

2.8 Scaling up the work of the Link

In this Chapter:

- What is meant by 'scaling up'?
- Why scale up?
- When is the right time?
- How can it be done?

If Links are committed to making a significant difference, then scaling up their work should be the ambition of all Links. However, not all Links will reach this stage and some won't want to.

Careful planning is needed to enable a Link to scale up effectively, ensure it delivers consistently and enable it to respond to a new range of challenges that emerge as the work grows. This Chapter helps you think through the issues involved when scaling up the work.

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What is meant by 'scaling up'?

As the Link develops, you may find that there are issues that can only be addressed if the scale of the work is increased.

Scaling up refers to increasing the scope and funding of the Link in a planned and strategic way.

In some cases you may be able to fund the increasing costs of the work through local fundraising, but it may also be appropriate to apply to grant-giving organisations.

Why scale up?

There are many reasons to scale up the work of a Link when it is appropriate. Scaling up often provides:

- An opportunity to make a bigger impact
- A reason to think rigorously about the work and plan strategically
- Access to larger and more diverse funding sources
- Greater potential to respond to the needs of the DC organisation and the population they serve
- The possibility of trialling innovative pilot projects that, if successful, may later be scaled-up to or influence a national programme
- Work that can strengthen and complement the Link, extending its achievements
- An avenue for the Link to become further established and gain credibility
- A need for rigorous monitoring and evaluation, as demanded by donors



DID YOU KNOW?

Health system strengthening

The ultimate goal of all Links should be to contribute to health systems strengthening. WHO defines a health system as 'all organisations, people and actions whose primary intent is to promote, restore or maintain health.'

According to WHO, the six building blocks of a health system are:

- Good **health services** with minimum waste of resources;
- A well-performing **health workforce**;
- A well-functioning **health information** system that ensures the production, analysis, dissemination and use of reliable and timely information;
- Equitable access to essential **medical products, vaccines and technologies** of assured quality, safety, efficacy and cost-effectiveness;
- A good **health financing** system that raises adequate funds for health, in ways that ensure people can use needed services and are protected from financial catastrophe;
- Strong **leadership and governance** ensuring strategic policy frameworks exist and are combined with effective oversight, coalition building, regulation, attention to system-design and accountability.

The WHO points out, "while the building blocks provide a useful way of clarifying essential functions, the challenges facing countries rarely manifest themselves in this way. Rather, they require a more integrated response that recognizes the interdependence of each part of the health system."



FIND OUT MORE

To read more about Health systems strengthening refer to:

- WHO, 2007, 'Everybody's Business, Strengthening Health Systems to Improve Health Outcomes: WHO's Framework for Action'
- www.eldis.org - Health systems section

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When is the right time?

Scaling up the work of the Link is often best done when:

- There is a clear need and a demand from the DC partner to scale up the work
- Good relationships have been developed between the Link partners
- Each partner has a good understanding of what the other can and cannot do
- You have implemented work together and have a successful track record
- You have regular communication (within and between each Link partner) and good systems in place


Most Links only find themselves in this position a few years after becoming established. It is worth introducing good systems into the work of the Link (as detailed in Chapter 2.3) right from its inception, making it easier in future to demonstrate what you have achieved.

How can it be done?

Scaling up requires careful thought and planning. Here are a few key areas that you should consider, with questions you should discuss together:

- **Plan together.** Whether you are considering expanding existing work or developing new work, there is need for joint planning. As part of the process of assessing needs and planning a response, it is important to consider the capacity of both Link partners.
- **Develop plans with clear outcomes.** A detailed plan, based on clearly identified needs, should be developed with specific aims, objectives and activities of the project (as described in Chapter 2.2). Make sure your objectives and indicators are SMART. Many projects fail because they address only one part of a problem (e.g. providing a training course) rather than addressing the problem as a whole (e.g. providing a training course, establishing support mechanisms, looking at career paths, and ensuring people have the equipment they need to utilise the skills). Make sure that the project work is sustainable and relevant. A log frame approach to planning may help to clarify your ideas. See p104.
- **Make sure there is capacity to manage the work and that the right systems are in place.** Does the DC partner organisation have the capacity (communication, reporting, financial) to manage and implement the work? Does the UK partner have the capacity to support more work? Should any other relevant individuals/ organisations be involved to ensure a good outcome? Is there the capacity to embed the project within the organisation after the end of the funding period? What is the exit strategy? Does the Link have the organisational capacity and commitment to deliver a bigger programme. If not, can capacity be developed and should this be part of the programme plans?
- **Ensure work is relevant and aligned to country/district plans.** Is the work a priority? How does this project fit within the bigger picture? Do you need to involve other local players such as the Ministry of Health?
- **Consider working with others:** Find out what organisations are doing so that you avoid duplicating effort and wasting resources. See if any synergies exist between your areas of work and whether, as a group of Links, you are able to provide specific areas of strategic support. You could also think about working in a consortium with other Links or NGOs within the DC region or country. You may also find it useful to speak to THET about your ideas, there may be potential for collaboration or support.
- **Finding resources.** Where will you get the resources (e.g. people, time and money) to deliver the programme? Will the UK partner release more staff to support the Link? Do they have all the required skills or do you need to involve others? Where will you get resources? Can the developing country partner devote any resources to the programme? Will efficiency savings cover some of the costs? Can the UK partner raise more funds locally? Is there an external donor that will support the work. For more information about fundraising and funding, see Chapter 2.9.

