Young adult reproductive health (YARH) is receiving increasing attention as a critical issue in the field of international population and health. The importance of “scaling up” YARH programs has also become a concern, because of the growing and changing needs of youth, the lack of effective programs to reach young people in many countries, the need to build widespread public acceptance for YARH programs, and the shrinking resources in many areas. Although the term “scaling up” has few precise definitions, most definitions imply that the program extends services to more people in more places. As used in this tool, the term refers to the process of institutionalizing effective programs to achieve greater impact in terms of increasing the numbers of young people served, broadening the geographic coverage, and, sometimes, expanding mandates.

Several important reasons to scale up YARH programs are discussed next:

**Young people are a large, and growing segment of the population.** Young people age 10-24 represent 33 percent of the world’s population. The adolescent population is growing, and this growth is especially rapid in those countries that have not yet completed the demographic transition to replacement-level fertility. In sub-Saharan Africa alone, 15- to 19-year-olds have the highest growth rate of any population segment. These young people need education, training, and jobs, and their numbers have an enormous influence on overall population growth rates in the region. In the least-developed countries, adolescents enroll in secondary education at very low rates, 13 percent for girls and 22 percent for boys. In the 10- to 14-year-old age group, 73 million young people are working worldwide, limiting their ability to continue schooling and, possibly, increasing their exposure to reproductive health risks.

**Adolescence is increasingly experienced in contexts that facilitate sexual risk taking and negative reproductive health outcomes.** The context in which adolescence occurs is changing in many places. Urbanization, high unemployment rates in urban areas, increased literacy and education, and the
reach of the mass media contribute to the growing gap between physical maturity (puberty) and social maturity, often marked by marriage and childbearing. More and more young people are having sex before marriage, often without using contraception, thereby exposing them to the risks of sexually transmitted infections (STIs), HIV/AIDS, and unplanned pregnancy. If pregnancy occurs before youth are fully developed—especially in countries where anemia and malnutrition are common and where access to health care is poor—young mothers can be exposed to particularly acute health risks, including damage to the reproductive health tract, delayed or obstructed labor, ruptures in the birth canal, and elevated risks of maternal mortality. Babies born to youth experience more birth injuries and increased incidences of low birth weight and stillbirth; infant mortality is highest in those countries with the largest proportions of adolescent births. Young, unmarried women, who are disproportionately likely to have an accidental pregnancy, often resort to desperate, life-threatening measures to terminate pregnancy. Young people are vulnerable to sexual violence and other health threats such as drug and alcohol abuse, and they may take risks exchanging sex for money, gifts or food. They often have minimal awareness of reproductive health issues, lack the resources to seek reproductive health information and services, and encounter negative attitudes from clinic workers or other personnel.

Sexual risk taking influences young people’s lives beyond their reproductive health.

The decisions youth make also affect their current and future life options. Becoming pregnant or bearing a child at a very young age often means the end of schooling and sometimes means the continuation or exacerbation of a cycle of poverty. For those infected with HIV during adolescence, death at an early age is virtually inevitable in most developing countries. Because reproductive health risks have far-reaching consequences for young people’s lives and costs to the societies in which they live, it is critical for governments, private sector organizations, donors, health workers and community members to address youth’s reproductive health needs.

Youth-friendly services do not exist in many places.

Family planning programs that have been effective with adult women and men often do not reach— or reach out to—young people. Contraceptive prevalence among youth in areas where women and men have relatively good access to family planning continues to lag behind prevalence in the older cohorts. The concept of “youth-friendly services” is relatively new in the field of family planning and reproductive health, and approaches to serving youth are still under study in many parts of the world. Once the essential components of youth-friendly services are known, it is necessary to implement them on a scale great enough to serve this large segment of the population.

Scaled-up YARH programs can positively influence public opinion about adolescent needs.

Bringing programs to scale can also affect the way that YARH is perceived by the general public.

Programs that address young people’s sexual and reproductive health can be sensitive and controversial, and they are often not easily accepted or discussed by community members or policymakers. When programs are expanded in response to existing demand, they may gain legitimacy and permanence, creating a climate that is more open to recognizing and supporting YARH
programs. In those countries where policymakers have not yet recognized the need to address YARH, the expansion of pilot programs can play a role in demonstrating need.

**Scaling up programs can be a more efficient use of scarce resources.**

Finally, scaling up effective programs can bring about a more efficient use of government and donor resources. Resources are not keeping pace with the growth of the world’s adolescent population; in fact, in many cases, donor resources are actually declining. Therefore, it is imperative that programs scale up to achieve “economies of scale.” Economists use this term to refer to the fact that increasing production can actually reduce the costs of production per unit (as output, or units of production, increases, the costs of production per unit of output can decrease). If a YARH program can increase the number of youth served with little or no increase in financial expenditures, the program may achieve economies of scale because the costs per youth served decline even as the number of youth served increases. For example, a sex education program might invest a high level of resources in curriculum design, but beyond this initial investment, the costs of replicating materials and training teachers is relatively low. When the program is scaled up and larger numbers of youth take part, the “value” of the initial start-up investment in the curriculum is spread more efficiently over a larger group. YARH programs can realize economies of scale by using existing research, training programs, supervision systems, resources and infrastructure to provide the base from which to scale up.

Scaling up may also be a more efficient use of donor funds because it eliminates the need to fund repeated start-up costs associated with pilot projects. Some donors, particularly government agencies, may fund successful pilot projects only to find that they are not replicated, and then confront the continuous need to fund start-up costs.¹

This tool aims to improve program leaders’ and policymakers’ understanding of scaling up and to help them plan for scaling up their own YARH programs. The rest of this tool is organized in the following way:

- Chapter 2 raises several issues that are important to consider when bringing programs to scale.
- Chapter 3 describes several models of scaling up, the advantages and disadvantages of each model, and the ways in which using a combination of models can contribute to a successful scale-up.
- Chapter 4 presents seven key ideas regarding scaling up YARH programs that emerge from the literature in this field.
- Chapter 5 provides four case studies that illustrate that there is usually more than one process or model at work when youth programs are scaled up.
- Chapter 6 overviews lessons learned, linking the seven key ideas with the experiences described in the case studies and with evidence found in the literature and suggests future research needs.
- Chapter 7 consists of worksheets that will help program leaders and policymakers to prepare to scale up their own youth programs.

