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Correcting 60 Years of Development Failure: The Potential of Scaling Up in Addressing Development Ineffectiveness

Jossif Ezekilov
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Correcting 60 years of Development Failure: The Potential of Scaling up in Addressing Development Ineffectiveness

By Jossif Ezekilov
SIT: Global Health and Development Policy
Geneva, Switzerland

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INTRODUCTION

Abstract

For more than 60 years, development organizations have poured billions of dollars of aid money into developing countries with the hopes that their projects will increase economic growth, reduce poverty, and improve the health status of people in developing countries. Yet, the result has been one of general failure; despite 2 trillion dollars worth of aid money delivered by organizations, there is little progress to show for it. In some cases, development projects have even caused more harm to a developing country than good. The ineffective," top down" approach of the last 60 years must be ceased and a new way of development planning must be found. One possible way to make development more effective is through scaling up: i.e. the execution of smaller, community-level pilot projects that, if successful can then be scaled up on a national level, replicated in other communities, and/or replicated in other countries. This paper looks at the potential of using scaling up models to make development projects more effective by examining the development failures of the past, scaling up practices of various development organizations, and case studies highlighting the benefits of scaling up.

Acknowledgements

Introduction

60 years of failure

The past 60 years of international development history have yielded very little progress when it comes to sustained economic growth, poverty alleviation, improvement of health status etc. A change in development thinking is therefore necessary. However, in order to create, or even begin to think about an alternative method to development, one has to address the mistakes that have been made in the past. A discussion on the history of aid and development serves to illustrate where development organizations and institutions have gone wrong, and the lessons that can be learned from their failures.

The history of aid and development work, for all intensive purposes, began at a conference in Bretton Woods, U.S.A in 1944 to address the problem of the reconstruction of Europe after World War II. Out of this conference were born two of the primary development institutions, the International Bank for Reconstruction and Development, now the World Bank, and the International Monetary Fund, or IMF. The chief purpose of the World Bank was to provide funds for the reconstruction of Europe, while the IMF's was to stabilize the global financial system (Harold 2003), and they set out about this task immediately.

One of the first and greatest development projects that came about after the Bretton Woods Conference is known as the Marshall Plan. This plan, championed by then-U.S. Secretary of State George C. Marshall, delivered over $13 billion of aid to Europe for the purpose of reconstruction (Milward 1984). The results were very positive, and there was a general increase in output of European economies of over 35% from pre-World War II rates by the mid-1950's (Eichengreen 2008).

The success of the Marshall Plan led to a belief in development theory that the same successes could be repeated in the developing economies of poor countries. This was the first and most important fallacy that was introduced into the development world, the belief that a direct cash injection by these institutions would be all that would be needed to get a developing country's economy off and running. Bolstered by the success of the Marshall Plan, development organizations, led by the World Bank and the IMF, began to dump huge sums of money into developing countries in the form of large development projects and poverty reduction strategies.

These, Marshall Plan-like projects were usually formed through negotiations between the organizations and the national governments of the prospective lender countries. Impact evaluations for these projects was often short sighted or simply not done. The disbursement of aid without the necessary institutions to do so, i.e. monitoring organizations, adequate judicial systems, functional health and delivery systems, infrastructure, administration, accountancy, etc. led to mass inefficiencies and waste, mostly due to corruption and mismanagement of aid.

It was no secret that these projects were not helping to improve poverty and inequality in any significant way, and yet development organizations continued their ineffective aid donations unabated. Many reasons have been given for this unwillingness to change. Easterly (2007a) argues that it is due to the feeling that the Western countries have a duty to "develop" countries in poverty through the use of grandiose plans. Cochrane (2009) attributes it to development organizations believing that poverty is the same throughout the world, and so one large, "one size fits all" plan should be able to alleviate poverty equally. Others, such as Williams (2001) and Nielson (1997) see aid not as a tool for development, but rather as a foreign policy tool that

Western powers use to influence policies and political developments in developing countries. Kessler and Van Dorp (1997) concur with this theory, adding that aid is used to liberalize markets for the sake of resource extraction by Western multi-national corporations.