Examples where Links scaled up their work

 CASE STUDY	
<p>Developing New Services with the DC organisations</p>	<p>EXAMPLE: Developing blood bank & laboratory services, Boroma/Hargeisa</p> <p>Hargeisa Group Hospital in Somaliland expressed their concerns about the standards of their laboratory services to their Link partners, King's College Hospital. Without the means to store blood, donors needed to be found as and when transfusions were needed. Time critical operations requiring blood transfusions could therefore be fatal.</p> <p>A one year project to address this problem was developed. The full costs of £36,500 were supported. Over the course of one year the following activities were carried out:</p> <ul style="list-style-type: none"> • Five laboratory technicians from Borama Hospital received basic microbiology/cytology training. The training took place over five weeks, the initial two weeks were delivered by an experienced haematology laboratory technician from KCH and the rest of the training was carried out at another hospital locally (£3,750). • The existing laboratory building was renovated and extended (£8,800). • Basic laboratory equipment was procured and the blood bank was established (£22,000). • External training support in pathology was given to medical undergraduates at Hargeisa and Amoud (Borama) Universities (£1,950). <p>Outcomes of the work: A well-managed and effective blood bank has been established enabling timely blood transfusions.</p>
<p>Improving access to health services in rural areas through training</p>	<p>EXAMPLE: Training the trainers to improve trauma outcomes in rural areas of Malawi</p> <p>Road traffic accidents (RTAs) are a major cause of morbidity and mortality in Malawi. In rural areas, the ability to respond to these emergencies is often inadequate, with few trained health workers, yet RTAs are increasing every year. Kamuzu Central Hospital (in Lilongwe, Malawi) asked their Link partners in Middlesbrough to focus on trauma team training.</p> <p>The Link trained staff using the International Trauma Life Support (ITLS) course. In addition they trained some staff to become ITLS trainers themselves. There was a need to train health workers from the district hospitals in ITLS, and local trainers were now available, yet there was no funding available.</p> <p>A one year project of £8,250 was funded to enable the local trainers from the central hospital to train health workers from the district hospital. Project activities included:</p> <ul style="list-style-type: none"> • Eight three-day training courses were carried out in each of the district hospitals in the central region of Malawi. Over 200 health workers received training (£4,800). • Provision of equipment (neck collars, spine boards) and ITLS handbooks to each of the district hospitals (£1,200). • Provision of books to the A&E Department of Kamuzu Central Hospital (£800). • Coordination, monitoring and evaluation of outcomes (£1,450). <p>Outcomes: Health workers throughout the district are now better able to treat emergencies. Some empirical and anecdotal evidence of this exists. Better communication occurs between the district hospitals (which have the ambulances) and the Central Hospital (which receives the patients in the A&E department).</p>

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FIND OUT MORE

Log frames

A Logical Framework (log frame) is a tool that is commonly used in the development sector to capture information about the aims, objectives, activities, inputs and potential risks of project implementation.

Some donors may require you to submit a log frame with an application. But even if it is not a requirement it can be a useful tool to use when planning a project. It helps you think through and address the issues systematically and is designed to be used in a consultative way. Headings which may be included are broken down into the goal, objectives and activities of your work with inputs required and possible risks and assumptions made. If you start planning a project with a log frame it can then provide a useful basis from which to write the narrative part of the application.



CHAPTER CHECKLIST

- ✓ Identify areas where the Link is able to deliver larger scale support.
- ✓ Assess whether the Link has the capacity to deliver a larger programme of work.
- ✓ Find out what others are doing - build on synergies and avoid duplication.
- ✓ Plan the project thoroughly.
- ✓ Use logical framework analysis to bring your plans together.

Photograph (right): Hannah Maule-ffinck, Uganda



**A little money given to a Link
can go a long way.**