



**REPORT OF THE HEALTH OF PEOPLE AND ENVIRONMENT IN
LAKE VICTORIA BASIN (HoPE-LVB) PROJECT - DISSEMINATION
AND STRATEGIC PLANNING FOR SCALE-UP WORKSHOP**

**18th -19th February, 2015
Protea Hotel, Kampala, Uganda**



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HoPE-LVB Dissemination and Strategic Scale-up Workshop: 18-19TH February 2015, Protea Hotel, Kampala, Uganda

1. Introduction

The Health of People and Environment in the Lake Victoria Basin (HoPE-LVB) project is a trans-boundary project covering Kenya and Uganda. Its aim is to reduce threats to biodiversity conservation and ecosystem degradation in the Lake Victoria Basin while simultaneously increasing access to contraception and sexual and reproductive health (SRH) services to improve maternal and child health (MCH) within project communities. Pathfinder International, in partnership with Ecological Christian Organization (ECO) in Uganda and OSIENALA (Friends of Lake Victoria) in Kenya, implemented Phase I (the pilot phase, 2011-2014), using a population, health and environment (PHE) integrated, rights-based approach. USAID, the John D. and Catherine T. MacArthur Foundation, and the David and Lucile Packard Foundation provide funding for HoPE-LVB.

This Dissemination and Scale up workshop was an early activity in Phase II (2015-2017), which focuses on scaling up the successful interventions tested during Phase I. Organized by Pathfinder International – Uganda and Ecological Christian Organization with technical support from Expand Net, the workshop was a highly participatory exercise with a dual focus on:

- Sharing information on the results and lessons learnt from Phase I of the project (through reports, testimonies and a drama group), followed by open discussions on challenges that still need to be addressed;
- Eliciting interest from other institutions/organizations for adopting and replicating the HoPE-LVB model within their own settings.

The latter focus corresponds to the expected outcome pertaining to the Strategic Objective of the project, i.e., “Develop and demonstrate/test a model for PHE integration in Kenya and Uganda LVB sites that can be adopted and scaled up by communities, local and national governments, LVBC and other stakeholders in the Lake Victoria Basin region.”

A central feature of the workshop was the existing collaboration with a wide range of stakeholders at community, sub-county, and district/county levels as well as with government sectors and non-governmental organizations (NGOs) at the national level, a collaboration initiated with the design of Phase 1 and continued throughout implementation.

The objectives of the meeting were to:

- Demonstrate benefits of applying a cross-sectoral, integrated approach to sustainable development;
- Share learning, results and challenges from Phase I;
- Expose participants to systematic approaches to scaling up interventions;
- Gather recommendations for scaling up successfully tested Phase I interventions by going through a process of developing a scaling up strategy;

- Gauge interest and potential commitment of new partners to support expanded implementation of HoPE-LVB's sustainable development approach.

The workshop brought together 75 participants, including health and conservation practitioners, donors, government and community representatives, policymakers, research institutions, and project team members. It built on participants' experiences as they developed a scaling up strategy and facilitated increasing cross-sectoral collaboration in order to strengthen the implementation of the integrated PHE approach. Attachment 1 is a list of participants and Attachment 2.

2. Opening

The HoPE-LVB Project Director, **Ms. Lucy Shillingi**, officially opened the workshop, welcomed participants and called for their active engagement throughout the process. She emphasized the importance of this meeting, as participants' insights would be crucial in designing scaling up strategies for Phase II. She then invited several participants to provide their keynote remarks as follow.

The USAID Deputy Director of the Health Office/Uganda, **Anne Murphy**, started off by acknowledging that all recognize the importance of improving health and health systems as well as the need to curb rapid population growth to preserve the precious resources in Uganda. She emphasized the need to ensure that children can access health services, education and nutrition and have opportunities to become productive members of society. She mentioned that the USAID Mission is constantly looking for ways to improve efficiency and achieve sustainable development, with a focus on health, a specific interest in family planning, and attention to environmental issues.

She noted that "The pilot phase has proven that integration of [PHE] can happen in a scalable impactful way..." and expressed the Mission's appreciation for bring the benefits of integration to remote communities. Citing ways the project had a positive impact on the communities, she highlighted some achievements which include:

- More than 16, 000 new family planning users, who are able to decide how many children they will have and are equipped to provide for them by ensuring that their children are able to go to school and access good services.
- 95 village health teams now trained in family planning and MCH and are able to share that knowledge and information with communities.
- 20 mothers and children's lives saved by the project through emergency obstetrical care interventions.

She concluded by congratulating HoPE-LVB for successful implementation and looking forward to more such work in Phase II.

Charles Zirarema, Executive Director, Population Secretariat and Chairman, HoPE-LVB Steering Committee, noted that the very recent national census results put Uganda's population at 34.9 million, which makes dissemination of the project achievements very timely, as it highlights the links between the key issues of population, health and environment. He noted the nation's great interest in meeting

sustainable development goals, which are in line with the goals of HoPE-LVB. The added value of integrated practices is the concentration on hard-to-reach areas, bringing information and support services to improve livelihoods, particularly those of women and young mothers. Women need a lot of support to have access to income so that they make better health decisions – so they do not have to be so dependent on their husbands. He echoed the achievements mentioned by Ms. Murphy and thanked the project for transforming attitudes, leading to positive behaviors.

3. Showing of HoPE-LVB film- *Hope in the Basin*

The film raised awareness and gave participants a feel of the project interventions. It also generated a lively discussion, evidence of participants' interest in the information disseminated.

4. HoPE-LVB Model, Achievements and Value Added

Betty Mbolanyo, Ministry of Water and Environment, moderated this panel.

