Enablers & Barriers to Scale

What we learned from Implementation Research on Scaling up Playful Parenting

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Agenda

1. Opening Remarks
2. Background on Implementation Research & Scale
3. Key Findings
4. Indicators of Scale
5. Moderated Discussion
5. Q&A

Playful Parenting Implementation Research

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Key facts about the study

- **Study period:** 2020 – 2025
- **Geographic coverage:** Bhutan, Rwanda, Serbia, Zambia
- Study objectives:
  1. Generate **evidence** on effective pathways to **scaling up playful parenting programs**
  2. Serve as a **learning partner** to the Playful Parenting implementing grantees

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FHI 360 Research Team

Carina Omoeva
Project Director & Co-PI

Ania Chaluda
Research Manager (Serbia & Zambia)

Frances Aboud
Co-PI

Tanya Smith-Sreen
CoP & Communications Specialist

Karma Choden
Bhutan Investigator

Michael Tusiime
Rwanda Investigator

Ksenija Kristic
Serbia Investigator

Given Hapunda
Zambia Investigator

Francis Sichimba
Zambia Investigator

Rafael Contreras Gomez
Senior Research Associate

Rachel Hatch
Senior Research Associate

Becky Castor
Technical Officer, Data Capture

Alex Gillett
Program Officer

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Playful Parenting Implementation Research

RESEARCH DESIGN

1. CHILD & CAREGIVER OUTCOMES
   - Caregiver-Child Interaction/ Caregiver Interview (HOME Inventory)
   - Child Observation (Generalized Scale for Early Development)
2. COMMUNITY NORMS & ENGAGEMENT
   - Focus Group Discussions with Caregivers
   - Father Engagement Interview
3. WORKFORCE
   - Training Observations
   - Workforce Survey
   - In Depth Interviews
   - Service Delivery Observations
4. PROGRAMMATIC FACTORS
   - Program Intake Interviews & KIIs
   - Cost Analysis
5. ENABLING ENVIRONMENT
   - Key Informant Interviews with Government Stakeholders
   - Cost Analysis

PLAYFUL PARENTING INTERVENTION DESIGNS

	Provider Status	Type of Caregiver Engagement	Intensity of Contact	Target Scale
BHUTAN Save the Children.	Health Assistants	Group Sessions	**12** → **9** sessions monthly	**Nationwide** **80K+** caregivers **56K+** children
RWANDA RESEARCH PROGRAM ON CHILDREN AND ADVERSITY BOSTON COLLEGE SCHOOL OF SOCIAL WORK FXB RWANDA	Volunteers (IZUs)	Home Visits	**12** home visits + **2** boosters weekly	**3** districts **10K+** children
SERBIA unicef	Home Visiting Nurses	Home Visits	**8** home visits staggered from newborn-2 years	**6** → **34** municipalities **300** nurses
ZAMBIA unicef	Volunteers (CBVs)	Home visits → group sessions	**7** → **4** home visits 1-3 months apart	**2** districts **1020** providers trained **50K+** families

Defining scale

Defining scale

- There is no hard, universal definition of what constitutes ***sufficient* scale**
- Even the **smallest health/ education systems serve hundreds of thousands of families**

ExpandNet (WHO, 2009) defines scale as:

> *Deliberate efforts to increase the impact of innovations successfully tested in pilot or experimental projects so as to benefit more people and to foster policy and program development on a lasting basis."*

WHO (2009) ***ExpandNet: Practical guidance for scaling up health service innovations.*** Geneva, Switzerland: World Health Organization.

What are the different types of scale?

HORIZONTAL

- **Geographic reach** to new subnational areas
- **Larger numbers** of caregivers
- **Impact at scale**: changing parenting behaviors and child outcomes for larger numbers of families

VERTICAL

- **Integration** into government health system (policy, budget/resource allocation)
- Existing human resources, information systems, and capacity to implement

WHO (2009) ***ExpandNet: Practical guidance for scaling up health service innovations.*** Geneva, Switzerland: World Health Organization.