Whatever the reason, development organizations have stuck to the "top-down" strategy of development planning that they have created, investing more than $2 trillion of aid money in this way over the last sixty years (Dichter 2005). The results have been less than positive. Africa, for example, has seen its poverty rates go up from 11 percent to 66 percent between the years of 1970 and 1998, when aid flows in the continent were at their height (Moyo 2009). Almost 13% of children under five years of age still die in Africa (World Bank 2009), mostly through completely preventable diseases. Easterly (2007b) shows that the ten worst performers in terms of income per capita for the period from 1980-2002 were heavily dependent on aid and IMF programs and yet the result has been one of

Table 1: Ten Worst Per Capita Growth Rates 1980-2002 and Their Dependence on Aid	Per Capita Growth 1980-2002	Aid GDP % 1980-2002		Percentage of time under IMF programs 1980-2002
Nigeria	-1.6%	0.59%		20%
Niger	-1.7%	13.15%		63%
Togo	-1.8%	11.18%		72%
Zambia	-1.8%	19.98%		53%
Madagascar	-1.9%	10.78%		71%
Cote d'Ivoire	-1.9%	5.60%		74%
Haiti	-2.6%	9.41%		55%
Liberia	-3.9%	11.94%		22%
Congo	-5.0%	4.69%		39%
Sierra Leone	-5.8%	5.80%		50%
Median	-1.9%	10.98%		54%
Average	-2.8%	9.31%		52%
Source: Easterly (2007)				

Table 2: International Human Development Indicators
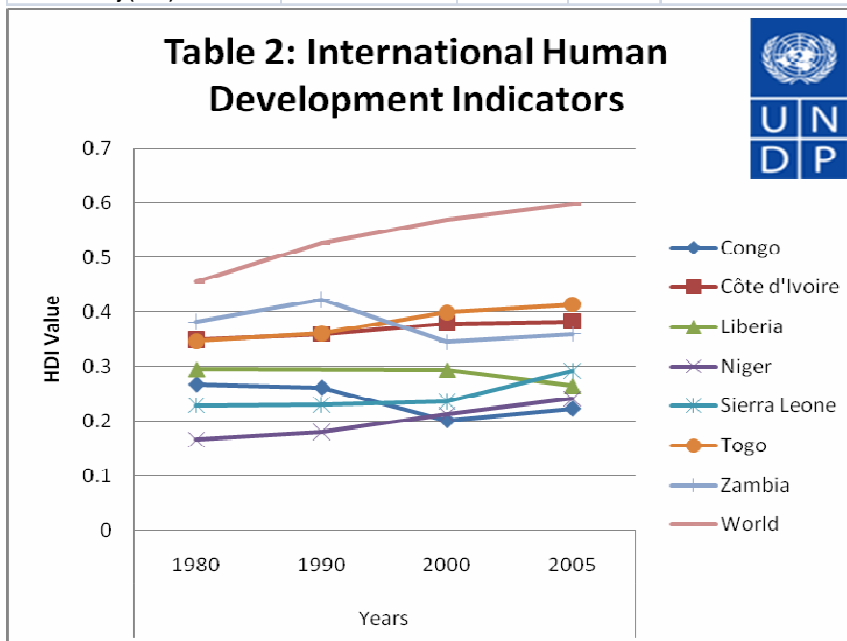
persistent negative growth (Table 1). A look at the Human Development Indicators for the same countries (Table 2, see Human Development Report 2010) does not suggest much improvement in any indicator of standard of living despite a heavy and long term dependence on aid.

Given all of these factors, there can be no other conclusion other than the fact that the last 60 years of development history have produced very little positive results. The "top-down" approach of development organizations has yielded very little success considering the enormous costs of development projects. In some instances, as in the subsequent case study, development projects have even caused further underdevelopment.

