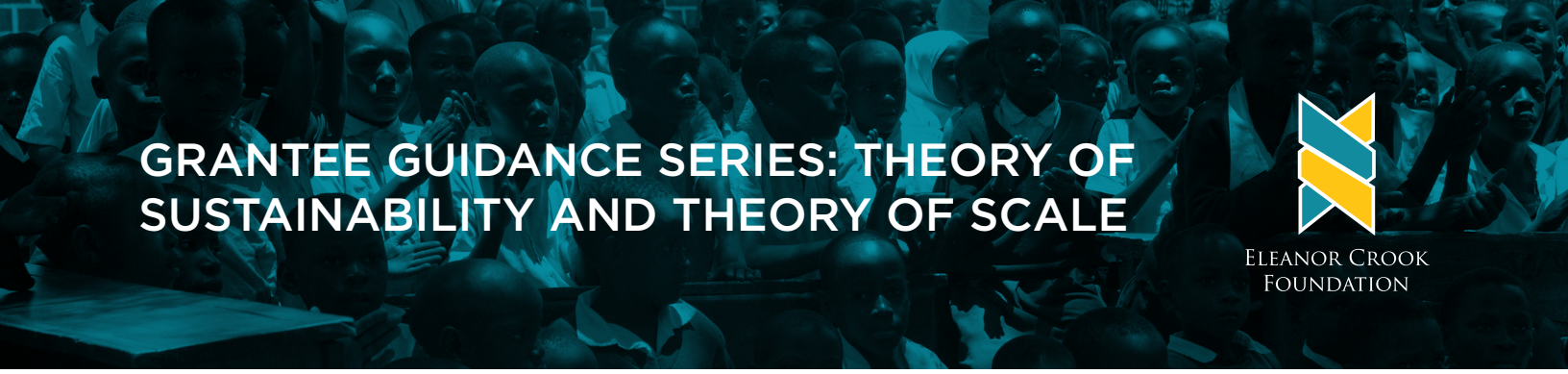
GRANTEE GUIDANCE SERIES: THEORY OF SUSTAINABILITY AND THEORY OF SCALE



ELEANOR CROOK FOUNDATION

This document explains The Eleanor Crook Foundation's approach to sustainability and scale. It is intended to be read alongside ECF's formal RFA solicitation and to serve as guidance to applicants on how to address issues of sustainability and scalability when applying for and carrying out ECF grants. It includes: (a) our understanding of the theoretical underpinnings of each of the two concepts; (b) the way ECF will use these concepts to guide decision-making; (c) the program planning and implementation implications for ECF grantees; and (d) links to existing external resources.

INTRODUCTION

Despite many global efforts, malnutrition continues to persist worldwide. Malnutrition contributes to nearly one half of all deaths of children under five years of age (CU5) in developing countries.[1,2] There is a need for those working in global nutrition to make coordinated investments in improving and testing large-scale and sustainable interventions if we are to reverse this trend and achieve Sustainable Development Goal (SDG) 2 (to end hunger, achieve food security and improved nutrition and promote sustainable agriculture)[3]. This will require testing ideas that are not only innovative, but also simple enough to scale in a variety of challenging contexts and that are cost-effective enough to be sustained beyond the life cycle of a single grant. Too many innovative ideas never leave the pilot phase because, while effective in isolated testing, they would be impossibly resource-intensive to implement on a large scale over time. The Eleanor Crook Foundation (ECF) wants to ensure its' grantees are incorporating considerations of scalability and sustainability into their study designs so that potentially impactful ideas can move beyond the pilot phase and elicit large-scale reductions in malnutrition.

The Eleanor Crook Foundation (ECF) is a growing US-based philanthropy focused exclusively on global nutrition. ECF supports innovative solutions to malnutrition through three key means: (1) funding and support for nutrition implementation research in East Africa; (2) technical capacity building and funding for local East African organizations to implement high-quality nutrition programs in their own communities; and (3) coalition-building and external stakeholder engagement initiatives to leverage additional support and funding for global nutrition.

[1] Robert E Black, Cesar G Victora, Susan P Walker, Zulfiqar A Bhutta, Parul Christian, Mercedes de Onis, Majid Ezzati, Sally Grantham-McGregor, Joanne Katz, ScD, Reynaldo Martorell, and Ricardo Uauy. "Maternal

[2] Lucia Hug, David Sharrow, and Danzhen You. "Levels and Trends in Child Mortality: Report 2017". Estimates Developed by the UN Inter-agency Group for Child Mortality Estimation, UNICEF: New York, 2017.

[3] Target 2: By 2030, end all forms of malnutrition, including achieving, by 2025, the internationally agreed targets on stunting and wasting in children under 5 years of age, and address the nutritional needs of adolescent girls, pregnant and lactating women and older persons.

The concepts of scale and sustainability are fundamentally linked. Given this link, every time a proposed intervention claims to be sustainable, we ask ourselves, "Yes, but at what scale?" And every time a proposed intervention claims to be scalable, we ask ourselves, "Yes, but is it sustainable?" In both cases, we believe the answer depends on the prospects for, and pathways to, embedded and systemic change. We are committed to population-scale change, but see our investments as short-term and relatively small contributions to that broader movement. We know that the interventions we support are likely to achieve scale if – and only if – they result in meaningful change that is embedded in and delivered through mainstream public and private systems and value chains. That same focus on systemic change is central to sustainability – the sustainability of benefits, not of our projects – which relies on adoption of changes by governments and/or private markets. While many of the considerations outlined in this document may seem intuitive to some degree, we have found that in practice they are often neglected in the face of day-to-day implementation challenges.

WHY FOCUS ON SUSTAINABILITY?

Creating conditions that enable sustainability of benefits beyond project completion is a recurring challenge in development programs[4]. According to one recent study, only 1% of global development projects complete post-project evaluations. Of the projects included in that study, only 10% had sufficient available data from project implementation to enable reasonable post-project analysis[5]. In other words, only one out of 1,000 projects generates meaningful data about project sustainability!

Another study of a small sample of donor-funded programs showed that almost half of funded program activities and their benefits ended shortly after donor funding cycles ended[6]. Together, these data suggest that: (a) we know very little about the determinants of sustainability; (b) our efforts to ensure sustainability are inadequate; and (c) we are not learning lessons that could improve the performance of future projects. According to the Center for Global Development, "…no responsible physician would consider prescribing medications without properly evaluating their impact or potential side effects. Yet in social development programs… no such standard has been adopted."[7] It is time to change that.