Charles Kabiswa of ECO presented on the value added of integrated PHE, pointing out the threats to the lake and how PHE interventions contribute to protection of the lake. "PHE is not complicated as feared to be, but rather simple relating to daily human activities. PHE is complicated by the way it's presented. PHE programming takes a holistic approach to address cross-sectoral issues such as environmental conservation concerns, livelihoods, health and wellbeing factors related to increased population." Key to the value added of PHE projects and HoPE-LVB are the sustainable efforts where the community is empowered to advocate, plan and implement the model. This has led district officials to realize the usefulness of the communities served and equipped by the project. In addition, packaging conservation and family planning messaging in PHE programs makes family planning easily acceptable because "E spices up" knowledge sharing on family planning.

Taranta Dorah, Pathfinder International Project Manager presented the HoPE-LVB model. She explained the minimum package, noted the need to adapt the package, and clarified the flexibility to take on some aspects depending on what whoever agrees to scale up the model is doing or not doing. The model household as a key aspect of the project was laid out explaining the process from selection, to capacity building, implementation of interventions, supervision and grading. A point to note is: the communities are in charge of their today and future and so should be engaged in programming the interventions- which calls for flexibility to ensure ownership culminating into sustainability.

Caroline Nalwoga, Pathfinder International Monitoring and Evaluation Officer summed up project monitoring and data collection as a participatory process, which engaged community groups that collected data from the beneficiaries, and submitted or reported to the project field staff, who in turn reported to the country staff for further dissemination. The community groups not only collected data but were also key in achieving the various project successes, as shown in the project data.

5. Perspectives on HoPE-LVB from Community, District and Other Partners

The panel moderator, **Dr. Charles Mukama** from the Ministry of Agriculture, Animal Industry and Forestry (MAAIF) and a HoPE-LVB Steering Committee member, opened the session by saying “HoPE is a good ally – we are ready to give any support possible in terms of technical support. In this session we will have perspective from champions, so let’s hear from the horses’ mouth – the people who are on the ground.”

Dorothy Nabakiibi, a young mother from Bussi, talked about the benefits from project and the marked difference in where we are going and where we have been. She said before the project many things were not good; for instance, there was no access to family planning, children were not immunized, and women suffered looking for firewood every day. But now “HoPE has given us hope. We use energy-saving stoves to save firewood; we have teachings, and meetings. Children are now being immunized, women are using family planning, mothers are delivering at the health facility and incomes have improved. The future looks bright and promising.” She concluded by committing that they will continue with what they have learnt and will not retreat. “We assure you HoPE, that even if you go, we will not go back or back slide. We will continue because our future is defined.” She invited all participants to visit the island so as to see integration on the ground.

Dr. Mukama, after listening to Dorothy, could not hold back his excitement and said, “The best approach to reach communities is to approach mothers.”

Rebecca Ssabaganzi, Wakiso District Natural Resources Officers, described Wakiso as both the richest and the poorest, including Entebbe city and surrounding areas, which puts it at the center of vulnerability. She explained the need for community empowerment to achieve better service delivery. “Community resources are important because we cannot meet all the needs, although it is our mandate. We need to begin with what people have, where they are – and help people help themselves,” reflecting a key practice of HoPE-LVB. The inclusive project approach has helped it perform better. She noted that natural resources are not a part of government priorities, yet everyone needs them (i.e., air, water, timber). She commended innovations such as economic empowerment of groups, partnerships and integration, which reduce the fatigue that beneficiaries may feel when they are approached with single sector interventions. She challenged participants to think outside their boxes, stop classroom trainings and use illustrations such as the community game, which helps communities easily identify issues and makes use of renewable resources like solar. “I am encouraging all the committees that have benefitted from the HoPE team capacity building to promote interaction in their different works--and they are doing it. Our duty is to support the team, and we promise to support them further.”

Dr. Diana Nambatya Nsubuga, from the Africa Regional Office of Partners in Population and Development, a key partner on HoPE, described her organization’s work in conducting advocacy at the parliamentary level to engage legislators. She said the Members of Parliament (MPs) were so amazed at the video that wanted to see for themselves; so they were treated to a site visit. They were so impressed that they proposed scaling up. Quoting one MP, “Can we have the HoPE project take on NAADS-National Agriculture Advisory Development program?” As a result, the MPs committed to three

things:

- To move the motion on the floor of Parliament to scale up the HoPE-LBV model.
- To continue promoting PHE so that donors could see the outcomes; there are other islands and sites around the lake where the project can be replicated.
- To continue discussing and dialoguing PHE issues not only on the island but elsewhere, including the floor of Parliament.

There is need to follow them up and remind them of their commitments.

Juma Mpumi, representing a HoPE model household and champion from Jaguzi, started by thanking HoPE for bringing its skills, noting that everyone has participated in the project. “We feel valued because islands are those places that have been forgotten and neglected, but since HoPE came to Jaguzi the District has awakened and is now giving us services. Before HoPE, officers would only come after 10 years to take a census, yet if they had come with a sanitation project, everyone would be changed.” He was grateful to those who “diagnosed the abdominal pain of the island and brought PHE. The islands do not need experts but people who care about them. The islanders now own the project and will surely sustain the practices.” Other changes he mentioned included “The youths have improved and are very responsible members of the community. The people have owned the project because they have all been engaged.” In his concluding remarks, he appealed to the Government of Uganda to borrow the HoPE model, which is not expensive and brings more benefits [than other models]. In his last word to the government representatives, he noted, “People used to fear planting trees, thinking that their land would be grabbed. But when HoPE went there and explained the benefits, they have now planted trees. It’s a necessity; we must plant trees on the shores of Lake Victoria.”