¹ According to a review by the International Youth Foundation in 1990, approximately 80 percent of youth funding worldwide went to innovative pilot programs, and only 20 percent was devoted to replicating proven approaches.
Given the urgent need for YARH programs to increase coverage, program managers and policymakers may decide to scale up even when the costs of doing so will not bring about economies of scale. Scaling up may bring other important gains. For example, reaching beyond urban areas to provide services for youth in rural areas may be expensive, but policymakers may decide that the gains of reaching rural young people outweigh the costs, especially when larger social costs are factored in.\textsuperscript{a} Documentation and evaluation of efforts to scale up can also contribute to the field’s understanding of how to design and implement scaled-up programs. In deciding whether or not to scale up, programs need to consider four important factors, discussed below:

\begin{itemize}
  \item whether the program has been effective,
  \item how scaling up will affect the program’s impact,
  \item whether the increased scale will be sustainable, and
  \item what their objective of scale is.
\end{itemize}

**Effectiveness**

In the field of young adult reproductive health, there is little hard evidence about which program strategies impact young people’s behavior, and what elements make programs effective. Since effective models of youth reproductive health have not been well identified, it is crucial that data from program monitoring and evaluation be used to assess whether a program strategy is effective before making the decision to scale up.

Program planners should identify the elements of YARH programs that lead to their effectiveness, and should consider what might be lost in the process of scaling up. For instance, some youth programs have identified the need for intensive group interaction and the minimum of 14 hours of instruction as key elements of success.\textsuperscript{13} While it is ideal that these features be incorporated into the design of a scaled-up program, there may be some elements that are more difficult to sustain when operating youth programs at scale.\textsuperscript{a}

\textsuperscript{a} The key elements of young adult reproductive health programs were explored in four papers published by FOCUS on Young Adults in 1997. These papers are available online at <www.pathfind.org/focus.htm>.

\textsuperscript{b} Operations research is a tool that can be used to determine the feasibility and impact of such an expansion.
Although effectiveness is best determined by a formal evaluation assessing impact on key indicators, the International Youth Foundation has developed a set of basic criteria for effective, scaled-up youth programming, including involving parents, family and the community; developing a plan to become self-sustaining; promoting cultural and local relevance; and focusing on prevention.\textsuperscript{14,15}

IMPACT

Policymakers and program managers should realize that increasing a program’s coverage will not necessarily increase its impact. Some large-scale programs cover many people but have low impact. Programs tend to be more successful if they understand and respond to the specific context in which youth make reproductive health decisions. Large-scale programs may experience more difficulty responding to the specific context because they tend to cover youth in a diversity of settings (e.g., rural and urban) and with a variety of backgrounds (e.g., different ethnic or religious groups), as well as young people with a mix of educational and income levels.

Program planners also need to consider the possibility that scaling up may stretch resources too thin and reduce the program’s impact, especially if the program requires a high staff-to-youth ratio or other intensive resources. Where the intervention is very intensive and highly adapted to the local context, it may not be possible to scale up without unacceptable sacrifices in quality, and programs may decide to continue operating on a small scale. For example, community-based programs for high-risk youth that provide an intensive set of services may become overwhelmed with larger numbers of clients, resulting in loss of impact. To avoid this negative result, program planners should develop indicators to monitor how the increased scale affects the program’s impact.

Many young people have complex needs, conditioned by their gender, age and particular stage of life, as well as the social, cultural and economic context in which they live. Addressing these needs is not easy, and intensive resources may be required to change adolescent behavior. Research shows that multicomponent programs addressing a variety of influences on youth have greater impact than programs that target only one aspect of YARH.\textsuperscript{16} For example, programs that provide services while targeting the social norms and other factors that influence young people’s decision making are more likely to have an impact than those programs that only provide education or contraceptives, or those that strive to improve parent-child communication.

Sustainability

Another issue to consider is whether scaling up will be programmatically and financially sustainable. Programmatic sustainability is the capacity of the program to continue to achieve program objectives and to adapt and respond to change over time. Strategic planning, policies, leadership, operational and administrative systems, and technical durability increase this capacity. Political and economic situations may change, influencing the environment in which the program operates. Other issues may receive attention, displacing the support or funding for YARH. Scaled-up programs need to be able to handle these types of changes.
Characteristics of youth populations may also change, affecting the shape and size of the target group the program is expected to reach. The needs of young people may also change over time. The capacity of programs to evolve and respond to the dynamic needs of youth should also be considered as part of sustainability.

Financial sustainability is also important. Although this is a complex topic that cannot be addressed here fully, programs need to consider how they will sustain the financial costs of scaling up. Family planning programs in many parts of the world have made progress toward financial sustainability by charging for services, contraceptives or both. However, many youth might not be able to pay for services, and those who are still dependents may find it difficult to discuss their reproductive health needs with their parents and ask for money. Youth programs, such as drop-in centers that provide group or individual counseling, may find it hard to collect fees or to generate revenue sufficient to offset costs. Some programs are specifically targeted to poor or at-risk youth for whom any financial cost might be a barrier to receiving services.

Social sensitivities surrounding YARH issues can also make financial sustainability difficult. Because of these sensitivities, donors or governments must often step in and fund YARH programs until they gain broad-based community support. In fact, self-financing is often an unreasonable expectation for a YARH program even in the long-term.

Obtaining diverse sources of funds protects programs from fluctuations in any given funding source. Programs may rely on “official” resources, such as municipal, provincial or national funds, but may also use in-kind contributions such as volunteer staff or donated materials. As programs gain strength—and solid support in the community—they can increasingly look for ways to supplement their revenue base and achieve greater financial sustainability, such as charging for services.

**Scale**

It is difficult to define what “at scale” means operationally for youth programs. Some programs may define reaching a large proportion of a small, high-risk youth population as operating at scale, while others may define reaching large numbers of youth with multiple services as operating at scale. An objective of scale should be articulated by programs before they scale up, clearly defining the coverage and scope the program hopes to achieve. Coverage deals with what proportion of the youth target population the scaled-up program will reach. Scope refers to the extent of the activity the scaled-up program will offer to youth.
This section describes four major approaches to scaling up YARH programs:

- planned expansion,
- association,
- grafting, and
- explosion.\(^iv\)

**Planned Expansion**

Planned expansion refers to a steady process of expanding the number of sites and the number of people served by a particular program model once it has been pilot tested. One form of planned expansion is called franchising which involves replicating a service that can be reproduced intact. Expansion can also be done through a phased approach, referred to as multi-phased or phased replication. In this model of expansion, an intervention is pilot tested and evaluated before replication.