WHY FOCUS ON SCALE?

There is a clear opportunity for at-scale implementation in global nutrition. Although donors and their development partners often focus on the introduction of innovative practices and technologies, the vast majority of proven practices are not implemented at scale.[8,9] The approval of the Sustainable Development Goals (SDGs) in 2015 represents an opportunity, and an increased imperative, to scale up proven nutrition interventions to meet the ambitious nutrition targets of the SDGs while making every dollar invested go further.

[4] Hiller, Bradley T., Guthrie, Peter M., and Jones, Aled W., "Overcoming Ex-Post Development Stagnation: Interventions with Continuity and Scaling in Mind", Sustainability 2016, 8, 155
[5] Zeivetz et al. "Building the evidence base for post-project evaluation: case study review and evaluability checklists", Valuing Voices, May 2017.
[6] Savaya et al., "Sustainability of social programs: a comparative case study analysis". American Journal of Evaluation 2008, 29:478–493
[7] Center for Global Development (CGD). "When Will We Ever Learn? Improving Lives through Impact Evaluation"; Report of the Evaluation Gap Working Group: Washington, DC, USA, 2006.
[8] Hiller, BT., Guthrie, PM, and Jones , AW, "Overcoming Ex-Post Development Stagnation: Interventions with Continuity and Scaling in Mind", Sustainability 2016, 8, 155
[9] Interview with Larry Cooley, June 20, 2018.

SECTION 1: SUSTAINABILITY

ECF'S DEFINITION OF SUSTAINABILITY

Over the past two decades, the concept of sustainability has become a common part of international development discussions.[10] Nonetheless, there is no common definition. Although ECF acknowledges that its partners and grantees may have their own way of thinking about sustainability, ECF defines sustainability as: ***THE ABILITY TO MAINTAIN SERVICES AND BENEFITS OVER TIME.*** Based largely on the work of Schell *et al*.,[11] this definition focuses on building the necessary systems, structures, resources and processes to provide services in the long term and maintain their impact.

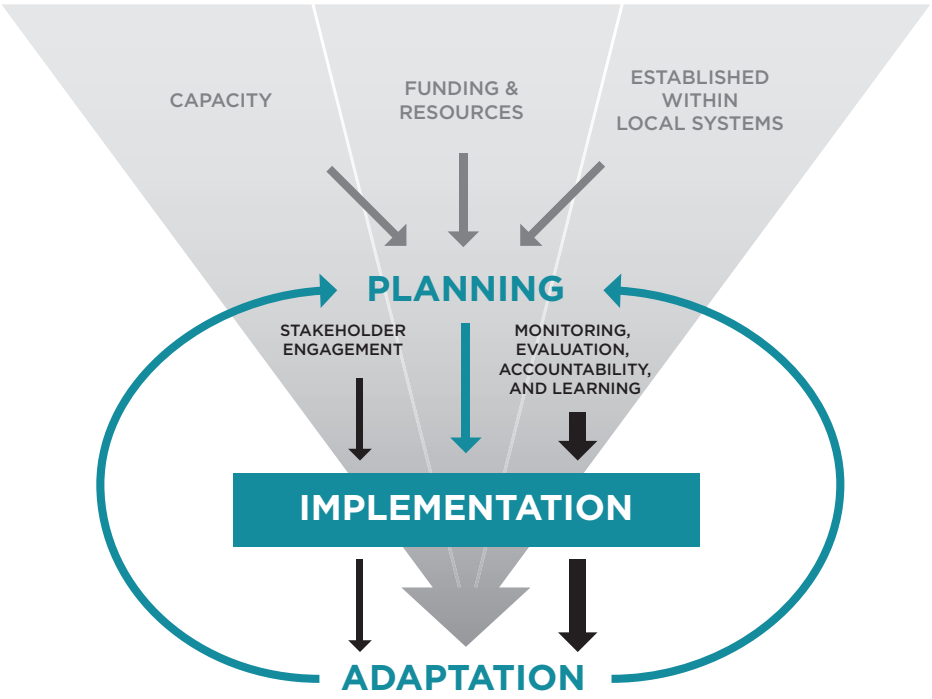
In most cases, implementing an intervention one time does not lead to a widespread benefit. Often, an intervention must be ongoing to maintain its impact, which is why sustainability is so important. For example, one target population of a project can be pregnant and lactating women (PLW). Although a one-time program may be able to reach all the target population in a given community, treated individuals quickly progress out of the criteria enabling them to be part of this target population and are constantly replaced by new PLW, who will not be reached by the program. The demand for services targeting the needs of this population is therefore ongoing; thus the sustainability of the services themselves is essential to ensuring lasting benefits to a community.[12]

THE ECF SUSTAINABILITY CONCEPTUAL MODEL

Schell *et al*. identified a framework for sustainability in public health programs based on a comprehensive literature review, input from an expert panel, and the results of concept-mapping.[13] Building on this research, Luke *et al*. subsequently reviewed and validated the factors from this framework using confirmatory factor and psychometric analyses of questionnaires administered to public health programs in the US, ultimately confirming eight variables shown to directly influence sustainability.[14] In 2016, Rogers et al. published the results of a 12-project, four-country study of USAID food security and nutrition programs that identified four critical factors underpinning sustainable outcomes. Finally, in 2018, Management Systems International (MSI) published the results of a two-year, four-country study on the sustainability of donor-supported basic education programs 10 years after program completion.[15] There is considerable consistency among the variables these studies associate with sustainability, which forms the basis of the ECF Sustainability Conceptual Model (see figure 1).