Tadwa Laurence, the Chairman BMU Bussi Island, expressed his gratitude to HoPE-LVB for recognizing their efforts at the start of the project and selecting them as model BMUs. The BMU members worked hard with the project team, and he is happy that they have been able to train 10 more BMUs, which are now practicing sustainable fishing practices. As a result of the project, the Bussi Island is now the BMU providing the largest supplies of fish to one of the famous Kampala fish markets (at Busega). As fisherman, he mentioned that the most important of the project’s many benefits is the engagement in other income-generating activities and the support for family planning. Now they now understand that family planning is not stopping but spacing child bearing. In addition, they have been able to use the boat provided for patrolling the demarcated fish breeding sites for providing emergency transportation to women. Mr. Bussi called upon the government administrators and service providers represented to review supervision and service delivery activities to ensure their staff is doing their work.

Sister Kawala Betty, Senior Nursing Officer Mayuge District and family planning trainer, shared the status of the islands in Mayuge, which has seven habitable Islands. The project contributed to better service delivery after trainings and advocacy for increased staffing at the health centers. Jaguzi, which had one health worker, currently has three, have been trained and now give quality services. This led to more women being served. In addition, the project-provided solar lighting and necessary equipment encouraged mothers to deliver in facilities.

Mr. Hez Alinda, representing the Ministry of East African Community Affairs, thanked Pathfinder International and partners for leading the way to integration in PHE. The HoPE-LVB reinforced and continues to reinforce government and inter- governmental efforts, i.e., a regional body in addressing issues in the area of PHE with a particular focus on sensitive areas like climate change and use of natural resources. He noted that HoPE interventions are timely and have a high climate change mitigation impact, referring to the UN Convention in Lima on climate change, especially in the poor part of the world. He informed the participants that the Ministry has just developed a policy to guide Uganda’s integration into the East Africa community, and it encompasses all areas of population, the environment and natural resources. Highlights of the policy include how these areas contribute to the welfare of the people in terms of employment creation, energy provision, water for domestic use and agriculture, food security, health, improving household incomes, and earning foreign exchange.

He emphasized why natural resources are important. In Uganda, 15% have access to electricity, about 98.5% of the population relies on biomass fuel, and 5.5% rely on clean energy. Uganda is covered by about 6.6 million hectares of forest, and degradation of forests occurs at a rate of 1.8% per year. In the next year, an additional 16% biomass will be required for households, especially rural ones. There is a link between all these issues – over 90% of the population lives rural areas – yet agriculture has contributed about 60% of gross domestic product for the last 10 years. Article 116, sub section 1 of the Lima climate talks recognizes that a clean and healthy environment is a prerequisite for sustainable development.

As a Ministry, policy mandates the management of resources, among which the biggest is Lake Victoria, with about 40 million people depending on it. The Ministry works with partners to strengthen policy and the legal frameworks, especially on the cross border resources, to create awareness of the impact of environmental degradation and to monitor and detect climate changes. Ensuring enactment of environmental policies and ordinances is another important task of the Ministry.

The Lake Victoria Basin Commission’s 10-year Program (2014 to 2024) covers natural resource management and environment with a focus on institutional strengthening, and economic and social development. “If we destroy the environment, we lose the benefits. “Going forward, we can look at PHE integration where income generation and value addition can be emphasized for poverty reduction to help the country to achieve the Uganda vision 2040.”

6. Scaling Up the HoPE-LVB Model – Applying the ExpandNet/WHO Nine-Step Approach for Developing a Scaling Up Strategy

Alexis Ntabona, of ExpandNet, started the session by briefly presenting the general background for ExpandNet’s guidance on scaling up that has been developed over the last decade, through continuous literature review and field experience, supported by collaborative work with the World Health Organization Department of Reproductive Health. Established in 2003, ExpandNet is a network of public health professionals dedicated to advancing the science and practice of scaling up successfully-tested interventions. Although most of the work carried out by the network is related to health systems, the fundamental principles related to scaling up do apply to many other areas, including education and the

environmental sector.

Dr. Ntabona highlighted the following lessons learnt from this work as take home messages:

- Scaling up of successfully-tested innovations requires a deliberate and relentless effort which should take into account all the political, socio-cultural, organizational, and managerial aspects of the innovation and not merely the salient technical issues.
- Including planning for future scale up as an integral part of the pilot phase – which HoPE-LVB has done - contains major advantages. HoPE-LVB spearheaded this approach by applying the 12 recommendations outlined in the ExpandNet/WHO guide *“Beginning with the End in Mind: planning pilot projects and other programmatic research for successful scaling up.”* Giving special attention to what determines future success with scale up in designing and implementing HoPE-LVB meant that: 1) it was tailored to the systems, sectors and contexts within which it is to be scaled up, 2) a broad-base of stakeholder support and involvement was integral to the project from its inception (champions), 3) critical events were carefully documented, and 4) continuous information sharing and learning have been instrumental throughout the implementation of Phase I.
- It is important to adopt systems thinking and systematic planning for scaling up, given that pilot projects are typically tested with special resources that will not be available during the scale up phase. The Nine-Step guide is an example of this approach, as it was presented below by Laura Ghiron.

Laura Ghiron, also of ExpandNet, took participants through a careful review of the guide *Nine Steps for Developing a Scaling Up Strategy*, which is built around the ExpandNet/WHO framework for scaling up that consists of elements and strategic choices that need to be made. She shared the lessons learned in applying this systematic approach in various parts of the world. She explained, for example, how the determinants of successful scale up have been taken into account in testing the integrated HoPE-LVB model¹, the importance of continuously scanning the aspects of the environment that are likely to profoundly affect the scaling up process, the important characteristics of an effective resource team to support the scaling up process, and much more. The principles and approaches to scale up put forth by ExpandNet are all laid out in their tools, available on the WHO and [ExpandNet](#) websites.