Key Findings

Prescription to Play/C4CD+

Health Assistants

Group Sessions

Nationwide

BHUTAN

Horizontal Scale

- Scaled to **all districts nationwide** in 2023
- Attendance rate of eligible families ranged across districts; **average is 44%**
- Requests by workforce to make **incentives available for eligible families**
- Attendance of at least one session predicts **0.64 point improvement** in responsive stimulation on the HOME inventory

BHUTAN

Vertical Scale

- Executive order indicates **full institutionalization**, program mandated in all health facilities
- Program **aligns to key flagship health programs** – disability, mother & child health, etc.
- Program indicators **integrated in the health information system**; limited monitoring and supervision.
- Health assistants (HAs) are **part of system workforce**; implementing several programs leading to **overburden**
- Pre-service and refresher in-service **training integrated into core university curriculum**

Prescription to Play/C4CD+

Health Assistants

Group Sessions

Nationwide

RWANDA

Horizontal Scale

- Program was implemented in **three districts** (Ngoma, Nyanza & Rubavu), and received donor funding to replicate in fourth (Musanze)
- The **training and regular supervision**, as well as the structured training manual were **appreciated by volunteers**, and still used by IZUs
- The program **upheld equity** by supporting parents in the lowest SES who need support

Sugira Muryango

Volunteers (IZUs)

Home Visits

3 districts, replicated in 4th

RWANDA

Vertical Scale

- **Strong commitment from government** as the programs fits into the Integrated ECD implemented by the government
- **Multisectoral teams** were established to continue supporting program, but were **not sustained**
- **Lack of a clear exit plan** and continued support for volunteers once the program ended
- Only **28% of volunteers continued to meet families**
- Positive feedback from government **did not result in integration** – no indication that existing agencies could assume programs supervision

Sugira Muryango

Volunteers (IZUs)

Home Visits

3 districts, replicated in 4th

SERBIA

Horizontal Scale

- Program piloted in **6 municipalities and later expanded to a total of 34**; municipalities had a **strong desire to adopt** the program
- **Reaching eligible families was a challenge:** 53-63% of families received nurse visit, but **only ~26% reported receiving guidance on play and communication**
- **Shortage of trained nurse providers**; **43%** of nurses reported feeling **overworked,** less than 50% received supervision
  - Nurses were **highly motivated**, with **90%** feeling respected and appreciated
- **No differences** associated with home visit; higher parenting outcomes (1.25 points on the HOME) if caregiver recalled play content as part of visit

Playful Parenting Program

Home Visiting Nurses

Home Visits

34 municipalities

SERBIA

Vertical Scale

- Program **embedded into an ongoing home visiting schedule**, but most visits **focused on the newborn stage**
- Strong multisectoral collaboration at the **local level**; coordination of local governments by the Standing Conference of Towns and Municipalities
- Supportive supervision pilot conducted with positive feedback from providers, but **likelihood of institutionalization is unclear**
- **Flexibility of the program** supported adoption, but posed **challenges to institutionalizing vertically**

Playful Parenting Program

Home Visiting Nurses

Home Visits

34 municipalities

ZAMBIA

Horizontal Scale

- Program operated in two districts, Katete and Petauke; **36% of targeted families were reached** by the program, which **transitioned to group session modality** to expand reach
- Community Based Volunteers (CBVs**) satisfied with the program**, village leaders supported it, parents expressed demand
- **Lack of compensation/incentives** for workforce and **transport** issues; need for **translation** of materials and their **adaptation to intensity** required
- **No differences** associated with home visits; around 2.9 points difference on the HOME for those participating in group sessions within program districts

Care for Child Healthy Growth & Development

Volunteers (CBVs)

Home visits → group sessions

2 → 4 districts*

*Comparison districts (Chipata & Chongwe) now operating at scale

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ZAMBIA

Vertical Scale

- Availability of **CBV workforce**, with a **strong foundation in the community; strong involvement of line ministries** at district level in the training and implementation oversight
- **Multisectoral committees exist at all government levels** from national to district level
- Concerns **about attrition of the workforce** due to **lack of incentives,** a registry for providers to support payments has been launched
- **Information system** for monitoring & supervision **not effectively used** to improve the quality of delivery

In summary…

- All four programs **reached intended scale at subnational level**
- Program **reach and uptake** by participants was a **consistent challenge**
- Numbers of **frontline providers trained were not sufficien**t to meet demand
- System institutionalization ranged from **limited to full**, with the MOH in Bhutan signing an executive order that **“fully integrated the program into routine health care services”**
- Impact on parenting outcomes was mixed; **child outcomes were higher for program participants in Bhutan** but not in other countries

Level of Horizontal Scale

% of sampled caregivers in target areas reached by program intervention in 2023-4

Country	Level of Scale	% surveyed families reached
Bhutan	Nationwide	44%
Rwanda	3 districts	16%*
Serbia	34 municipalities	53%-63%
Zambia	2 districts	36%

*In Rwanda, the program’s eligibility criteria limited the number of potential participants