[10] Adam Ahmed Soliman Sabbil and Omer Haroun Mastour Adam, "Factors affecting project sustainability beyond donor's support. The case of area development scheme in Umkadada locality, North Darfur state, western Sudan", International Journal of Technical Research and Applications, Volume 3, Issue 3 (May-June 2015), PP. 94-101.
[11] Schell, Sarah F.; Luke, Douglas A.; Schooley, Michael W.; Elliott, Michael B.; Herbers, Stephanie H.; Mueller, Nancy B.; and Bunger, Alicia C., "Public health program capacity for sustainability: a new framework," Implementation Science 2013, 8:15.
[12] Ghiron et al. "Beginning with sustainable scale up in mind: initial results from a population, health and environment project in East Africa," Reproductive Health Matters, 22:43, 84-92.
[13] Schell, Sarah F.; Luke, Douglas A.; Schooley, Michael W.; Elliott, Michael B.; Herbers, Stephanie H.; Mueller, Nancy B.; and Bunger, Alicia C., "Public health program capacity for sustainability: a new framework," Implementation Science 2013, 8:15.
[14] Luke DA, Calhoun A, Robichaux CB, Elliott MB, Moreland-Russell S. "The Program Sustainability Assessment Tool: A New Instrument for Public Health Programs". Preventing Chronic Disease 2014; 11:130184.
[15] "Evaluation of Sustained Outcomes in Basic Education", found October 11, 2018 at https://pdf.usaid.gov/pdf_docs/PBAAJ315.pdf

FIGURE 1: ECF SUSTAINABILITY CONCEPTUAL MODEL



ECF's Sustainability Conceptual Model places sustainability at the nexus of multiple reinforcing domains. These include strong technical, institutional and management capacity; long-term funding and resources; establishment within local systems; and ongoing, deep stakeholder engagement throughout program implementation. In addition to these domains, scaling experts have found that the continuous process of monitoring, evaluating, assessing accountability and learning provides key insights that implementers can use to adjust or adapt the project before, during and after implementation. As we discuss below, the domains and processes central to ECF's Sustainability Concept Model reflect the MSI-identified factors for successful scaling.

DOMAINS TO CONSIDER FOR SUSTAINABILITY

Capacity. The ECF Sustainability Conceptual Model includes a single domain that refers broadly to the need to build and maintain high-level technical and institutional capacities across all links in the service delivery chain. *Technical capacity* refers to the human resources (service providers) required to provide high-quality nutrition services. This includes the skills they have to drive demand and effectively engage with service users. *Institutional capacity* refers to the systems and related processes, procedures and tools required to keep services functioning and to manage them effectively. These include M&E processes and evidence generation, incentive and human resource management schemes, advocacy processes, supply chain management, infrastructure, and logistics. This also includes the capacity of frontline institutions to use evidence to adapt services and effectively advocate for their needs. *Management capacity* refers to institutional management of the above processes, including human resource management, communication processes, and service delivery.

Capacity strengthening activities should be tailored to stakeholders' needs based on the strengths and challenges identified during the project design stage and should build on existing processes and systems, rather than reinventing the wheel, where possible.

Funding and resources. This refers to the long-term availability of sustained funding and/or inputs[16] to ensure continued delivery of key services and benefits after a donor-funded nutrition project ends. Long-term financing and resources can come from government budgets and line ministry technical support offices, private sector service providers, community contributions, other donors and NGOs,[17] or a combination of these. Funding and other resources also shape other key domains of this model, playing a role in facilitating capacity development, ongoing partnerships, meaningful stakeholder engagement, monitoring and evaluation (M&E), learning, accountability, and adaptation.

Established within local systems. This refers to the need for projects to be embedded within local communities, structures, systems, policies and processes. To ensure acceptance and support among key stakeholders, interventions should build on and complement existing priorities and ongoing work of the local private sector, civil society, government institutions, and policy actors. Vertical linkages between communities and existing institutions are especially critical to support sustainable demand creation and consistent supply provision. Implementers need to have a strong understanding of, and relationships with, local actors, as well as a nuanced understanding of their incentives, motivations and leverage points.

Given the focus on sustaining benefits, not just sustaining projects, it is critical that projects make use of local service-delivery mechanisms and protocols where possible, rather than developing parallel structures.

> "For example, if existing committees or community-based health workers have responsibility for service provision within the health system, projects should leverage those complete structures and processes, such as the incentive system, despite the challenges this might present."

While nutrition interventions are often complex, if they are to continue after donor funding ends, implementers must also challenge themselves to design interventions whose inputs, processes and procedures are simple and sufficiently affordable to facilitate their transfer or phase-over to local service providers.

Ongoing stakeholder engagement. Where possible, interventions should be co-designed with local institutions in order to foster buy-in to the innovation from the start. Even where co-designing is not feasible, deep stakeholder engagement is essential, starting during project design and continuing throughout project implementation. This means that project implementers must identify the relevant stakeholders and assess their interests a nd motivations, as well as their potential to support or detract from the project and the probability of them sustaining service and benefit flows after project completion. Ideally, stakeholder engagement should begin during or before project planning. Data are important, but effective engagement of local stakeholders is absolutely essential.[18]

Stakeholder engagement also presents an opportunity to advocate for scaling based on the results of project data. The more people from the local "system" that are involved from the beginning, the higher the level of understanding that is possible and the higher the potential for lasting change. Deep and ongoing stakeholder engagement generates political commitment, builds ownership and creates champions who can act as both cheerleaders and key resources for the project.

Key stakeholders include communities themselves, government offices and institutions, international organizations, community-based organizations, religious organizations, private businesses and other civil society actors. "Deep collaboration" means knowing these stakeholders, speaking with them frequently, understanding their needs, valuing and taking their opinions into consideration, and planning and implementing with them as full partners. Included are both "traditional" partners, such as local government and non-governmental organizations (NGO), and "non-traditional" partners, such as private corporations, landowners and religious leaders.

[18] Interview with Larry Cooley, June 15, 2018.

Monitoring, evaluation, accountability, and learning. The factors affecting the sustainability of an intervention are constantly changing. Ministries close and open, funding sources appear and disappear, skilled staff members come and go, and laws and policies change. Therefore, lasting change requires frequent reflection and adaptation. The ECF Sustainability Conceptual Model calls for data to be continually collected and critically analyzed throughout and after implementation in order to assess impact and generate insights about what is successful, what is not, and why. This is particularly important given the complexity of the nutrition sector and our limited knowledge about how lasting change happens. To ensure project sustainability, ECF projects should seek to influence key stakeholders and be prepared to adjust or adapt interventions accordingly.