Finally, since the project team members had already been exposed to this strategy development exercise at the end of phase I of the project, they joined Dr. Ntabona and Ms. Ghiron to facilitate the

¹ These determinants include the following attributes of an innovation:

Credible in that they are based on sound evidence and/or advocated by respected persons or institutions.

Observable to ensure that potential users can see the results in practice.

Relevant for addressing persistent or sharply felt problems.

Relative advantage over existing practices so that potential users are convinced the costs of implementation are warranted by the benefits.

Easy to install and understand rather than complex and complicated.

Compatible with the potential users’ established values, norms and facilities; fit well into the practices of the national program.

Testable so that potential users can see the intervention on a small scale prior to large-scale adoption.

group work to go through the step-by-step process using strategic questions to draw out from the wide variety of stakeholders represented at the meeting what would be their key recommendations for the scale up of successfully tested HoPE-LVB integrated PHE interventions to reach more people in Uganda (See Attachment 3 for the questions analyzed):

- Step 1: Planning actions to increase the scalability of the innovation
- Step 2: Increasing the capacity of the user organizations to implement scaling up
- Step 3: Assessing the environment and planning actions to increase the potential for scaling up successes
- Step 4: Increasing the capacity of the resource team to support the scaling up
- Step 5: Making strategic choices to support the institutionalization of HoPE-LVB integrated approach/interventions (vertical scaling up)
- Step 6: Making strategic choices to support the expansion/replication of HoPE-LVB integrated approach (horizontal scaling)
- Steps 7 & Step 8: related to scaling up through diversification or spontaneous diffusion of the innovation (could not be analyzed by the groups during this session due to shortage of time)
- Step 9: Finalizing the scaling up strategy and identifying next steps (took place after the workshop)

While the activities of Step 9 represent an ongoing activity for the HoPE-LVB team and partners, the current report provides the preliminary draft scaling-up strategy below that was developed based on key recommended actions provided by the wide variety of stakeholders represented at the meeting. This strategy

Scale-up Strategy for Expanding and Institutionalizing Hope-LVB Integrated PHE Approaches –as a Result of a multi stakeholder strategic planning workshop applying the ExpandNet/WHO nine steps approach

| Recommended action for scaling up HOPE-LVB interventions | Justification | Who takes responsibility? |
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| STEP 1: Increasing the scalability of the innovation | | |
| Conduct a detailed study of the project that: 1) captures the costs of the interventions 2) has a baseline and an endline to make a comparison or review midterm report so that the end line brings out evidence of effects as a result of the interventions; 3) has a control group where there are no HoPE interventions taking place; 4) captures information on nutrition at | Evidence based dissemination and for proper planning especially for those interested in scaling up | Students and skilled researchers from universities can be involved in the research aspect |

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| the household level; 5) includes evidence on WASH | | |
| Conduct environmental monitoring at site levels for fish stocks, ground forest cover or tree coverage, fish density/diversity, fringe vegetation and fish catch, water quality | impact measurement and evaluation for change | Work with institutions like NEMA, National Fisheries Research Institute, and Academic or specialized institutions |
| Link the community-based structures e.g. Model farmers, Young Mothers, Youth Cluster, model household clusters - to the local government for the sake of sustainability | Sustainability | Agency For Transformation (For Policy) |
| Introduce disaster risk reduction as an approach in PHE. Bring in the eco system adaptation, which brings in the risks to help communities adapt to the changing environment | Building community resilience | African Union of Conservationists |
| Train communities on how to carry out environmental risk assessment | capacity building | HoPELVB Team and communities |
| Increase the involvement of the private sector e.g. the commercial fishing companies | future support | HoPELVB Team and private sector |
| Focus on the market component or value chain approach for the livelihood component | widen support base | HoPELVB Team |
| Register the community groups at the sub county level | Credibility to compete for District funds | HOPE, sub county officials |
| All schools in current and new HOPE-supported sites should have "talking compounds" with HOPE integrated messages (ex of HIV prevention msgs) | to continue the behaviour change process among pupils | Existing hope supported head teachers/DEOs and partners teach new ones |
| Mobilize the district disaster committees, nutrition committees, and use existing committees at the district level to implement PHE | planning | Committees at district level |
| Develop a standard criteria for selecting HoPE-LVB - Model Households | Harmonisation, uniformity | HoPELVB Team and Partners |
| Determine best practices in nutrition and fold work on nutrition into the model. | Important addition for child health and agricultural support | VEDCO can advise on best foods |

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| Establish Model Schools | Scale up | HoPELVB Team, Ministry of Education at local level, school administrations and partners |
| Develop a communication strategy that will help communicate the model | Harmonisation | HoPE-LVB team |
| STEP 2: Increasing capacity of the user organizations to implement scale up | | |
| User Organizations | | |
| Increase / strengthen the linkages to help in scale up and advocacy with other NGOs / govt organisations - particularly those with an interest in the Basin, like CARE | Scale up and resource leveraging | HoPELVB Team and partners |
| Identify and train champions on talking points and key groups like VHTs and BMUs to deliver PHE services | Ease communication and standardize information sharing | HoPELVB Team |
| Prioritize PHE into national and district work plans and budgets | District adaptability | HoPE team with Line ministries and LG Depts, National Planning Authority and District Planner |
| Identify policy gaps and determine which loopholes to plug - health sector, environment sector, development sector and make any recommendations for change. | Inclusion of PHE in national plans | policy unit in MOH, and MOEW and others |
| Work with the Ministry of Local Government | Sustainability and budgeting at the local level | HoPELVB Team |
| Have a focal and alternate person for each govt. agency. This ensures more institutional memory | Easy follow up and updates | Lead govt agencies |
| The National PHE steering committee should take into account the government initiatives, technically support PHE issues and draw lessons for policy influence. The scale up needs to build on the HoPE-LVB steering committee & the EAC processes of National PHE Policy committee | To guide and draw lessons for policy influence. PHE buy-in by the sectoral ministries | User Organisations, PHE Networks/Consortiums/Coalitions & steering committees |
| Create short courses on PHE trainings | Buy in and skills building | Consultant |
| Advocate for review of existing environment-related policies to identify place for the areas of P, H and E at all levels of education. It | Children learn at an early stage and they will appreciate more the | HoPELVB Team and HOPE Steering Committee |