**Association**

Association involves expanding program size and coverage through common efforts and alliances across a network of organizations. This form of scaling up is driven by local communities and involves adapting the program to the local context. Another way to think about association is concept replication. In concept replication, an idea or approach is replicated but adapted to meet local needs (as opposed to franchising, which involves replicating an identical product).\(^v\)

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\(^v\) Please note that this example refers to the U.S.-based chapters of the Boy Scouts and the Red Cross. The authors recognize that international chapters of the Scouts and the Red Cross/Red Crescent Society may not follow the same organizational structure as the two organizations referenced here.
then develops a program building on that particular idea or approach. For example, "street education" is a concept that is widely replicated in programs that reach out to street youth. Individual educators have different approaches to street education, yet this aspect of programming for street youth is a critical element of any program striving to reach them effectively.

**Grafting**

Grafting means adding a new initiative to an existing program, such as adding a sex education program to academic school programs or making family planning programs directed at adults “youth friendly.” In some cases, the grafted program may be added as an intact, stand-alone component, such as when services for youth are offered at separate times or locations from adult services. In other cases, YARH services may be integrated into the existing program and share some functions and systems but require adjustments such as special staff training or new education materials.

**Explosion**

Explosion is sudden implementation at a large scale. It usually has roots in high-level politics, and local groups may jump on board to take advantage of the opportunity offered. Myers cites Colombia's large national immunization campaign as an example of explosion but offers some concerns about this model of scaling up. When explosion stems from central political motivations, it may be launched without much cultivation of policy support, community support or organizational development. After explosion, many programs need to be adapted to the local context to ensure their survival and effectiveness. Explosion can take the form of mandated replication, in which programs are sponsored by governments and expanded through a top-down process.

Table 1 describes some of the advantages and disadvantages of the different models of scaling up. This table may help program planners who are considering scaling up to think about which model will best help them achieve their objectives.

**The impetus for scaling up often varies**

With planned expansion and explosion, the impetus for scaling up comes from above. The central management level plays a pivotal role, as it is there that the desire to control the product (franchising) or disseminate the intervention (explosion) first emerges. For certain types of interventions—especially those that are more technical in nature—a centralized approach may be more appropriate to provide the expertise required.

Scaling up by association tends to be much more decentralized, originating from within communities themselves. Acceptance of an idea is often contingent on the ability of local groups to adapt the idea to their particular community and conditions. Decentralized approaches allow for experimentation, the spread of ideas, and local control and initiative. They can encourage participation at the grassroots level and enhance community and youth ownership of the program.

**Programs often scale up using a combination of these approaches**

During the scaling-up process, a program can take different approaches at different points in time. For example, through association, nongovernmental organizations (NGOs) can break new ground and provide support for YARH programs. Once the programs have succeeded in building acceptance, public-sector programs can institutionalize initiatives through planned

<table>
<thead>
<tr>
<th>Model</th>
<th>Advantages</th>
<th>Disadvantages</th>
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| Planned Expansion      | - This type of program is very systematic. It plans and tests the approach before scaling up.  
                      | - Planned expansion is good for scaling up where critical technologies are needed, such as medical services for youth.  
                      | - It can allow for flexibility and adaptation to local conditions.  
                      | - If franchised, tight quality control is maintained and the product will be very consistent. | - Some programs need to be flexible in order to respond to youth needs, and are not as effective with tight control over the end product.  
                      | - Franchising does not always allow for latitude in local adaptation that may be critical to meeting youth’s needs. |
| Association            | - Association is very responsive to local community and youth input.  
                      | - It improves sharing of resources and information.  
                      | - It increases capacity for advocacy.  
                      | - It facilitates sharing of ideas and approaches within a network of organizations. | - Given the degree of adaptation at the local level, outcomes and quality may vary greatly from site to site. |
| Grafting               | - A new youth initiative can build on existing program infrastructure with few additional resources. | - Staff members may be unfamiliar with or resistant to the mission of the grafted youth initiative. |
| Explosion              | - The youth program is quickly taken to a very large scale of operation. | - Programs may have to backtrack to develop sound operating structures.  
                      | - If driven by central political motivation, communities may resist the youth program and may not want to comply with central dictates. |
expansion with greater success than the individual NGOs could achieve. In other cases, governments can take nascent NGO programs and expand them quickly if the programs support public policy objectives. Sometimes, NGOs can play a role in generating support for these services through publicity; referrals; and information, education, and communication (IEC) campaigns. This happened in Mexico where the Mexican Social Security Institute (IMSS) collaborated with the Mexican Foundation for Family Planning (MEXFAM) to provide services for young people. MEXFAM took the lead on generating demand and publicizing the new services, and IMSS trained providers and used its existing clinics to provide the services.

**Scaling Up Pilot Programs**

Many social development programs start out as pilot projects. This is often the case with YARH efforts. In the words of one expert, pilot projects are like a laboratory where new interventions can be tested to determine their value and feasibility to see whether they should be developed into fully institutionalized programs. Pilots are typically smaller, simpler, and have more defined time limits than larger programs that depend on formal systems and complex organizational structures. With the exception of explosion, they often play an integral role in the process of scaling up in the context of YARH programming.

An organization may begin pilot interventions as new initiatives with enough organizational strength to function, but are not yet institutionalized to the point that they

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According to a review by the International Youth Foundation in 1990, approximately 80 percent of youth funding worldwide went to innovative pilot programs, and only 20 percent was devoted to replicating proven approaches.
are integrated into existing programs with full sets of guidelines, procedures and permanent staff. As the pilot interventions become more developed, the organization may then begin to put down roots in the community and become institutionalized there as a program. Gradually the project may be scaled up as the organization looks for additional implementation sites, ways to expand coverage and new target groups. The organization may even consider expanding the mandate of the pilot project. If this process is successful, a pilot project can grow into a strong, well-supported program with extensive coverage and/or numerous sites. Throughout this process, program development is a continuous and key concern.