Key takeaways

1 Focus on effectiveness and scalability of interventions

- Interventions must be designed in a modality that can be scaled and sustained with existing system resources
- Evidence of effectiveness in improving parenting and child outcomes is crucial

2 Ensure government ownership for scaling up at the outset

- Government buy in and alignment is crucial for the training, quality assurance and retention of frontline providers and must be planned for from the start
- Choice of frontline providers must consider the cost implications for delivering service with quality

3 Continuously examine evidence and plan for iterations

- Continuous learning, including across programs within a country/ system is critical to reaching impact

Indicators of Successful Scale

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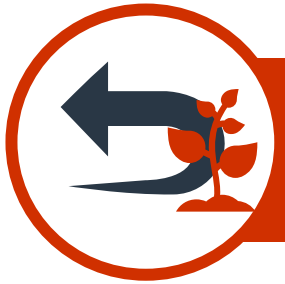
Horizontal Indicators



How has reach and coverage been expanded in your opinion? What is the evidence that reach has been achieved?

DEMAND

Evidence through attendance and advocacy that **families want the program.**

REACH

Continuous expansion to new districts and to all eligible families.

EQUITY

All eligible families, particularly **vulnerable** ones, have access.

WORKFORCE

A sufficient number of **providers are being trained and supervised**.

Vertical Indicators

WHAT activities help sustain the program going forward once the resource team leaves?

MULTISECTORALITY

Stakeholders **from many organizations and ministries** are engaged.

ADOPTED

Government is willing and able to **adopt and implement** the program.

POLICY, BUDGET

Government has solidified the program with **policy and finances.**

INTEGRATED IN SYSTEM

Workforce is integrated into the health system and its information management.

Moderated Discussion

Bhutan

A Phased Approach to Scaling

2019-2021/2

5 Districts

Evaluated fidelity and effectiveness

2022-2023

Nation-wide coverage

Quality improvement based on findings.

Mass media campaign

Distribution of play materials & videos

2024-2025

Nation-wide coverage

Co-design of the final sustained model.

Balancing Supply and demand

SERVICE DELIVERY

COMMUNICATION

ATTENDANCE

Rwanda

An Evidence-Based Approach to Scaling Quality Home-Visits to promote ECD and prevent violence in Rwanda's Most Vulnerable Families.

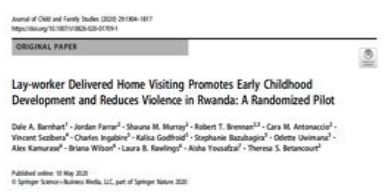
Knowledge from the earlier Family Strengthening Intervention for HIV-affected families and prior evaluations of Sugira Muryango have shown evidence of its effectiveness and served to inform adaptations of the intervention as it is currently constituted.


Family-based promotion of mental health in children affected by HIV: a pilot randomized controlled trial


Comment

Integration of prevention of violence against children and early child development


Integrating social protection and early childhood development: open trial of a family home-visiting intervention, Sugira Muryango


Lay-worker Delivered Home Visiting Promotes Early Childhood Development and Reduces Violence in Rwanda: A Randomized Pilot

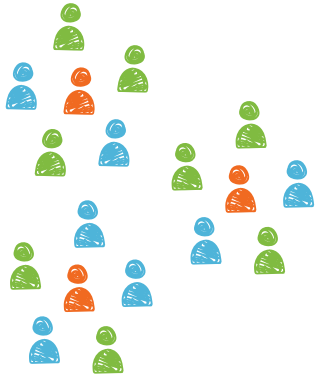
Family strengthening intervention for families affected by HIV	National ECD Baseline Study allowed for Manual & Measures Development and Testing	Pilot 1:Safety, Feasibility, Acceptability	Pilot 2 Streamlining to 12 modules	Cluster Randomized Trial: pre and post data collection & 1- and 4-year follow ups	PLAY Collaborative Study and Continuous Enrollment/ IZU Embedment Pilot Full saturation in 3 Districts	mHealth Digital Dashboard Study Full saturation in 1 District
2007-2012	**2011-2014**	**2014-2016**	**2016-2018**	**2018-2023**	**2019-2024**	**2024-2029**
Partners: Partners in Health	**Partners:** UNICEF and Imbuto Foundation	20 Households	38 Households	1,000+ Households	19,000+ Households	Anticipated 7,000+ households
		Workforce: Community Based Volunteer	**Workforce:** Community Based Volunteer	**Workforce:** Community Based Volunteer	**Workforce:** Government Child Protection Community Volunteers (IZU)	**Workforce:** Government Child Protection Community Volunteers (IZU)