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| should be considered an extracurricular activity; teachers are the starting place. | PHE approach as they grow up | |
| Build user organisations capacity to fundraise for PHE and build local expertise to implement PHE. There is need to use lessons from PHASE 1 to guide the new users. Also build capacity in the implementation of HoPELVB model, cost sharing, health-environment organisations partnerships or consortium | Scalability and sustainability | HoPELVB Team and other partners with expertise in resource mobilization |
| STEP 3: Assessing the environment and planning actions to increase potential for scaling up success | | |
| Utilize policies and acts under review: the NEMP, Environment ACT, National Development Plan which might create advocacy opportunities for PHE integrated approaches | Inclusion of PHE and future implementation | User Organisations, Consortiums/Coalitions & steering committees |
| Inter-ministerial sectors to plan for PHE work plans/budgets (Health, Education, MOWE, MAIFF, Gender, Min of Fin and Planning) which funds can go into a common basket funding mechanism to be managed by the district | Districts get funds from central level. Ministries support decentralization of budgets and work plans. They also are the level of donor/funds negotiating points | HOPE steering Committee to support Ministerial technical team. In addition HOPE team to provide technical support. Districts obtain funds from mother ministries. CAO Leads |
| Include PHE in the Sector Wide Approach planning meetings at the national level where all the various ministry stakeholders plan together for the various sectors for 5 years (come with 5 year sector plans) through the different line ministries. | Future adaption of PHE as a national strategy | PHE national network |
| Link with the EAC PHE policy strategy process underway to work out how to feed into it | Wider support and scalability | Ministry of EAC Affairs partners, Population Secretariat/HoPE Steering Committee, PHE national network |
| Create awareness among donors (lobbying for their support for basket funding mechanisms for PHE programs) - In health and HIV care | Source of funds for many sector programs | HOPE Steering committee and HOPE team and some few key Champions |
| STEP 4: Increasing capacity of the resource team to support scaling up | | |
| Bring on board the following key government institutions: Ministries of Local Government; Gender, | These are policy making bodies and have linkages with P, H and E | HoPE-LVB Team, User Organisations, PHE |

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| Labour and Social Development; Finance, Planning and Economic Development; Education and Sports; and EAC Affairs; all of which were not included in Phase I | | Networks/Consortiums/Coalitions & steering committees |
| Focus on information sharing more to new potential partners - create brownbags, visits, and other mechanisms. | improve understanding of HoPE and PHE | HoPELVB Team and partners |
| Include an advocacy officer on the project to increase the focus on advocacy | Undivided focus on advocacy | HoPELVB Team and Partners |
| Empower Model Households to continue with minimal external support so they can continue the practices and help expand. | Sustainability | HoPELVB Team and model HHs |
| Add a representative from the Ministry of Local Government on the steering committee | Strategic position to lobbying and policy changes | HoPELVB Team and local government |
| Engage and train media on PHE approach - workshops and media study tours. | informed reporting and PHE promotion | HoPELVB Team |
| Strengthen Private-Public partnerships | Resource mobilization | HoPELVB Team and private organizations |
| STEP 5: Making strategic choices to support institutionalization | | |
| Increase sensitization (through video clips) - breakfast meetings for Accounting Officers, Parliamentarians, others | increasing knowledge and creating interest and support | HoPELVB Team |
| Strategize on introducing the model to the National Planning Authority for inclusion in the national plans. Mobilize central government (Pop Sec and MoFin/Planning more generally) to fund integrated PHE work via various mechanisms such as basket funding, National Planning authority | With the hope of inclusion in the national plans | HoPE through the steering committee |
| Develop an improved advocacy strategy - that includes carrying out power mapping, identifies whom to target, etc and trains community groups as champions | Systematic advocacy for PHE | HoPE-LVB Team, HoPE Steering Committee, with PHE Network |

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| Convince the relevant sector department heads at local government level to review environmental policies and integrate PHE issues in their priorities, planning and finance plans - for example, the Dept of Ed, Dept of Health, Dept of Production and Natural Resources, etc | It is difficult to enter at a Ministry level - easier to convince relevant partners - the district council - at lower levels | CAO to task his/her team in Mayuge/Wkso. HOPE team can provide some TA |
| Leverage resources from the different stakeholders e.g. LVBC, etc. | Leveraging resources and lessons sharing | PHE national network |
| Budget framework meetings at the national and district levels by Min of Finance, where PHE can be leveraged | Inclusion in national budgets and plans | PHE national network |
| Start from the subcounty level in another area in the same district and then go to full saturation/coverage of the district - and if possible, HOPE can expand to other districts | Ensure sustainability - e.g., Mende Village Initiative in Wakiso district(a model that can be scaled to the whole district) | With CAO leadership, district officials, Sub-county chiefs, people who have benefited from the project from each district; Hope can provide TA. |
| Work with Ministry of Education to influence the National Curriculum Development Center and National Council of Curriculum development center for inclusion of PHE in the schools' programs | For inclusion in School programs HoPE Steering Committee call a high level meeting | HoPELVB Team with Steering committee |
| Integrate PHE into the school curricula through school clubs, assemblies, extracurricular activities | Support from the young which spills over to their homes | HoPELVB Team, Partners and schools |
| Support the integration of PHE into courses at the institutions of higher learning (e.g. Universities - Makerere, Uganda Martyrs and tertiary institutions for teacher training, nursing, etc). | HoPE Steering Committee call a high level meeting | HoPE Steering Committee call a high level meeting |
| MoEACA collaborate with HoPE to strengthen the development of the PHE Advocacy Strategy | Provide MoEACA with a real-life example of PHE implementation from Uganda | HoPE project team give a presentation at MEACA and MEACA works PHE Network on the Advocacy Strategy |
| STEP 6: Making strategic choices to support expansion/replication | | |
| Conduct study tours for Planning/Accounting Officers, Parliamentarians, district level people | Familiarize key stakeholders and decisionmakers with the approaches | HoPE-LVB organize in conjunction with Steering Committee and partners/champions |