Scaling up from a pilot through expansion is a deliberate process and will not occur overnight or without planning and ongoing work. Programmatic investments, such as those for research, training and materials development, must be made in order to create the operational framework for expansion. If there is a plan for potential scaling up, the steps and inputs required should be defined and the foundation laid even during the initial pilot phases. In view of scarce resources, planning from the start to test effectiveness with an eye to expanding coverage is an appropriate pilot project design. While these issues may be applicable to any intervention that is scaled up through expansion, it is especially true in the case of pilot projects, where the program may be using a particularly innovative approach.
The following seven key ideas—critical to consider when scaling up YARH programs—have emerged from the literature. Although several of these ideas are relevant to effective, well-functioning programs of any scale, specific relationships between the key idea, and the process of scaling up are discussed in this section:

- **Key Idea 1:** Programs should prepare for scaling up by focusing on program development and institutionalization.
- **Key Idea 2:** Policy shapes program development and may inhibit or encourage efforts to scale up.
- **Key Idea 3:** Activists and program planners should build on existing institutions and infrastructure when scaling up.
- **Key Idea 4:** Committed leaders are needed to support, guide and sponsor the scaling-up process.
- **Key Idea 5:** The process of scaling up should be participatory and allow for flexibility.
- **Key Idea 6:** Program developers and policy advocates should anticipate obstacles and challenges to scaling up.
- **Key Idea 7:** Data, research, and monitoring and evaluation systems are crucial to scaling up effective programs.

**Key Idea 1: Programs should prepare for scaling up by focusing on program development and institutionalization.**

Programs of any scale need to be concerned about program development and institutionalization. Institutionalization “connotes a process of converting an ad hoc activity into an entity with structures, goals and purposes that characterize an established organization.” The list in Table 2 suggests a number of program factors that have been core ingredients in family planning and population program development and institutionalization. Some of these factors (e.g., stakeholder involvement in planning) are relevant for YARH programs at any stage of development, whereas others (e.g., network of institutions and partner groups) are particularly important for organizations attempting to scale up.

If scaling up is achieved through either planned expansion or association, each individual organization must be concerned with program development and institutionalization. For example, a program scaled up within a school system must be institutionalized in each of the various schools within that system. Likewise, if a family planning association (FPA) plans to
scale up a program, then each individual service outlet of the FPA will implement the program. Scaling up programs in schools and FPAs requires investments in program development and institutionalization throughout their organizational systems.

Programs scaled up by explosion face an even greater challenge to institutionalization. Because these programs tend to emerge full-blown in a sudden fashion, most have not had the chance to fully develop the program or to build their institutional structures. Because the explosion sometimes precedes widespread acceptance of the idea, the program may have to work to gain support before it can begin to institutionalize.

Key Idea 2: Policy shapes program development and may inhibit or encourage efforts to scale up.

As programs scale up, they are inevitably influenced by policy. Policy is a course of action that is evidenced in laws (including related regulations and enforcement mechanisms), formally documented directives and guidelines, and actual practices and measures. Widespread practices of service providers and educators may also be considered policy even when such practices are not formally authorized, but where they effectively govern service delivery and access. Policy factors are rarely neutral; they may spark and support program development, or they may constrain it. Table 3 lists favorable policy factors that can help a program in its efforts to scale up.

The shape of a program at any given point reflects the policy environment in which it has developed. In some cases policy influences may be overt, whereas in other cases they may play a more subtle role. Policy factors affect many aspects of programs, such as the following:

- choice of interventions (Should the program include reproductive health services? Information? Counseling?)

Table 2: Core Ingredients for Program Development and Institutionalization

<table>
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<th>Ingredient</th>
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<tbody>
<tr>
<td>Stimulus of a vision or a big idea</td>
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<tr>
<td>Organizational leadership</td>
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<tr>
<td>Ongoing leadership by program staff and local community</td>
</tr>
<tr>
<td>Local adaptation and data</td>
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<tr>
<td>Stakeholder involvement in planning</td>
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<tr>
<td>Network of institutions or partner groups</td>
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<tr>
<td>Inducement of youth in design and implementation</td>
</tr>
<tr>
<td>Effective mobilization of demand of youth for services</td>
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<tr>
<td>Critical mass of trained cadre</td>
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<tr>
<td>Ongoing technical assistance (TA) and support</td>
</tr>
<tr>
<td>Guidelines available and used</td>
</tr>
<tr>
<td>Dedicated time and resources</td>
</tr>
<tr>
<td>Incentives that reinforce program goals</td>
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<tr>
<td>Accountability</td>
</tr>
</tbody>
</table>
| Programsupports (e.g., curricula, training, administrative systems, information systems)

The line demarcating policy and practice is rarely clearly defined. Practices that are not formally authorized under national policy may be considered to fall within the discretion of implementation decisions. For example, the decision by a clinic not to provide services during evening hours could have the force of policy, even though it is not a decision that has been dictated by a policymaking body “above” the clinic, such as the Ministry of Health. The distinction between informal practice and formal policy is, therefore, moot if providers believe it to be policy or they are socially and culturally motivated to adhere to it. This is frequently the case with reproductive health care eligibility requirements related to age, marital status and gender.
location of interventions (Will the program exist in this particular town? Can a similar program be adapted to reach youth?)

institutional site of interventions (Can the program be based in the schools?)

financing method (Will the program receive public funds? What strings are attached to public funds?)

As programs increase in scale, policy factors can influence the shape, composition and direction of the program in both supportive and harmful ways. In one country, for example, an NGO-sponsored YARH program may be able to provide health services because it had previously collaborated with the Ministry of Health (MOH) and developed a reputation for quality work. In another country, however, MOH policy may prevent a program from offering reproductive health services to youth. In a situation with an adverse policy climate, programs often choose to work in ways that are not controversial and that will create very little policy friction, such as programs fostering parent-child communication. Programs may also identify ways to work around policy constraints, such as handing out condoms directly to youth because pharmacists are unwilling or are legally prohibited to sell condoms to minors.

Program development factors are crucial from the very beginning of a program, and policy factors become more salient as the program grows and develops. Pilot programs are less affected by the policy climate, as they are often either too small or too new to be noticed or are extended informal—and sometimes formal—waivers to operate. The influence of policy on program development varies at different points in time, depending on the political entity in power, the predisposition of key officials, or social and cultural attitudes toward the issue being addressed.

The relationship between policy and program development does not operate in only one direction, however, as programs can actively work to create a policy environment that is conducive to scaling up. For example, implementing a program through a network of partner groups can result in a wider base of support, which may lead to a push for policy change.
Key Idea 3: AdoIse and program planners should build on existing institutions and infrastructure when scaling up.

In the process of scaling up, program leaders often can build on programs that already exist. This is especially true when the grafting or association models guide the scaling-up process. In most countries, a variety of institutions implement programs that could be used to reach youth. To make the most of limited resources, programs should try to take advantage of any available channels that exist. Existing institutions may complement each other if they have different ways of operating or if they reach a different clientele. For example, one program may be based in fixed facilities whereas another supports outreach programs. NGO programs may charge some fee for services, whereas government programs often subsidize these services and charge modest fees or serve the very poor for free.