SECTION 2: SCALE

ECF's Theory of Scale illustrates the general pathway that we broadly envision nutrition innovations should follow on their way to eventual scale and is intended to:

A. Guide ECF's and grantees' strategic thinking and decision making;
B. Facilitate transparent relationship management between ECF and partners/grantees; and
C. Help ECF and grantees ensure that their activities purposefully drive toward scale from inception.

The Theory of Scale is intended as both a broad framework for scaling and a guide for potential grantees. Although some of the guidance is specific, the pathway itself is not likely to be static or linear; it will likely evolve as implementation proceeds and understanding of local contexts grows.

ECF'S DEFINITION OF SCALE

ECF defines scaling as: ***DELIBERATE EFFORTS TO BENEFIT SIGNIFICANT NUMBERS OF PEOPLE AND COMMUNITIES WITH ACCESS TO EFFECTIVE NUTRITION INNOVATIONS THAT HAVE BEEN TESTED THROUGH RIGOROUS RESEARCH.*** This definition is based on best practice while reflecting ECF's grantmaking priorities.

The challenge is **HOW** to reach scale as, currently, there are significant impediments. Global donor commitments to nutrition are woefully low, representing less than 1% of total development aid.[19] National health systems face significant resource and capacity constraints, limiting their ability to take on costly and staff-heavy prevention and treatment models.[20] Compounding these challenges, the international aid architecture is increasingly fragmented as the number of projects supported by donors and NGOs becomes larger and the average project size becomes smaller.[21] This often leads to implementation "siloes" in which NGOs and other agencies operate in isolation from one another, focusing on "ownership" of interventions rather than sharing technologies and ideas for greater collaboration and impact. At the same time, many of the implementation models utilized by NGOs, while often effective, have high unit costs and management complexities that act as impediments to scale.[22]

> "Implementers often operate as if every small component of a project is necessary for success, even when such complexity is difficult to implement at scale.[23,24]"

[19] Development Initiatives, 2017. Global Nutrition Report 2017: Nourishing the SDGs. Bristol, UK: Development Initiatives.
[20] Development Initiatives, 2017. Global Nutrition Report 2017: Nourishing the SDGs. Bristol, UK: Development Initiatives.
[21] Hartmann, A.; Linn, J.F. Scaling-up: A Path to Effective Development; International Food Policy Research Institute (IFPRI): Washington, DC, USA, 2007.
[22] Hiller, BT., Guthrie, PM, and Jones, AW, "Overcoming Ex-Post Development Stagnation: Interventions with Continuity and Scaling in Mind", Sustainability 2016, 8, 155.
[23] Linn, J.F. "Overview: pathways, drivers, and spaces". In Scaling-up in Agriculture, Rural Development, and Nutrition; International Food Policy Research Institute: Washington, DC, 2012.
[24] Interview with Larry Cooley, June 20, 2018.

In response to the scaling conundrum, several stakeholders have undertaken conceptual work and developed practical guidance to systematically support scaling efforts and address many of these challenges.[25,26,27,28,29,30] While the models differ slightly, they share several ***common key principles:***

Clear scaling strategies starting from project design. Although scaling is both an art and a science[31], researchers and implementers should *systematically plan* to bring an innovation to scale during project design phase and should *iteratively adjust* these plans as a project moves from proof of concept to eventual scale-up. ECF realizes that, despite concerted efforts to plan from the design stage, not all pilots will be successful; thus not all innovations should ultimately be brought to scale.

Deep and ongoing stakeholder engagement. In line with ECF's Sustainability Conceptual Model, deep stakeholder engagement is essential, starting from project design. This will facilitate ownership and buy-in, which will facilitate scale-up if appropriate.

Importance of local context. Interventions do not exist in a vacuum. It is important that the initial project design accounts for key contextual factors, such as cultural and institutional norms, existing health delivery systems and mechanisms, and available human resources within the health delivery system. This principle aligns with the "established within local systems" domain of ECF's Sustainability Conceptual Model. Interventions that build on and work within local constraints are much more likely to be sustainable and scalable in the long term, even when these constraints make implementation slower or less impactful in the short term.

Simplicity of interventions. Although nutrition interventions are complex almost by definition, it remains the case that **simple interventions are easier to scale than complex models;** therefore scaling should be a process of subtraction rather than addition. Interventions that can be adapted to and embedded within local institutional, cultural and contextual realities are more readily scaled. Interventions should be designed from the outset with this principle in mind and simplified iteratively at each stage along the pathway to scale.

Ongoing monitoring, evaluation, accountability, learning AND adaptation. For the same reasons noted in the discussion of sustainability, effective scaling requires the systematic use of evidence to guide the process and iteratively incorporate new learning. The systematic and timely use of evidence and data from implementation monitoring should inform decision-making and scaling efforts. It should also include testing innovations under the less-than-ideal conditions required for delivery at scale. While it is critical to generate evidence that a program is effective, it is equally important to find ways to adapt and simplify programs.

Cost sensitivity. Understanding the effectiveness or success of an intervention in terms of its technical benefits (e.g. improving nutrition behaviors) is necessary but insufficient. **Costing and cost-effectiveness considerations are fundamental for making informed decisions regarding the appropriateness and feasibility of implementation at scale** and for developing a realistic financing plan. Costs should include those borne by the project, the local health system and the participants in an intervention.