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| Scale up to district levels but also retain a national level focus for policy advocacy | wider promotion, scale up and support | New user organisations, Districts Technical Team. Technical support from HoPELVB Team |
| Introduce interventions incrementally in new places, depending on resources and capacity | | |
| Develop briefs and other tools that help articulate the HoPE approach for various partners/stakeholders | supports expansion | HoPE-LVB team |
| Fundraise in coalitions, cost sharing, health/fp organisation partnering with conservation organisations, new user organisations who have conviction/buy-in already in one or more areas of PHE, | Prepare to raise funds for scaling up the model and for interested organizations to be guided on how to raise funds for expansion and sustainability | HoPE-LVB team, Coalitions/networks, new implementing partners, Districts Technical Team, bringing new funding partners on board starting the user organization currents partners, districts budget allocation to PHE |
| At village, parish & sub county, use the cluster leaders to mobilize local resources/materials and local govt budget allocations for sustainability | sustainability and local engagement | Sub county chief with District and project staff support |
| District council create a fund to support PHE interventions and integration of the sectoral activities or interventions | District planning, scalability and sustainability of PHE | District leadership |
| Organise national sharing and dissemination forums about the model | To compare notes, learn and share | HoPELVB Team and Partners |
| Train the health workers in capturing HMIS data | Data for planning and evidence | District leadership |

To provide input into the above-mentioned recommendations in the Uganda scaling-up strategy that was developed through this meeting, or for more information about HoPE-LVB, please contact Ms. Dorah Taranta at DTaranta@pathfinder.org.

To conclude the exercise Ms. Ghiron reminded the participants of the fact that *developing* a strategy is only the beginning and that the strategy needs to be operationalized if it is to have any impact. Ideally many of the partners who were involved in the meeting will want to support the implementation of the strategy from within their own organizations. The HoPE-LVB team is requesting input into this draft strategy before it is finalized and shared with decision makers in a wide variety of fora.

7. Workshop Closing

Mr. Mugabi Stephen David, Assistant Commissioner, Environment Affairs of the Ministry of Water and

Environment, closed the workshop. In his remarks, he noted that “When there is a challenge, it calls for action, and the HoPE project in the last three years tried to respond to the identified challenge. Today, we are still talking about scaling up – the challenges still stand. They have talked about champions. The work of the champions is that they are the advocates. And all of you are included.” On behalf of the government, he pledged support and requested that the organizers share the report with all the participants so that they can have input in the final scale up strategy document.

Attachment 1. Meeting Agenda

| The Health of People and Environment in the Lake Victoria Basin (HoPE-LVB) Project | |
|---|--|
| Workshop for Dissemination and Strategic Planning for Scale up | |
| 18-19 February, 2015 - Protea Hotel, Kampala | |
| Meeting objectives: | |
| <ul style="list-style-type: none"> • Demonstrate the benefits of applying a cross-sectoral, integrated approach to sustainable development • Share learning, results and challenges from implementing the pilot phase of the HoPE-LVB project which was focused on developing a scalable model of integrated population, health and environment (PHE) interventions • Expose participants to systematic approaches to scaling up interventions • Gather recommendations for scaling up HoPE-LVB's successfully tested interventions by going through a process of developing a scaling up strategy • Gauge interest and potential commitment of new partners to support expanded implementation of HoPE-LVB's sustainable development approach | |
| 18 February, 2015 | |
| 8:30 – 9:00 | Morning Tea |
| 9:00 – 9:20 | Welcome remarks and meeting objectives (Lucy Shillingi) |
| 9:20 – 10:00 | Keynote addresses (5 minutes each) |
| | Moderator: Lucy Shillingi <ul style="list-style-type: none"> • Edward Sebina, Ministry of East Africa Community Affairs • Anne Murphy, USAID • Charles Zirarema, Population Secretariat, HoPE Steering Committee Chairman • Isabirye Iddi, Member of Parliament, Mayuge District |
| 10:00 – 10:30 | Screening of “HoPE in the Basin” (20 mins) plus questions, Charles Kabiswa |
| 10:30 – 10:45 | Tea break |
| 10:45 – 12:00 | Panel I: Overview of Phase I of HoPE-LVB from community perspectives |
| | Moderator: Betty Mbolanyo, Ministry of Water and Environment <ul style="list-style-type: none"> • Charles Kabiswa, ECO, discusses the value added of PHE integration (10 mins) • Dorah Taranta, Pathfinder Project Manager discusses HoPE-LVB Phase I interventions achievements, tools, key lessons learned and challenges faced (15 minutes) |