When grafting YARH initiatives onto adult family planning programs, success depends on selection, training and supervising program staff members. Programs need to select staff members who understand youth and are willing to serve them. New and existing staff members may have to be trained on the importance of serving youth and the necessity for cordial, nonjudgmental, caring services. Ongoing supervision helps to reinforce the need to serve youth well.

Key Idea 4: Committed leaders are needed to support, guide and sponsor the scaling-up process.

Because bringing a program to scale is difficult, expensive and time consuming, program managers or policymakers must be committed to leading the way. Similar to the process of strategic planning, scaling up requires understanding the program’s strengths and opportunities—as well as its weaknesses and external challenges—when developing a strategy. Leaders must also reflect on the environment in which the program operates; obstacles in the political, economic or social context may or may not fall inside the program’s control.

The following questions highlight some of the commitments a leader needs to consider before undertaking a scaling-up process.

- Have others expressed an interest in replicating the program? Do other organizations want to replicate or adapt the program?
- Has the leader begun to “market” the idea of scale-up, to explain and suggest the idea to others to uncover or stimulate interest in replication or expansion?
- Does the leader have the capacity and resources to manage the scaling-up process?
- Will the leader work to raise funds for scaling up?
- Has the leader considered the positive and negative effects that scaling up will have on the existing organization?
- What level of scale does the leader envision at the end of the process?
- Does the leader have the resolve to ensure adherence to the key components, values and standards of the intervention?
- Is the leader positioned to provide the support, guidance, adaptation and networking that will be required to scale up and adapt to changes in regional and local conditions?

Finally, a leader’s passionate vision can be essential to a successful scaling-up effort; it can inspire change and gain the commitment and support of staff members, community members, and other key stakeholders.

**Key Idea 5: The Process of Scaling Up Should Be Participatory and Allow for Flexibility.**

Participation and flexibility are critical to success. Involving stakeholders—including youth and communities—from an early stage contributes to scale-up success. Programs are also more likely to succeed in scaling up if staff members are engaged in discussions about scaling up from the beginning. Leaders should include program staff members and other key stakeholders in reflection and discussion on what scaling up will entail, and should consider their knowledge and viewpoints. As soon as a commitment is made to scale up a program, a plan should be developed to ensure that it is a participatory process. Scaling up can make great demands on staff, so their full participation is necessary, as are mechanisms to help them deal with issues related to scale-up as they arise. Programs may decide to scale up incrementally, improving one area of program operations before going on to another, to allow for changes in plans to scale up.

A participatory process is especially important when grafting programs for young people onto programs that traditionally serve adults. Staff members need to “buy in” to the concept of serving youth if the program is to be successful. Program leaders in Jamaica, Mexico and Colombia, for example, have had to learn how to handle nurses and other clinic staff members who “chase away” young people with their negative attitudes toward adolescent sexual activity and judgmental behavior.25,26

**Geared Incentives for Change**  
Elmore’s article *Getting to Scale with Successful Educational Practices* encourages readers to pay attention to the attitudinal—as well as programmatic or institutional—aspects of the scaling-up process. Elmore notes that “simple policy shifts and exhortations” are not sufficient to scale up programs. Despite having the main ingredients in place, such as sound curricula and training programs, many new educational programs fail because they do not involve staff members or create incentives to support the new program.

Elmore suggests introducing a goal or vision for the future that is then linked to implementation. When bringing youth programs to scale, for example, developing a goal that captures the imagination of adult staff members may help them be open to new ways of working with and serving young people. As leaders move toward implementation of a scaled-up youth program, they must also ensure that there are transparent, clearly understood channels for staff to (a) learn about what the youth program hopes to achieve, (b) receive training in how to work with young people and (c) participate in the process of developing strategies that respond to the dynamic needs of youth.

**Key Idea 6: Program Developers and Policy Advocates Should Anticipate Obstacles and Challenges to Scaling Up.**

Programs will inevitably encounter both program and policy obstacles when scaling up. Program obstacles include those related to institutionalization, such as inadequate resources, staff turnover, or stakeholder disagreements about program direction. Obstacles may include community or staff members’ sensitivities about serving youth.
Individual obstacles sometimes interact with and influence each other. Opponents of an initiative may try to stymie program growth, for example, by blocking clinic supplies in customs or by failing to grant approval for an NGO to open a facility at a new location. Political instability or economic crisis may result in programs not being allocated necessary resources. Program managers and policy advocates should constantly scan the environment for potential problems and take a proactive approach to addressing challenges.

Table 4 synthesizes the program and policy obstacles and challenges to scaling up.

<table>
<thead>
<tr>
<th>Program Obstacles and Challenges</th>
<th>Policy Obstacles and Challenges</th>
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<tbody>
<tr>
<td>v No political will at the implementation level</td>
<td>v Censored or self-censoring media</td>
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<tr>
<td>v No institutional partners</td>
<td>v Sensitivities about serving teens</td>
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<tr>
<td>v Inability to adapt to local conditions</td>
<td>v Disagreement about program direction</td>
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<td>v Interests vested in status quo or alternative policies</td>
<td>v Macro-political environment is not participatory</td>
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<td>v Inadequate financial resources</td>
<td>v Political instability</td>
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<td>v Administrative turnover</td>
<td>v Leadership turnover</td>
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<tr>
<td>v Bureaucratic disarray</td>
<td>v Laws and regulations prohibiting actions</td>
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<tr>
<td>v No data or feedback</td>
<td>v No enabling laws and regulations</td>
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<tr>
<td>v No links to decision making</td>
<td>v Lack of funding available for youth programs</td>
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<tr>
<td>v Weak incentives and lack of accountability</td>
<td>v Difficult to mobilize beneficiaries</td>
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<tr>
<td>v No permanent staff</td>
<td>v难 to involve youth</td>
</tr>
<tr>
<td>v No effort to mobilize beneficiaries</td>
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Table 4: Obstacles and Challenges to Scaling Up

**Key Idea 7:** Data, research, and monitoring and evaluation systems are crucial to scaling up effective programs.

Data—whether about program development, operations or impact—are critical in the process of scaling up, in sustaining programs at scale, and in gaining policy support for YARH initiatives. Key Idea 1 emphasized the importance of program development and institutionalization in the early stages of scaling up, and programs need management information systems with which to monitor these processes. In the decision to scale up, programs may have considered...
whether scaling up will achieve economies of scale. Data collected on indicators of service level and program cost can be very useful in helping to monitor the achievement of economies of scale. These indicators also can help programs decide when they should scale up; program managers may decide in advance that hitting a particular benchmark will signal that it is appropriate to move forward.