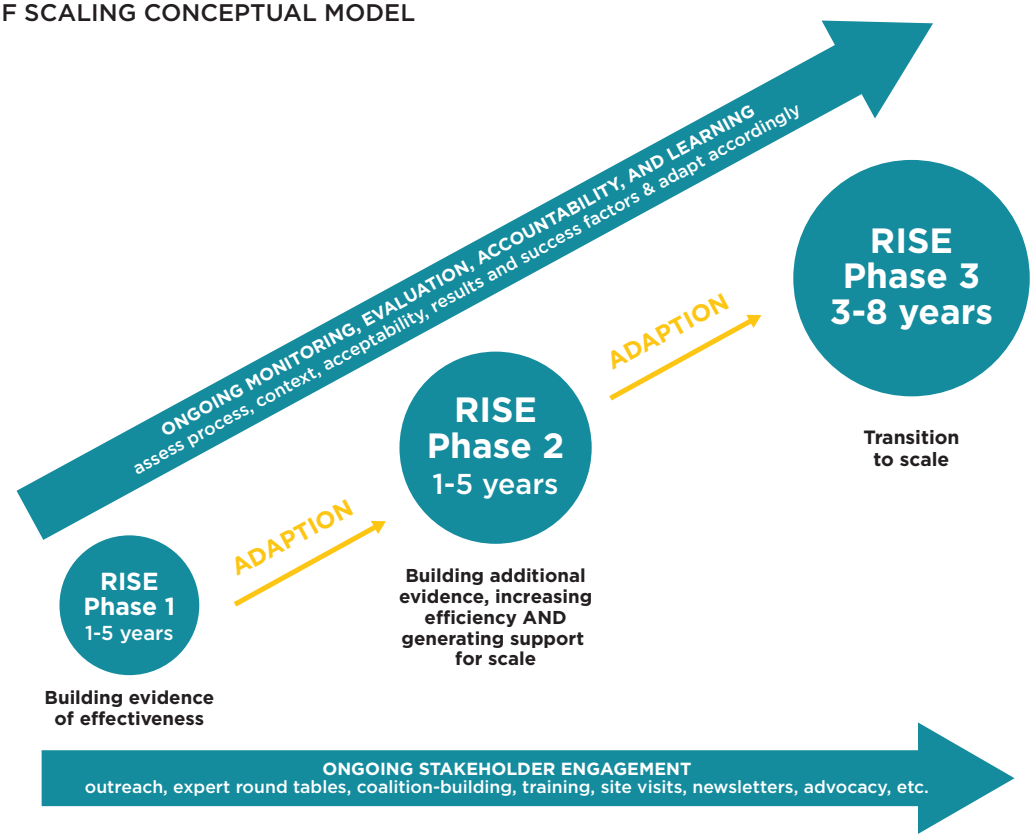
[25] Cooley, L.; Ved, Rajani R.; and Fehlenberg, Kate. "Scaling-up—From Vision to Large-scale Change: Tools and Techniques for Practitioners", Third Edition, Management Systems International: Arlington, VA, USA, 2016.
[26] Ruth Simmons, Peter Fajans, Laura Ghiron. "Beginning with the end in mind: planning pilot projects and other programmatic research for successful scaling up", ExpandNet, World Health Organization: Geneva, Switzerland, 2011.
[27] Ruth Simmons, Laura Ghiron, and Peter Fajans, "Nine steps for developing a scaling-up strategy", ExpandNet, World Health Organization: Geneva, Switzerland, 2010.
[28] Ruth Simmons and Peter Fajans. "Practical guidance for scaling up health service innovations". ExpandNet, World Health Organization: Geneva, Switzerland, 2009.
[29] Yamey, Gavin, "Scaling Up Global Health Interventions: A Proposed Framework for Success". PLoS Med 8(6): e1001049. doi: 10.1371/journal.pmed.1001049 (2011).
[30] Thomas Feeny and Johannes Linn, "Insights on Scaling Innovation", International Development Innovation Alliance (IDIA). June 2017.
[31] Hiller, BT., Guthrie, PM, and Jones, AW, "Overcoming Ex-Post Development Stagnation: Interventions with Continuity and Scaling in Mind", Sustainability 2016, 8, 155.

THE ECF SCALING CONCEPTUAL MODEL

To bridge the gap between identification of successful interventions and getting those interventions to those who need them most, ECF launched the ***RISE for Nutrition*** grant portfolio in 2016. With a focus primarily on East Africa, this portfolio funds research on cost-effective, scalable innovations designed to improve nutrition interventions. The RISE for Nutrition program includes three phases, as illustrated in Figure 2. In Phase One, grantees pilot test potentially scalable nutrition innovations using rigorous research in a real-world setting. In Phase Two, ECF supports further testing of effective innovations from Phase One to solidify the evidence base, improve scaling prospects and enhance buy-in and support (assuming promising results from Phase One). In Phase Three, ECF supports additional review and adaptation, followed by intensive and intentional scale-up by partners; especially by government but including other actors such as the private sector and NGOs.

During each phase of the scaling process, ECF will work with grantees and stakeholders, including an EXPERT ADVISORY BOARD (EAB)[32], to conduct a systematic review of the innovation and adapt it accordingly to ensure it remains scalable and established within the local context. ECF will provide funding for and work closely alongside its grantees to advocate to governments, international institutions and other local actors to review scaling and sustainability progress and prospects. ECF will share results generated from RISE research activities with stakeholders in government, multilateral and bilateral organizations, international and national NGOs, the private sector, local and global research institutions, faith-based organizations (FBOs) and others, both across East Africa and globally.

FIGURE 2: ECF SCALING CONCEPTUAL MODEL



[32] The EAB's objective is to provide expert review and feedback on ECF's approach to funding global nutrition, including through our upcoming RFA process and towards critical global nutrition advocacy opportunities. EAB members will serve as a technical sounding board for decisions on ECF's grantmaking, grant management and strategic planning process.

It is our expectation that only a subset of the interventions that ECF supports at Phase One will progress to Phase Two and that not all of those that receive Phase Two funding will proceed to Phase Three. Likewise, it is important to note that each phase of the scaling pathway requires a distinct set of skills; therefore grantees and/or their roles may change as an innovation moves closer to scale. While ECF expects to support some grantees through all three phases, it may begin its support for some grantees at Phase One, Phase Two or Phase Three.

USE OF SUSTAINABILITY AND SCALE CONCEPTUAL MODELS

Based on these frameworks and principles, **ECF has defined a set of key tasks** that will help guide planning and decision making Pre-Project, for Phase One Applications and Grants, for Phase Two Applications and Grants, for Phase Three Applications and Grants, and Post-Project. Some tasks are to be carried out by applicants prior to award decisions and some by grantees post-award. In certain cases, tasks are to be carried out by applicants or grantees working collaboratively with ECF.

PRE-PROJECT STAGE (CONCEPT PAPER)

The annual RISE for Nutrition Request for Applications (RFA)[33] includes specific guidelines regarding the technical, geographic, format, funding and timeline parameters of RISE for Nutrition project applications. All applicants for RISE for Nutrition grants will be expected to submit a concept note (maximum five pages in length) which includes a section on scalability and sustainability. From this perspective, concept notes should include a brief description of the applicant's vision for:

- The size and composition of population the intervention will serve if it is brought to scale;
- Who would provide such services at scale;
- The greatest challenges to overcome in providing the innovation at scale;
- How to achieve financial sustainability.