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| <ul style="list-style-type: none"> • Carol Nalwoga, Pathfinder M&E Officer presents the sectoral and integrated quantitative data results; how the information was collected and measuring PHE integration (20 minutes) • Open discussion (30 minutes) |
| 12:00 – 12:45 Panel 2: Perspectives from national, district and sub county and community leaders/champions on the HoPE model and possibilities for expansion (5 minutes each) |
| Moderator: Dr. Charles Mukama, MAAIF |
| <ul style="list-style-type: none"> • Dorothy Nabakiibi, young mother’s club leader, Bussi • Miriam Bwire, Women’s group leader, Jagusi island • Juma Mpumi, LCIII, Model household, Jagusi Sub-county, • Rebecca Ssabaganzi, Natural Resources Officer, Wakiso District • Kawala Beatty, Senior Nursing Officer, Mayuge District • Dr.Diana Nambatya, Partners in Population and Development • Discussion (15 mins) |
| 12:45 – 13:15 Bussi Community PHE Youth Drama Group performs “PHE Drama”, moderated by Jackline Nakajubi |
| 13:15 – 14:00 LUNCH |
| 14:00 – 14:30 Scaling up the HoPE-LVB model – applying the ExpandNet/WHO nine-step approach for developing a scaling up strategy |
| Presented by Alexis Ntabona and Laura Ghiron, ExpandNet (25 mins) |
| Questions/discussion (5 mins) |
| 14:30 – 15:45 Applying the nine steps and developing a scaling up strategy for HoPE-LVB -- Group work applying the nine step approach and developing a scaling-up strategy for HoPE-LVB with reporting back in plenary |
| <ul style="list-style-type: none"> • Introduction to exercise (Alexis Ntabona) • Concurrent Group Work (30 minutes): <ul style="list-style-type: none"> ▪ Provide recommended actions to increase the scalability of the HoPE innovation (Step 1) ▪ Provide recommended to increasing user organization capacity to implement the innovation (Step 2) ▪ Provide recommended actions for assessing the environment and increasing potential for scaling-up success (Step 3) • Facilitated reporting out on recommended actions and responsible parties and discussion (45 mins) |

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| 15:45- 16:00 | Tea break |
| 16:00– 16:45 | Applying the nine step approach and developing a scaling-up strategy for HoPE-LVB (continued) |
| | <ul style="list-style-type: none"> Increasing resource team capacity to support the scaling-up process (Step 4): Group work and then plenary (20 mins) report back (25 mins) |
| 16:45 – 17:00 | Wrap up and looking ahead to the next day (Lucy Shillingi) |
| 19 February, 2015 | |
| 8:30 – 9:00 | Morning tea |
| 9:00 – 9:15 | Recap of previous day proceedings |
| 9:15 – 10:15 | Making strategic choices to support institutionalization |
| | Group discussions (25 mins) |
| | Plenary report back and discussion (35 mins) |
| 10:15 – 10:30 | Tea Break |
| 10:30 – 11:45 | Making strategic choices to support expansion/replication |
| | Group discussions (35 mins) |
| | Plenary report back and discussion (40 mins) |
| 11:45 – 12:00 | Phase II plans for the HoPE-LVB team (Presented by Lucy Shillingi) |
| 12:00 – 12:45 | Plenary discussion on moving forward and generating commitments for moving forward to expand and institutionalize (facilitated by Alexis Ntabona) |
| 12:45 – 13:00 | Closing remarks by Andrew Tiondi, Population Secretariat |
| 13:00 – 14:00 | Lunch |

**Attachment 2. Dissemination and Strategic Scale Up Workshop Participant List (18 And 19 Feb, 2015)
Protea Hotel Kampala**

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Bussi Twezimbe drama group members

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- 2 Kisaakye Jesca
- 3 Juuko Denis
- 4 Nakasujja Resty
- 5 Nabbumbwa Annet
- 6 Nakazibwe Betty
- 7 Kiwalabye Bashir
- 8 Nakamya Babrah
- 9 Katta Moses
- 10 Najjuko Harriet
- 11 Mutebi Emma
- 12 Kabuuka Peter
- 13 Kibuuka Joram
- 14 Malege Espino
- 15 Mukiibi Julius
- 16 Mukiibi Robert
- 17 Kalungi Richard
- 18 Nakabuye Babra
- 19 Nanyonga Rosie
- 20 Galiwango John
- 21 Ssemutanga Gerald
- 22 Walugembe Peter
- 23 Nassuuna Josephine
- 24 Nakkazi Mary

Attachment 3: Analyzing Questions for the Nine Step Approach for Developing a Scaling Up Strategy for the HoPE-LVB Project

Defining the innovation

An innovation can consist of changing a technology or clinical technique; community or individual behaviors or values; a teaching, or management or other institutional practice; introducing a product or any other desirable intervention ranging from simple to more complex ones.

The HoPE Model core package consists of the following key components/activities:

- Needs assessment about population, health and environmental issues through interaction with community members; local, county and national ministry staff from a range of line ministries; and other stakeholders
- Training and ongoing support to strengthen capacity of community groups, leaders and governmental health and environment-related ministerial personnel from local to county level to work on PHE integrated activities
- Training and ongoing supportive supervision of facility and community-based health service providers via in-service training on FP/RH, MNCH, commodities management, conducting outreaches, and monitoring
- Training, equipment and supplies provision and ongoing supportive supervision of community groups including women's, young mothers, farmers and fisher folk/beach management unit groups to implement environmental conservation/natural resource management and alternative livelihood practices (e.g. sustainable agroforestry and fisheries practices, tree nurseries, apiaries, alternative energy saving approaches, etc) by
- Establish a model household cluster strategy to demonstrate, disseminate and supervise implementation of PHE approaches among community members
- Ongoing advocacy by project staff and project-trained champions for expanding implementation of integrated PHE approaches
- Participatory monitoring by community and service providers

Step 1: Planning actions to increase the scalability of the innovation

The innovation refers to [health and environment] interventions and/or other practices that are being scaled up. The innovation is a package of interventions, often consisting of several components.