Process and outcome indicators are needed, even in the earliest stages of operations, for the design of scaled-up programs. These indicators will shed light on the composition of the program to be scaled up (e.g., identifying which component should be revamped, which one dropped, and which one sustained or expanded). Programs that worked well with one small section of a given population may need revisions and modifications to succeed with a large, potentially less homogeneous, group. Programs may need to conduct research to learn more about young people as a whole, as well as about different subsections of the target audience, to replicate the success of the original program.

Furthermore, outcome and impact indicators should have a permanent place in the monitoring systems of effective programs for two reasons. First, as programs go to scale, by definition they serve larger populations and possibly increase their geographic coverage. Programs must be concerned about whether the intervention is having the same kind of outcomes and impact in the target population that it had at a smaller scale. The program should also use process indicators to identify whether the program is being stretched too much by the expansion. Process data about how the program is functioning at various levels of scale provide important feedback to program managers and may suggest the need for program refinements. For example, data may show that service quality is lessened as a result of scaling up; program managers can use process and monitoring data to diagnose the situation to determine the causes. They may find that the new target group has different needs, that expansion areas require a higher level of investment than planned to get going, or that the management systems from the home office require adaptation. From a diagnosis based on monitoring and process data, program managers can take the appropriate steps to improve the intervention, such as making changes in the ongoing program, returning to a previous level of scale, or delaying plans for further growth.

Research and evaluation measures are very important in the policy arena. In the initial launch of scale-up, data about the program can help to gain positive visibility and can attract support and resources critical to scaling up. The need to promote the program does not go away over time; Key Idea 2 addressed the ever-changing nature of the policy climate. Programs depend on sustained support and funding year in and year out to accomplish their missions. Youth programs have to be prepared to compete for attention and resources in the context of either of these phenomena. Evaluation data that demonstrate program impact— and of course, prudent management— can be very helpful in protecting the program’s continued existence.

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An indicator is a measurable statement of program objectives and activities.
This section provides case studies of four programs that have scaled up in different ways, with varying degrees of success. Each case study offers a brief overview, the program and policy development factors that influenced its efforts to scale up, and its achievements. A summary box at the end of each case study highlights the factors that most affected the scaling-up process.

The Bangladesh Newlyweds Program

Overview

The Bangladesh Newlyweds Program demonstrates the potential for large-scale implementation of a new program over a short time when policy and program environments are supportive. Given the unique demographic circumstances of this country, where rates of adolescent marriage and fertility are very high, Pathfinder International, Bangladesh saw a real need to reach married youth with information on family planning, specifically the importance of delaying first births and spacing subsequent births. With a cadre of family planning field workers nationwide, the program worked with a network of NGOs to implement a new program targeting newlyweds in a relatively short time at the national level, thus following both the explosion and grafting models of scale-up.

Program Development

Bangladesh, the ninth most populous nation in the world, has a high rate of marriage among young people. Fifty-six percent of youth age 10–19 are married, and adolescent mothers accounted for 21.6 percent of total births. National data show that contraceptive prevalence rates (CPR) are lowest among couples under the age of 20, most of whom were presumed to be newly married. Social and cultural norms, as well as norms of the family planning service delivery system, were identified as barriers to young women’s practice of family planning.

The pressing demographic situation and apparently unmet YARH needs motivated Pathfinder International, Bangladesh to look for ways to quickly and effectively reach young married couples with family planning information and services. In 1992, it designed a strategy to reach newlyweds that was implemented in 40 sites by 29 NGOs. The program consists of three elements. First, family planning field workers identify and register newlywed couples, and provide the bride and her in-laws with information on
the benefits of delaying the first birth. Second, the field worker returns to provide the couple with family planning services and counseling, as well as referrals for maternal and child health services. Third, the NGO hosts an orientation session, usually in a private home, to educate newlyweds about the importance of smaller families, delay of first birth and birth spacing. Having the orientation sessions at private homes has helped the program gain community support and has promoted the norm of a two-child family because more community members are exposed to this idea.

By 1993, preliminary data showed that the program was having a positive effect. From January to December 1992, the program reached 15,347 newlywed couples, and 30 percent of these couples elected to use contraceptives. Pathfinder then used the 1993 government-sponsored annual national reception, hosted on National Population Day, to raise awareness about the need to reach newlywed couples with family planning services. The reception was held for 64 newlywed couples and attended by high-level government officials. It served as an advocacy tool, bringing the need to reach newlywed couples to the attention of the government and family planning service providers.

The reception stimulated the adoption of the National Plan for Action, after which Pathfinder almost doubled the size of its own program to 72 sites, and other organizations replicated the newlywed intervention. In total, 128 NGOs working in 337 project sites implemented newlywed programs based on the model.

The newlyweds program thus fits the explosion model of scaling up most closely, having achieved national-level support and wide coverage shortly after its initial start-up. Interestingly, part of the reason the program was able to “explode” was because it grafted services for youth onto programs already providing services for older married couples and was franchised by other NGOs.

Unfortunately, not enough is known about the behavior changes attributable to the program to determine whether the intervention results in a lasting impact. It is difficult to maintain the quality of services provided by the intervention when the number of sites is so high. For example, to reach the desired number of newlyweds, the community education sessions are not long enough to allow young women to ask questions and clear up misconceptions they may have about contraception. This example illustrates the challenge of balancing the need for an intensive, effective intervention with the need to reach larger numbers of young people.

Policy Development

In 1993, Pathfinder’s country representative in Bangladesh was named as the Member Secretary of the Working Group on Critical Underserved Groups, part of the government-sponsored National Steering Committee for Future Challenges in the Family Planning-Maternal Child Health Programme. During the Steering Committee’s annual meeting, data were presented to argue for the need for increased services to newlyweds. As a result, these services were prioritized in the National Plan for Action by the Ministry of Health and Family Welfare. Subsequently, a number of national-, regional- and district-level workshops were held to disseminate the
National Plan of Action and to present the data on the unmet needs of newly married couples.