Case Study: Brazil's Polonoroeste Project

The Polonoroeste Project, started in the early 1980's, is a clear example of how the mismanagement of a "top-down" project can not only hinder a developing country's efforts at development but can actually cause serious long-term damages. In 1981, The World Bank gave $443.4 million dollars for the construction of an enormous 1,500 kilometer road connecting Brazil's populous southern region to the sparsely populated, Amazon region of the northwest province of Rondonia (Rich 1994). The Bank and the Brazilian government wanted people to move out of the more populous south to new plots of land where they could farm cash crops such as cocoa and coffee.

From the outset the project lacked any type of preliminary planning or evaluation. The fact that this road would pass through a mass of uninhabited rainforest was not taken into account neither by the Brazilian government nor by the World Bank project managers. Also ignored was the fact that some 10,000 Amerindians lived in the region where the road was to be built. These people, constituting various tribes, had lived in the rainforest for centuries (Cultural Survival Inc. 2010). Some of the tribes lived so deep into the-at the time-pristine jungle that they had not had hardly any contact with the modern world. Despite these concerns, the Bank called praised the project, calling it a "model of ecological and social planning" (Caufield 1996).

David Price, an anthropologist who had experience with the communities in the affected area, had doubts about the project from the beginning. He was assured by World Bank officials, however, that the Bank was concerned about the well-being of the tribes and would not begin the projection without an evaluation, which they let him undertake (Caulfield 1996). Price's findings proved to be controversial; he chronicled his discovery in a 50 page report and recommended that the project not begin because it could potentially destroy the lives of the Amerindian communities. He added that rampant corruption by members of the government would undermine the project entirely (Rich 1994). His report was downplayed by the World Bank, who even invited Price to Washington and tried to force him to sign a statement that stated that he understood the Bank was sincere about doing enough to protect the Indians, so that Price would not bring more pressure upon them (Payer 1982).

The government and World Bank decided to kick off the program despite Price's recommendations. Within a very short amount of time, thanks to a government ad campaign, an enormous wave of settlers flooded north into Rondônia (Rich 1994). Within a span of five years, nearly half a million settlers had moved to Rondônia, more than the Brazilian land agency had land titles for. In order to survive, the settlers began cutting down the forest and moving into the lands of the indigenous tribes.

The newly cleared ground did not prove fertile, so the settlers cleared more and more land. In just a few years, an area about the size of the American state of Wisconsin had been decimated. NASA, which was able to see the cleared area from space, called the deforestation "the largest man-made change to the Earth's surface" (Caufield 1996). The Polonoroeste Project transformed the province of Rondônia from one of the least deforested areas of the Amazon rainforest to one of the most deforested by the end of the 1980's.

The indigenous peoples of Rondônia had their homes and way of life completely destroyed in just under a decade. What made the situation even worse was that the settlers and deforestation brought about an incredible amount of disease. Malaria infected some 250,000 people, settler and indigenous alike. The incidence of the disease reached 100 percent in some areas. Some tribes faced extinction from other

diseases such as measles, tuberculosis and widespread influenza epidemics. Tribes with infant mortality rates ranging from 25 to even 50 percent were even reported during this time (Greenbaum 1984). Settlers who were not able to remain in Rondônia eventually went back to the overpopulated Southern cities, bringing these diseases with them.

Not only was Brazil saddled with the debt from the failed project, not to mention widespread deforestation, an almost country-wide outbreak of diseases, and misplaced populations; they eventually had to borrow even more money from the World Bank to deal with these issues. The situation got so dire that in 1989, the World Bank gave Brazil another loan for $99 million (Rich 1994) to combat the malaria epidemic, which by that time was estimated to have cost over $200 million. Part of the loan financed the spraying of 3,000 tons of DDT, a chemical known to have negative effects on humans, wildlife, and nature, to combat the proliferation of mosquitoes carrying malaria.