1. Is the evidence presented convincing enough to know that the integrated HoPE-LVB model is both effective and feasible for replication?

Is evidence regarding the added value of integration sufficient to cultivate buy-in for both health and environment sectors?

If not, what other evidence should be collected or should the evidence be better presented? For example, should cost-effectiveness be documented and if so who could do that?

2. How different is **implementation** of integrated HoPE-LVB interventions from predominant approaches or ways of working in existing service systems, and what are the implications of this for scaling up to new areas and institutionalizing the approach?

Can the model be further simplified? Are there components that are not needed? How could the innovation be done better? What else might need to be done?

3. Does the HoPE model core package have advantage over existing practices (like a single sector approach) or other models? What would you recommend to emphasize this? (If you want to keep this question it needs more work, but I have my doubts as to whether you want to keep it, because it is almost a rhetorical question and then the question how to emphasize is not so clear. We can work on it if you want but I first want to raise the bigger point of whether you really want to keep it.)
4. How can one ensure that the values introduced in the HoPE approach (e.g. human rights, gender, quality of care) become part of general service delivery to ensure long run sustainability?
5. An integrated model is considered highly desirable by many stakeholders but it requires a major paradigm shift. What can be done to facilitate such a shift and to facilitate implementation on a large scale? What needs to be done to integrate this approach into the existing systems?

Step 2: Increasing the capacity of the user organization(s) to implement scaling up

The user organization(s) refers to the institution(s) that seek to or are expected to adopt and implement the innovation on a larger scale.

1. Beyond existing HoPE-LVB sites and partners, are there additional NGOs who could support or implement the HoPE package of interventions? If so, suggest specific organizations.

How can a sense of ownership be built among them?

2. What key government organizations (and at what levels) should be brought on board to play a strong role in scaling up the integrated model? What should be done to involve them?
3. Given that external inputs were available during the pilot phase, but are not routinely available in the user organizations, what can and steps are needed to mobilize these inputs from within the health and environment service systems?
4. Are there impending changes within the health or environmental sector organizations (i.e. personnel changes, funding issues, reorganization, health reform, decentralization, elections) that might affect the success of scaling up? What can/should be done to ensure that scaling up can proceed in spite of these changes or to mitigate/eliminate any negative effects to the extent possible?

Step 3: Assessing the environment and planning actions to increase the potential for scaling-up success

The environment refers to the conditions and institutions which are external to the user organizations that seek to adopt/implement the innovation) that fundamentally affect the prospects for scaling up.

The following are dimensions of the environment that could influence scaling up efforts:

- Health sector/system
 - Environmental sector (including fisheries, agriculture, water, natural resources, etc)
 - Education sector
 - Other relevant government institutions (i.e. Ministry of Finance/Planning)
 - Socioeconomic, gender & other socio-cultural determinants
 - Policy setting
 - People's needs and rights
 - Funding agencies
 - Other
1. Where in the above-listed various sectors of the environment can support be mobilized to facilitate scaling up?
 2. What kind of obstacles may be encountered in the various environments? What can be done to reduce or avoid these obstacles?

Step 4: Increasing the capacity of the resource team to support scaling up

The resource team refers to the individuals and organizations that were involved in the testing and/or seek to promote and facilitate wider use of HoPE-LVB approaches. Resource teams can act formally or informally in this role.

1. What should be done to bring additional members into the resource team who have understanding of and/or credibility with the governmental and NGO user organizations?
2. What are your recommendations for who these potential champions might be? (phrase it so that it can stand independently and the group who gets it will understand it)
3. What can be done to ensure that needed funding, support and stability of the resource team will be available over several years?

Step 5: Making strategic choices to support vertical scaling up (institutionalization)

Vertical scaling up refers to the policy, political, legal, regulatory, budgetary or other health or environmental systems changes needed to institutionalize the innovation at the national or sub-national level.

1. How can the HoPE model be institutionalized? That is, what changes are needed in terms of budget allocations, pre-service education or training, logistics, information systems, human resources, or policies, etc to facilitate expansion and ensure sustainability of HoPE's integrated PHE approach?

What are appropriate approaches to advocate for the needed changes and who should organize the necessary advocacy?

How can the necessary resources for such advocacy be mobilized? (Consider how this question should be reformulated given that you might give it to a separate group and it needs to stand by itself)

2. Are there any existing cross sectoral collaboration mechanisms (beyond policies), including planning and budgetary processes, to which scaling up of the HoPE model could be linked and operationalized? How should this be accomplished?

Step 6: Making strategic choices to support horizontal scaling up (expansion/replication)

Expansion or replication is also referred to as horizontal scaling up. Innovations may be replicated in different geographic sites or can be extended to serve larger or different population groups.

1. How many sites and at what administrative levels should HoPE model interventions be expanded, over what time period? Answer this question in light of how feasible would the proposed expansion be given the characteristics of the model, the capacity of the user organizations and the resource team, and the larger environment?

Consider whether the innovation should be introduced in stages or should multiple components be introduced together simultaneously? What are your recommendations?

2. What are the resource requirements for scaling up the innovation? (e.g., materials, infrastructure, training, etc)? What the implications of this are for how far and how fast scaling up should proceed?
3. Monitoring the process and outcome of scaling up is essential. Key questions for monitoring are:
 - Are the central components of the model being maintained (fidelity of the innovation?)
 - What adaptations are taking place and how do they affect outcomes?
 - What bottlenecks/problems are being encountered?
 - Are desired outcomes maintained?
4. To what extent can existing management information systems/service statistics be used to monitor these aspects? If not what additional monitoring should be implemented?