Those concept notes that best fit the selection criteria will be selected as Semi-Finalists and a co-creation process will then begin. This is a period during which ECF and the EAB works closely with each Semi-Finalist to further develop their innovation. A series of workshops funded by ECF will be held, including a Scaling and Sustainability Workshop, led by experts in their relevant fields. These will be designed to help Semi-Finalists critically consider their innovations and further improve the intended approach to increase the likely impact the project will have. ECF will issue planning grants to Semi-Finalists to deepen analysis and planning around sustainability, scale and related issues.

Depending on the phase of the innovation, the Semi-Finalists will follow the guidelines and task lists listed below for Phase One, Phase Two or Phase Three of scale-up. Some tasks should be considered during development of the concept note, while others will be considered at the co-creation and project development phase, including during the Scaling and Sustainability Workshop. Detail is given below on what applicants should consider at what stage of the proposal development and what ECF is responsible for. Applicants demonstrating strong considerations of scaling and sustainability in their concept notes will be marked highly on the 'Scale and sustainability' selection criteria.

[33] 2018-2019 Request for Applications (RFA): Eleanor Crook Foundation RISE for Nutrition Grants, available at www.eleanorcrookfoundation.org

PHASE ONE: BUILDING EVIDENCE OF EFFECTIVENESS

The first phase of RISE for Nutrition includes the **implementation research design and testing process**, during which applicants design rigorous, small-scale implementation research studies to test the effectiveness, cost-effectiveness and feasibility of nutrition innovations.

PHASE ONE TASKS:

☑ **Problem analysis**
(Present topline summary at concept note phase, develop detail during co-creation and proposal development phase)

Problem analysis should focus on identification of the root causes of key identified nutrition-related problems. This includes an understanding of the key facilitators and barriers within local systems (institutional, political, social, economic and cultural). **Applicants** should use this analysis as the basis for designing their intervention, which should outline key proposed services and expected benefits.

☑ **Development of a preliminary strategy for scaling.**
(Present topline vision at concept note phase, develop detail during co-creation and proposal development phase)

Successful scale-up begins with good planning during the design phase of pilot projects. Although Phase One grants represent an initial test of cost-effectiveness and feasibility, it is important to identify opportunities and threats to scalability from the beginning. This vision will include aspirations as to (a) what will be scaled; (b) who will be responsible for scaling; and (c) the pace and extent of potential scale-up (e.g. expansion to a single district, a whole region, nationally or across multiple countries). By establishing these expectations from the beginning, **applicants** will be able to make final intervention design decisions that support and facilitate eventual scale-up efforts in subsequent RISE for Nutrition phases. For example, if the intervention is intended to be scaled through local government structures, the intervention's design should build upon existing government programs and delivery mechanisms. **ECF** will organize and fund a Scaling and Sustainability Workshop and other assistance to support Semi-Finalists in refining their initial vision of scaling through the RFA process.

☑ **Preliminary sustainability strategy.**
(Present topline vision at concept note phase, develop detail during co-creation and proposal development phase)

At a minimum, **applicants** should describe how they propose to address the key domains in ECF's Sustainability Conceptual Model, including a plan for long-term funding; how the innovation will embed within the local and national ecosystem; and how they hope to galvanize or build sustainable capacity to ensure continued service provision.[34] The strategy should include a timeline, concrete actions and key milestones. **ECF** will organize and fund a Scaling and Sustainability Workshop and other assistance to support Semi-Finalists in refining their initial vision of sustainability through the RFA process.

[34] Choi-Fitzpatrick et al., "A Resource Guide for Enhancing Potential for Sustainable Impact: Food and Nutrition Security", Project Concern International, San Diego, California, 2014.

☑ **Preliminary stakeholder analysis and stakeholder engagement.**
(Information not a requirement at concept note phase, develop detailed content during co-creation and proposal development phase)

Applicants should provide preliminary answers to the following questions: Which individuals, groups and institutions most influence change, either negatively or positively? What are their interests, incentives and disincentives? What are other stakeholders doing about nutrition? What are the existing resources and gaps? Which, if any, policies, practices, ideas and beliefs need to change in order to incorporate the proposed innovation?[35]

☑ **Applicants should plan to establish a local Technical Advisory Group (TAG).**
(Information not a requirement at concept note phase, develop detailed content during co-creation and proposal development phase)

This should be made up of local champions, including high-level technical experts and decision-makers in nutrition and research, health policy and systems experts, and political operatives. It is highly desirable that the TAG include representatives from the organization(s) that will eventually take responsibility for scale-up, if possible. Applicants will be expected to work closely, either before or after the award, with the TAG to design or select an intervention, a corresponding implementation research strategy, and preliminary ideas about scaling. Throughout implementation, grantees will work with the TAG to support and refine implementation and research, shine a spotlight on malnutrition as an important issue, and create the buy-in, ownership and widespread consensus necessary to facilitate eventual scale-up. Where applicants already have the foundations of a TAG in place, they should describe their intended use of the group and any changes they intend to make to its composition. Where no such group exists, **applicants** should describe their plans for establishing it. **ECF** staff are prepared to collaborate with applicants on tasks related to the TAG.

Following Phase One the local TAG will make a recommendation to ECF to "greenlight" projects for Phase Two. Once the TAG has submitted its recommendation for Phase Two support, ECF will convene the EAB to conduct an additional review of evidence, validate TAG findings, flag any concerns and make a recommendation for Phase Two investment based on: (1) evidence of high effectiveness and feasibility; (2) evidence of significant cost-effectiveness relative to other alternatives, where applicable; (3) strength and fidelity of research; and (4) expected scaling prospects and costs (including start-up costs, recurring costs, costs to participants and costs to the healthcare system).

PHASE TWO: BUILDING ADDITIONAL EVIDENCE AND GENERATING SUPPORT FOR SCALE

For Phase Two projects, grantees are expected to solidify the evidence base by testing the generalizability of effectiveness on a larger scale and/or in less controlled settings. For example, if Phase One focused on one geographic location, research in Phase Two may seek to test the intervention in two or three additional strategic locations, both to establish generalizable evidence and to support subsequent scaling in Phase Three. At the same time, research in Phase Two may focus on whether innovations can achieve similar results with increased efficiency (lower costs) or with less intense supervision.