Partner: FXB Rwanda

Serbia

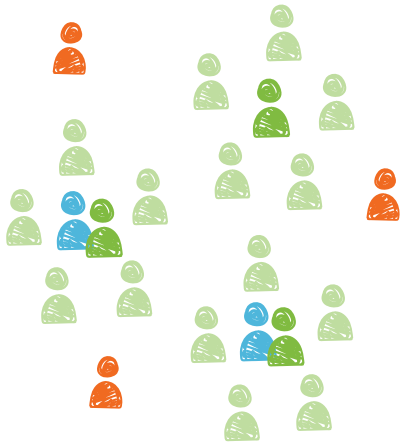
Scaling Up Playful Parenting

Consortium-Expert Communities developing program elements

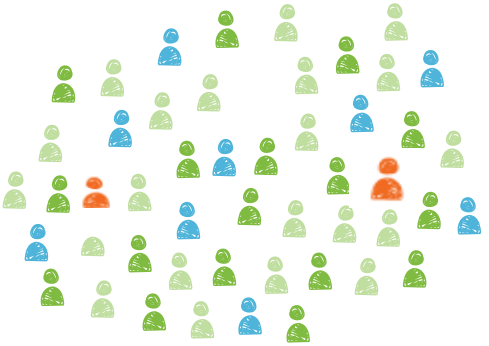


Master trainers and trainers learning together

Phase 1 – Strengthening 6 Model Centres



Phase 2 – Strengthening 29 learning sites

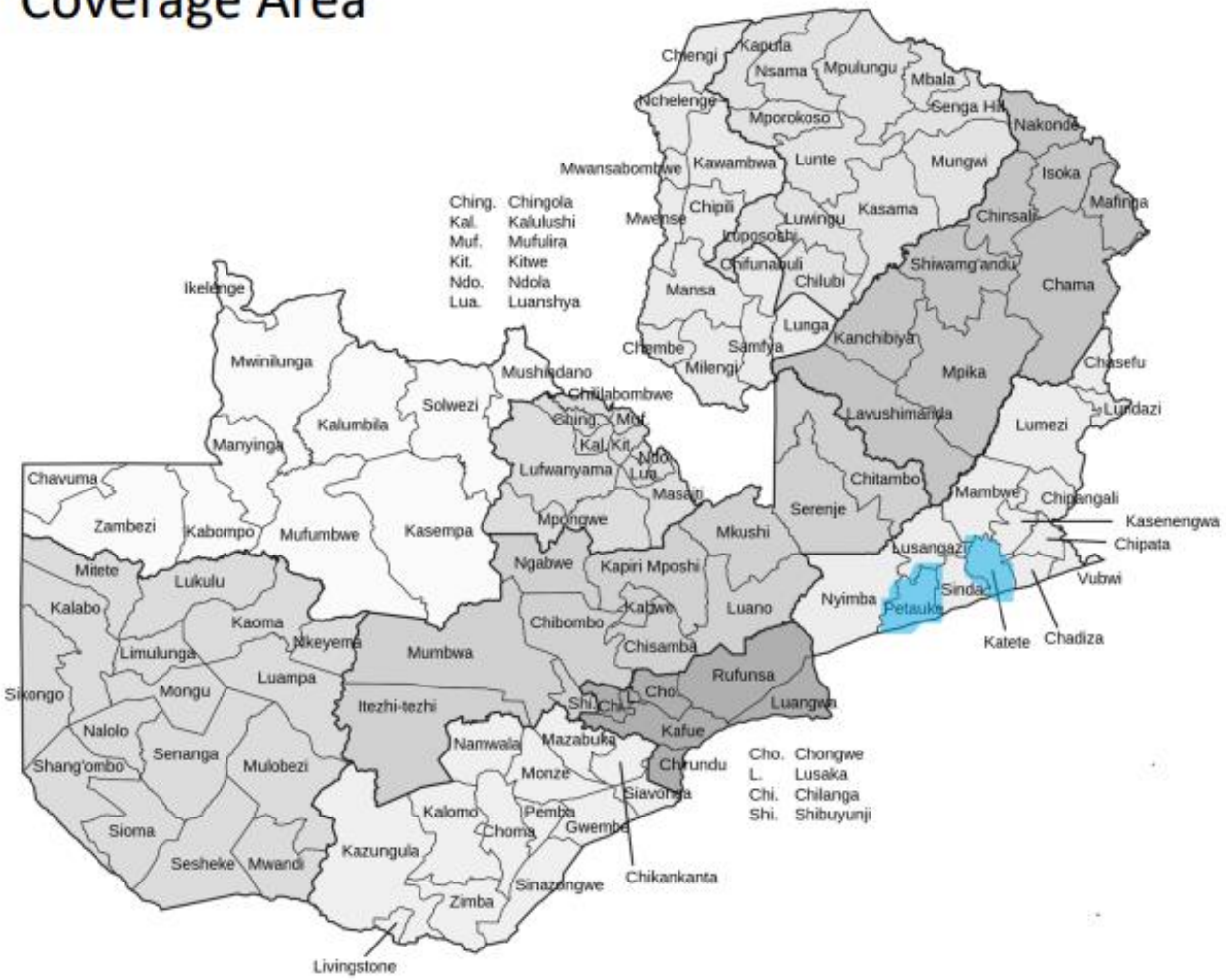


2016	2018	2019	2020	2021	2022	2023	2024	2025
National Program on ECD	Call for Action on ECD	Service delivery priorities Covid-19, Cross-sectoral integration	Innovated service delivery modalities - Teleworking	5 model centers, first local measures programmed, local policy formulation	29 learning municipalities, local measures programmed, local policy formulation	Intermunicipal exchange, cont. mentorship supervision, Mobilisation, national grants	National-Level advocacy, Benchmaring, national grants	Local programming and scaling, bylaws, advocacy for cross-sectoral NPA

Expert Support/ learning coordinators Master Trainers Trainers

Zambia

Coverage Area



KATETE

(10 programming sites; 7 built Mphalas:

Chamikango *Chikoti* *Kamwela*
Katambala *Kholowa*
Galamukane *Gombeza*

PETAUKE

10 programming sites and 2 low-cost ECE structures constructed

Q&A

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Thank you!

Scan to view Playful Parenting resources!

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References

- *Cooley et al (2021)* ***Scaling Up—From Vision to Large-Scale Change: A Management Framework for Practitioners.*** Washington, DC: Management Systems International. Available online at *https://www.msiworldwide.com/wp-content/uploads/2023/09/ScalingUp_toolkit_2021_v5_0.pdf*

- *Kohl, R. and Cooley, L. (2025)* ***The Mainstreaming Tracker: A tool for assessing and managing the adoption of systematic approaches to scale by development funders.*** *Published online: Scaling Community of Practice. Available at https://scalingcommunityofpractice.com/wp-content/uploads/2025/03/Final-Mainstreaming-Tracking-Tool-V2.pdf*