The government has been involved throughout the life of this program, resulting in political support for the program. In 1997, the Government of Bangladesh incorporated a focus on newlyweds into its national family planning strategy, considerably expanding program coverage. The newlyweds program is also considered an integral part of the national strategy to reach the goal of a two-child family by 2005. Receptions continue to be held at the local level to support ongoing visibility of and support for the program.30

Conclusion

MIS data from agencies participating in the newlywed program indicate that contraceptive use increased from 30 percent in 1992 to 42 percent in 1997 for all registered newlywed couples.7 The program has also encouraged male participation in contraceptive decision making, as evidenced by the 37 percent rate of condom use among newlyweds age 15–19 in project areas, compared to the average rate of 15.7 percent among all married adolescents.33

The Bangladesh Newlyweds Program has enjoyed great success over a short time because the donor organization was able to work with a network of committed NGOs and to make use of existing resources. This situation helped to foster support at all levels, from communities to Ministry-level officials. However, there are challenges to its continued success. One such challenge is the shift from using family planning field workers to relying on static clinics, which will make it harder to reach young married women in their homes. However, the program has gained recognition at the national level for its effect on married young peoples’ contraceptive use, and its reputation for producing fast results has already resulted in its institutionalization within the family planning services delivery system.

Highlights in Spurred Up: The Bangladesh Newlyweds Program

- Explosion of the newlywed strategy was possible because the program was grafted onto already-existing family planning services.
- An alliance of existing family planning NGOs provided infrastructure for rapid implementation.
- Data about the program convinced other donors and the government to further up the program through association.
- Program leaders passionately guided the program and fostered excellent relationships with the government.
- Program efforts encouraged the development of favorable policy; married adolescents are now considered an important target population of the national family planning strategy.
- Local resources, such as the use of community leaders’ homes for orientation meetings, were mobilized to support scaled-up efforts.
**Ecuador’s Fertility Awareness Curriculum**

**Overview**

The effort of the Centro Médico de Orientación y Planificación Familiar (CEMOPLAF) to establish an effective fertility awareness curriculum in schools throughout Ecuador provides a good example of scaling up from a successful pilot project by planned expansion. In this case, the implementing organization responded to a specific need expressed by the community to provide high-quality sex education to students. CEMOPLAF accomplished this objective by designing and testing a fertility awareness curriculum and training teachers to use it in classrooms. It carefully monitored the pilot project to pinpoint trouble spots and to make changes along the way and created an initial cadre of teachers to train new teachers in the curriculum.

**Program Development**

In 1995, CEMOPLAF, in collaboration with the Georgetown University Institute for Reproductive Health, initiated a pilot sexuality education program for youth in secondary schools in four provinces of Ecuador. The program trains teachers to use a fertility awareness curriculum and, since the initial pilot, CEMOPLAF has worked with the Ministry of Education and Culture (MEC) to expand coverage of the program. The MEC officially endorses the curriculum throughout the public school system, and the training can be used to fulfill continuing education requirements for teachers throughout Ecuador. CEMOPLAF independently provides the training to private schools around the country and works with the MEC to implement the program in public schools.

The program most closely fits the planned expansion model in its move from pilot project to large-scale program.

The impetus for this program was the documented high demand for training and the curriculum by teachers, parents and students. Schools constantly asked CEMOPLAF staff members to provide information to youth on reproductive biology and physiology, changes during puberty, and other related topics. As a result, CEMOPLAF assessed youth’s needs in the communities that showed interest. The results of this assessment guided the curriculum development process. The curriculum provides information about the reproductive system and covers topics such as self-understanding, self-assessment skills and communication skills. The curriculum is organized into six modules, including communication, self-esteem, values, fertility and family planning, sexuality, and sexually transmitted diseases. It was developed with the input of students, teachers and parents. An initial study of knowledge, attitudes, and practices provided the baseline for the development team.34

After monitoring and evaluating the pilot project, CEMOPLAF improved the organization and content of the curriculum. For example, CEMOPLAF observers and teachers worked together to identify problems with the curriculum and to document suggestions for change. CEMOPLAF observers used checklists and periodic meetings with teachers to accomplish this task. CEMOPLAF surveyed students, teachers and observers on the content, length, techniques and themes of the six modules to solicit feedback on the quality of the materials and to pinpoint trouble spots. Feedback from all stakeholders—the students, teachers and parents—was used to make
necessary changes. Pretests and posttests at the end of the initial intervention and six months later were used to evaluate the effect of the curriculum on young people’s knowledge, attitudes, skills and practices related to sexuality and fertility awareness.34

CEMOPLAF is building on the success of scaling up the sexuality education program with a pilot project to support youth-friendly reproductive health services in its family planning clinics. It is using an adaptation of the fertility awareness model, known as the Reproductive Health Awareness model, to improve its staff’s understanding of issues specific to youth. Additionally, five clinics have been remodeled to better meet the needs of its adolescent clients, and IEC materials have been developed to support the effort. At this time, CEMOPLAF is using operations research techniques to test the quality of care provided by the intervention sites and the satisfaction levels of the adolescent clients. Eventually, it hopes to expand to 16 additional clinics throughout Ecuador.

**Policy Development**

The program benefited from the long-standing good relationship between CEMOPLAF and the MEC, as well as CEMOPLAF’s good reputation for providing family planning services throughout the country. CEMOPLAF collaborated closely with local schools during the pilot implementation to build relationships with local partners and to win their trust. After the fertility awareness curriculum was established as an effective, appropriate intervention, the MEC officially endorsed it, providing a strong boost for the expansion. Eventually, the collaboration led to CEMOPLAF working together with the MEC to draft congressional legislation for sexuality education in public schools. Thus, this case study is an example of the way programs can generate new support for YARH policies where previous mandates did not exist.

**Conclusion**

CEMOPLAF’s experience with the fertility awareness curriculum shows the real need for engaging stakeholders in the process of program development. The investment in a knowledge, attitudes and practices study that included parents and teachers helped to ensure success with the curriculum. CEMOPLAF’s flexibility in modifying the curriculum used in the pilot project as it learned about what the target population liked

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**Highlights in Setting Up: CEMOPLAF and The Fertility Awareness Curriculum**

- CEMOPLAF is an example of a pilot program scaled up through planned expansion.
- The implementing organization documented a demand for sex education from students, parents, and teachers.
- CEMOPLAF’s longstanding reputation for high quality reproductive health services throughout Ecuador and its excellent relationship with the MEC made for a smoother implementation.
- CEMOPLAF used effective monitoring and evaluation protocols to refine program design and to ensure program impact.
- Collaboration with the MEC helped generate support for the program at the national level; legislation concerning sex education in public schools was then drafted by both groups.
- The fertility awareness curriculum helped change the policy environment for YARH, and this led to CEMOPLAF’s implementation of YARH services.
and disliked was also a key to the success of the program. This program also demonstrates how successes in one area of YARH, in this case sexuality education, can open the door to other areas, such as service delivery to young adults.