[35] Questions derived from Bowman, et al.

Given the resource constraints that typically characterize systems and processes in ECF priority countries, this phase will be an important test of and precursor to scale-up. At the same time, in Phase Two ECF and grantees will mobilize additional buy-in, support and momentum for eventual scale-up. This may include enhanced focus on supporting the institution(s) that will eventually assume responsibility for supporting the scale-up process and for eventual service delivery at scale. This new role will require specialized technical, managerial and leadership skills that overlap with but also differ from those required in Phase One.

Phase Two Tasks:

☑ **Complete scalability assessment.**
(Present summary of how scalability assessment will be completed at concept note phase, complete scalability assessment during co-creation and proposal development phase)

Using MSI's Scalability Assessment Tool checklist as a framework[36], ECF will support **applicants** for Phase Two grants to conduct a full scalability assessment to evaluate the feasibility of taking innovations to scale and to identify elements that need to be adapted and strengthened in Phase Two. The results of the scalability assessment will provide insights into the degree of adaptation required and help determine whether the intervention's complexity, cost or other requirements will undermine larger-scale replication and institutionalization. **ECF** will organize and fund a Scaling and Sustainability Workshop and other assistance to support Semi-Finalists in refining their initial vision of completing the scalability assessment through the RFA process.

☑ **Review and adapt sustainability strategy.**
(Present topline summary at concept note phase, develop detail during co-creation and proposal development phase)

For Phase Two, **applicants** will review and finalize their sustainability strategy. **ECF** will organize and fund a Scaling and Sustainability Workshop and other assistance to support Semi-Finalists in refining their initial vision of sustainability through the RFA process.

☑ **Adapt the model, vision and scaling plan.**
(Present topline vision at concept note phase, develop detail during co-creation and proposal development phase)

Phase Two **applicants** should propose (and finalize after award in consultation with the TAG) what they consider to be appropriate adaptations of their Phase One intervention and scaling plan based on the scalability assessment and lessons learned during Phase One. The scaling plan should represent a consensus among actors around: (a) what is being scaled (e.g. the core components of the model); (b) the scope of intended scale-up (e.g. geographies, breadth/depth of services and client type); (c) who will have responsibility for taking the intervention to scale and for delivering it at scale (e.g. government, NGOs, private sector or a combination of these); and (d) how the transition to scale and ongoing service delivery will be financed. Once grantees and the TAG have settled on an adapted design, **ECF** will engage the EAB to review and provide feedback on the adapted design and scaling plan.

[36] MSI Scalability Assessment Checklist, found October 10, 2018 at: www.msiworldwide.com/wp-content/uploads/MSI-Scaling-Up-Toolkit.pdf

☑ **Testing key determinants of scalability and sustainability.**
(Present topline summary at concept note phase, develop detail during co-creation and proposal development phase)

To support eventual scale-up, Phase Two **applicants** should plan to test interventions within the geographic and institutional contexts where the intervention is intended to be scaled. If applicants anticipate scale-up across culturally diverse regions in their preliminary vision for scaling, they should plan to test the intervention within those different contexts, to the degree possible. At the same time, **applicants** should plan to test interventions within the operational realities where they expect scaling to occur. For example, if applicants plan to bring an intervention to scale through the Ministry of Health, testing and implementation should be conducted within the health system.

The analysis of political, policy and institutional environments is particularly important in determining the compatibility of the defined model with the values, norms and systems of the organizations/institutions that will eventually have responsibility for scaling. Phase Two **applicants** should include within their implementation plans provisions for analyzing the degree of policy change, adaptation and capacity building required to support Phase Three scaling.

Cost and cost-effectiveness assessments should also be included as essential components of the research in Phase Two.

☑ **Stakeholder engagement.**
(Information not required at concept note phase, develop detailed content during co-creation and proposal development phase)

Unlike Phase One, when the intervention represented a hypothesis of impact, there should now be concrete evidence that, under controlled conditions, interventions led to significant positive effects. **Applicants** should extend or adapt stakeholder analysis plans in light of this evidence and their Phase Two plans, accounting for new locations, stakeholders and decision makers to be targeted in Phase Two. If chosen as a Finalist, **applicants** should continue to work in partnership with the TAG (and identify additional members as necessary), which will play an increasing role in shaping and promoting the innovation. As in Phase One, it is particularly important to effectively engage the organization(s) that are intended to adopt and implement the innovation (often the government) both within the TAG and through additional targeted engagement and advocacy. This will ensure that those institutions that will play a key role in scale-up recognize both the need for the intervention and its potential to improve services and outcomes. **ECF** is prepared to provide input or support for this process.

☑ **Capacity assessment and capacity building.**
(Information not required at concept note phase, develop detailed content during co-creation and proposal development phase)

To implement and test the intervention in broader and less controlled settings and to lay the foundations for eventual scaling, it may be necessary to go beyond Phase One requirements in strengthening the implementation and systems capacity of the local and national institutions responsible for eventual delivery at scale. If accurate examinations of institutional capacity and systems limitations were not fully included in Phase One, these elements should be included in the **applicants'** research plan during Phase Two. If specialized staff were used to support implementation of the intervention model in Phase One, Phase Two research should test effectiveness of the intervention using the staff and structures of the organization (e.g. the government) that will be responsible for scaling to see the degree to which this affects results.

☑ **Ongoing communications, outreach and advocacy.**
(Information not required at concept note phase, develop detailed content during co-creation and proposal development phase)

To systematically guide stakeholder relationships, strengthen legitimacy and credibility and ensure effective ongoing engagement, **applicants** should develop a communication, outreach and advocacy plan as part of their Phase Two research plans. **ECF** will provide necessary support for implementing effective advocacy as supplements to its Phase Two grants, including the engagement of existing ECF advocacy grantees and provision of access to other resources and networks as necessary. Likewise, to mobilize potential support for possible future scaling efforts under Phase Three, ECF is prepared to engage its networks and relationships with other major international stakeholders, such as USAID, DfID, The Bill and Melinda Gates Foundation, UNICEF, WFP, WHO, CIFF, The Power of Nutrition, INGOs and other private foundations, as appropriate.