- *WHO (2024)* ***Designing, implementing, evaluating, and scaling up parenting interventions: a handbook for decision-makers and implementers.*** Geneva, Switzerland: World Health Organization

- *WHO (2009)* ***ExpandNet: Practical guidance for scaling up health service innovations.*** Geneva, Switzerland: World Health Organization. Available online at *https://media.expandnet.net/file/root/who-expandnet-practical-guide-published.html*

Contact Information

- Ania Chaluda, Director for Monitoring, Evaluation, Research, and Learning (MERL), FHI 360 - achaluda@fhi360.org
- Carina Omoeva, Director of the Research and Evaluation Department, FHI 360 – comoeva@fhi360.org
- Frances Aboud, Professor in the Department of Psychology/Principal Investigator, McGill University/FHI 360 – frances.aboud.@mcgill.ca
- Gabriela Phend, Program Manager, Boston College's Research Program on Children and Adversity (RPCA) – phendg@bc.edu
- Gibson Nchimunya, Education Officer, UNICEF Zambia – gnchimunya@unicef.org
- Given Hapunda, Senior Lecturer and Researcher/Zambia Country Investigator, University of Zambia/FHI 360 - given.hapunda@gmail.com
- Ivana Vojvodic, Social and Behavior Change Consultant, UNICEF Serbia – idujmovic@unicef.org
- Jill Popp (Moderator), Senior Research Specialist, LEGO Foundation - jill.popp@legofoundation.com
- Karma Choden, Bhutan Country Investigator, FHI 360 – karmacdn@gmail.com
- Laigden Dzed, Chief Program Officer, Ministry of Health Bhutan – ldzed@health.gov.bt
- Michael Tusiime, Lecturer/Rwanda Country Investigator, University of Rwanda/FHI 360 – krwibasira@yahoo.com
- Tanya Smith-Sreen (Moderator), Senior Technical Officer, FHI 360 - tsmith-sreen@fhi360.org
- Tshetrim Tobgay, Monitoring, Evaluation, Accountability, and Learning (MEAL) Coordinator, Save the Children Bhutan - tshetrim.tobgay@savethechildren.org

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