**Botswana: “Stay Healthy with Tsa Banana”**

**Overview**

The Tsa Banana social marketing project is an excellent example of the planned expansion and staged replication models of scaling up YARH programs. The initial program design included a sizable investment in research and evaluation to ensure the effectiveness of the intervention, and planners chose a low-cost intervention that could be easily expanded to the national level. The Tsa Banana experience also demonstrates how to take a potentially controversial intervention to scale by winning the trust of communities and involving youth in all aspects of the program. The program reached national scale in Botswana and laid the groundwork for similar interventions in Zambia, Namibia, and Malawi. This case study describes the elements of success that made scaling up possible, at both the national and regional levels.

**Program Development**

Tsa Banana is a project of Population Services International (PSI) that began in Botswana in early 1995 and continued through March 1996. The initial project was implemented in the town of Lobatse. The program has expanded throughout Botswana and was successfully scaled up in Zambia, Namibia, and Malawi through association. Tsa Banana— which means “for adolescence” in Setswana— combines peer education with condom promotion in an effort to improve adolescent health. Tsa Banana’s message is “stay healthy with condoms and reproductive health services and advice from Tsa Banana outlets.” In the original site of Lobatse, Tsa Banana identified and promoted youth-friendly environments (such as clinics, shops and game rooms) to serve as sources of advice for young adults on relationships, teen pregnancy, STIs, and HIV/AIDS. It also included peer education and promotion (PEP) sessions in which program staff held gatherings for youth with the purpose of presenting information on YARH through activities such as skits, dance and music.

Before the project began, research and data provided the necessary background information to plan an effective intervention. In fact, research absorbed a large part of the PSI budget for this activity, and the training, materials, and other costs were relatively small. This is one aspect of Tsa Banana that eased replication in other sites. Resources were allocated carefully to ensure that program costs would not hinder national-level expansion and replication in other countries.

PSI researchers conducted baseline and follow-up surveys to document the effects of the program and used the results of the initial survey to guide the design and implementation of the program. For example, the first survey revealed that many youth are not comfortable visiting a clinic for advice and information on sexual health. Tsa Banana was able to identify 28 alternative sites to serve as “youth outlets” based on the data from PSI’s research. PSI also developed and pretested a marketing strategy to promote a condom that was already on the market (Lovers Plus), but with the Tsa Banana name on the label.
Another crucial component of the project’s expansion was its well-trained, experienced young staff members and their participation in program planning. Training sessions were held for representatives at each of the outlets, and project staff members provided ongoing support to ensure that the outlets were adequately staffed and had information and resources available for youth. The peer educators were trained to conduct a PEP session, but given the freedom to be creative and innovative in their presentations. The managers took the feedback from the field as promoters took the sessions to the community and then used lessons learned to plan future activities. As a result, young people felt that their input was valued and that their activities were part of a much larger effort of the Tsa Banana project.

Because the promoters were so motivated, the senior management did not need to constantly monitor their day-to-day activities. As long as the young people were motivated, managers knew the promoters would do their best work. This high level of trust has been present not only in Botswana but also in Zambia and Malawi. Project manager John Harris notes that the importance of youth involvement is one of the most important lessons to be learned from the Tsa Banana project. He strongly believes that “only programs that take seriously, in a meaningful way, input from youth” will succeed.35 Programs that do not involve youth in such a fashion are not successfully implemented and are not good candidates for scaling up.

Initially, the PEP sessions were not well received in schools, and Tsa Banana was not allowed to use school buildings to conduct them. Instead, the gatherings took place in community centers. Tsa Banana’s local staff informed headmasters of the gatherings, asking them to encourage students to attend. After the sessions, students gave their headmasters information about the nature of the program, relaying the positive messages promoted by the PEP sessions. By emphasizing the positive reproductive health information that was imparted by peer educators, the students allayed the fears of headmasters, who were concerned that the intervention would encourage sexual activity. Tsa Banana gained the trust of the headmasters on the local level, and they allowed promoters to come into the schools to conduct PEP sessions. The project was replicated in a similar fashion in the other countries. Tsa Banana started at the local level, local peer education promoters gained the trust of the headmasters, and the program moved into schools and expanded from there.

The success of Tsa Banana illustrates how pilot program designers can plan for a high level of program coverage from the outset. With the goal of scaling up in mind, they invested resources in researching the most-effective, least-expensive intervention that would be easy to expand on a national level once the pilot project was completed.

**Policy Development**

PSI’s reputation and credibility with the Botswana MOH made for a smooth implementation of the intervention at the youth-friendly resource centers and clinics. Within the MOH, there was a high level of support for this component of the project, and a network of officials, community health workers and clinicians supported the effort at the local level. This preexisting relationship provided a unique opportunity for PSI to implement Tsa Banana in clinics. Involving and identifying outlets was easy in Botswana because PSI already had a long-standing relationship with the MOH, having worked together before on other health projects.
The program’s scaling up in neighboring Namibia, Zambia and Malawi is an example of the association model. Local PSI offices in these countries adapted the program to suit their needs and, in effect, followed the model of association to scale up individually through outreach and school-based programs. Developing clinic-based programs was not feasible.

**Conclusion**

One strategy of going to scale is to take local successes to the central level and gain political support by doing good work rather than by taking an abstract idea or plan to the central level first. This strategy is especially true for programs that deal with sensitive subjects such as adolescent reproductive health. The experience of *Tsa Banana* also shows that youth involvement is critical to success and that program planners must make clear to young people that their input is valued as a program scales up. Involving youth means more than paying lip service to including them in the process. *Tsa Banana* clearly made efforts throughout the program development and the scaling-up processes to ensure that youth were given opportunities to participate and provide feedback to the staff.

**Highlights in Scaling Up: Tsa Banana**

- *Tsa Banana* was first scaled up through planned expansion and then staged replication.
- PSI used baseline data and research to ensure program impact and cost-effectiveness of the intervention.
- Youth were involved in all aspects of program design and implementation, and their feedback was taken seriously.
- *Tsa Banana* staff members won the trust of community officials with their hard work and their reputation for excellence.
- Using a low-cost intervention made expansion easier because the program was not costly in its implementation.