When Phase Two grants end the TAG will review evidence and make a recommendation for possible Phase Three funding based on whether interventions achieved high effectiveness, had demonstrated cost-effectiveness, have significant buy-in from local stakeholders, and have significant prospects for scaling. The TAG will also make initial recommendations regarding where and how additional scaling should take place. ECF will once again convene the EAB to review results, validate the TAG's appraisal and make recommendations regarding whether interventions should move into Phase Three and receive further investment.

PHASE THREE: TRANSITION TO SCALE

During Phase Three the role of ECF grantees shifts considerably. In Phase Three ECF and grantees support the transition to scale by leveraging the evidence and relationships from Phases One and Two to further strengthen consensus, build momentum and support resource mobilization. Grantees also provide ongoing technical advisory, capacity and systems-building support to the institution(s) responsible for scale-up in a facilitation and accompaniment role. Given the high-level nature of both advocacy and technical expertise required in Phase Three, ECF may finance two or more different grantees to support the multiple scaling tasks required and may establish complementary co-funding arrangements with other partners. .

Phase Three Tasks:

☑ **Scalability assessment.**
(Present summary of how scalability assessment will be completed at concept note phase, complete scalability assessment during co-creation and proposal development phase)

ECF will support **applicants** and institutions responsible for scale-up to revisit the scalability assessment conducted during Phase Two. This process should identify elements that need to be adapted, simplified and/or otherwise strengthened prior to scale-up in Phase Three. **ECF** will organize and fund a Scaling and Sustainability Workshop and other assistance to support Semi-Finalists in revisiting the scalability assessment through the RFA process.

☑ **Adapt and update a scaling plan.**
(Present topline summary at concept note phase, develop detail during co-creation and proposal development phase)

Unlike in previous phases, where grantees worked with the TAG and stakeholders to identify a general shared vision for scaling (highlighting roles, responsibilities and an overview of geographies and modalities), in Phase Three **ECF** and **grantees** work closely with stakeholders to secure firm commitments regarding roles and responsibilities and to define key tasks, timelines, milestones and indicators. Plans should also include the development of strategies for demand generation, if appropriate. **Applicants** should present their scaling plan summary clearly when applying.

☑ **Dissemination of findings and intense advocacy.**
(Present topline summary at concept note phase, develop detail during co-creation and proposal development phase)

During Phase Three **grantees** and the TAG will disseminate research findings and take other necessary actions to further consolidate the credibility and legitimacy of the model, building on advocacy and outreach efforts from Phases One and/or Two. This work obviously will not *begin* at Phase Three; by the time Phase Three starts, grantees should have been working collaboratively with key stakeholders (including the TAG, key high-level policy makers and decision makers, political operatives and technical experts at the national and international levels) for several years and should have established and nurtured effective and productive relationships. However, with the start of Phase Three, a period of intense public relations, outreach and communications begins to ensure sustained buy-in, excitement and financing from these groups. **Applicants** should present their dissemination and advocacy progress to date, as well as plans for Phase Three.

☑ **Adapt the model.**
(Present topline vision at concept note phase, develop detail during co-creation and proposal development phase)

Grantees should support local stakeholders responsible for scale-up to further simplify the model and/or make other adaptations to the model, if necessary, based on the results of the scalability assessment. Grantees should be careful to ensure that adaptation decisions do not fundamentally alter core components of the model in ways that might undermine results. This final version of the model should be documented clearly. **Applicants** should include a vision for their model when applying, with the understanding that this may be adapted based on the results of the scalability assessment.

☑ **Cost and cost-effectiveness assessment.**
(Information not required at concept note phase, develop detailed content during co-creation and proposal development phase)

To make decisions about scaling, policy makers and technical experts must understand the financial feasibility and sustainability of scale-up. Cost and cost-effectiveness analysis should be included in Phase One and Phase Two, but additional studies may be required to understand how those data from relatively small-scale implementation research studies translate into clear parameters regarding expenditure at scale, and **applicants** should include provision for such studies in their Phase Three grants. **ECF** is prepared to provide input or support for this process.

☑ **Capacity and systems building.**
(Information not required at concept note phase, develop detailed content during co-creation and proposal development phase)

Based on the results of capacity and systems assessments, and aligned with the requirements of the adapted model, ECF **applicants** will expected as part of their Phase Three plans to incorporate capacity building/training to meet the needs of service providers and other key officials within the institutions responsible for scale-up.

☑ **Resource mobilization.**
(Information not required at concept note phase, develop detailed content during co-creation and proposal development phase)

A shift in financing mechanisms and budget priorities of the organizations or institutions responsible for scaling (e.g. government and/or private investors), as well as additional short-to-medium-term bridge financing, may be required to support scale-up. Formulating a scale-up financing plan and securing necessary internal and external resources, ideally within a timeframe that maintains momentum and minimizes gaps, will be key tasks during Phase Three for **ECF** and its **grantees**. In the case of interventions implemented through local public health systems, sustainability will ultimately require that costs be absorbed by government budgets.

POST-PROJECT STAGE

To learn more about how individual ECF-funded interventions support sustainability and how to better support, plan for and achieve sustainability and scale in the nutrition sector, ECF will fund post-project evaluations of select projects. Post-project evaluations will provide an opportunity to test and document experience, deepen understanding of the factors that contribute to sustainability and scale, and contribute to ECF's efforts to foster learning, adaptation and quality improvement. ECF grantees should approach ECF for support in carrying out post-project evaluations during project implementation.

ADDITIONAL GUIDANCE

On sustainability:

(1) Roger and Macias, "Program Graduation and Exit Strategies: A Focus on Title II Food Aid Development Programs", Washington, D.C.: Food and Nutrition Technical Assistance Project, Academy for Educational Development, 2004.
(2) Choi-Fitzpatrick et al., "A Resource Guide for Enhancing Potential for Sustainable Impact": Food and Nutrition Security, Project Concern International, San Diego, California, 2014.

On scaling:

(1) WHO/ExpandNet: Beginning with the End in Mind.
(2) WHO/ExpandNet: Nine Steps for Developing a Scaling-Up Strategy
(3) WHO/ExpandNet: Practical Guidance for Scaling Up Health Service Innovations
(4) MSI: Scaling Up From Vision to Large-Scale Change, A Management Framework for Practitioners
(5) MSI: Scaling Up From Vision to Large-Scale Change, Tools and Techniques for Practitioners