Upon hearing of the tragedy in Rondônia, the United States House of Representatives Subcommittee on Natural Resources, Agricultural Research, and the Environment held a special hearing on the Polonoroeste project (Caulfield 1996). One of the witnesses that testified was Jose Lutzenberger, a Brazilian agronomist, who specifically blamed the World Bank for the mismanagement of the project (Lutzeberger 1985). David Price also testified before the subcommittee, recounting all of the pressures he had faced by Bank (Rich 1994). He added that there was never any information provided to attest to the feasibility or benefit of the Polonoroeste project.

The World Bank, on its part, staunchly defended the project, saying it was "an opportunity to develop sustainable agriculture" (Caufield 1996). However, memos from World Bank staff show that Bank officials were well aware of the results of the project; including the extent of the environmental damage it caused (Caufield 1996). While the congressional subcommittee was taken aback at the testimonies, it did not implicate the World Bank of any wrongdoing. The World Bank has since approved more loan money be disbursed for further projects in the Rondônia region.

Making sure Polonoroeste does not happen again: the potential of pilot projects and scaling up.

The potential damage from the Polonoroeste project cannot even begin to be calculated. What was at first a mismanaged project turned into a humanitarian, public health and environmental disaster by the 1990's, one which the region is still recovering from, and one which has caused Brazil more than $1 billion dollars in aid money alone. The most troubling aspect of it all is that projects like Polonoroeste have been and continue to be approved and executed all over the world.

The task, therefore, must be to end the "top-down" development projects and find an alternative that is sustainable and produces real results. The purpose of this undertaking is not only to enact better development policy; it is a moral imperative to make sure projects like Polonoroeste are never executed again. The key to undertaking such a task comes from learning from the mistakes of the past 60 years of development history, as they have heretofore been discussed.

Development organizations' 60 year quest for a second Marshall Plan has produced many clues about what a solution to "top-down" development planning should avoid. From the previous discussion and case study, we can see that "top-down" planning lacks four things which have caused the general ineffectiveness and failure of development projects: a lack of in depth impact evaluation in any stage of the development process, a lack of monitoring the project and seeing if it is truly reaching people in poverty, and a lack of partnership with communities and organizations on the local level to make projects more effective, and a general lack of sustainability. Any successful development alternative, therefore, must address these four factors and effectively flip the development paradigm to a "bottom up approach."

An approach that has great potential and should be examined more closely is that of the execution of pilot projects, or small targeted projects in one specific region, and then scaling up successful ones to other regions and countries. This method bypasses the "top-down" approach and evaluates projects solely on their effectiveness

at the local level. The rest of the paper will be devoted to the study of scaling up, how different organizations employ it, and its potential in the world of development.

Methodology

While my interest in alternative development models has existed since I began studying international development, I have fairly recently began to look at scaling up in and of itself as a possible solution to development ineffectiveness. I had heard and read about many organizations talking about scaling up to varying degrees and in different contexts, but never as a definitive approach to project planning. It was not until a briefing at the Swiss Organization for Cooperation and Development (SDC), where a representative from the organization talked about the need to increase the comparative advantage of development projects through scaling up existing projects that I really began to think about this approach.

In an effort to describe scaling up and its potential for more effective development planning, informational interviews and follow-ups with organizations were at first attempted, namely with the World Health Organization, SDC, GAIN, and Green Cross International. This, however, did not yield sufficient data due to non-response or because these organizations did not employ scaling up as a process of development planning. GAIN, for example, stated that they employed scaling up of their fortification programs by increasing their partnerships with businesses willing to participate in fortification programs; while Green Cross International had no specific model for scaling up and are currently in the planning stages of extending one of their school latrine programs in another region of Ghana, and so could not provide any data.

My focus, therefore, shifted to researching how scaling up is defined, viewed, and implemented among different organizations. I also looked at how scaling up and pilot projects have been successfully used in development projects. A plethora of programs and cases where scaling up was used were examined; however there was almost no information on specific guidelines that development organizations used to scale up projects. The only such information came from ExpandNet, a network of research institutions, NGO's, and development professionals that works to promote

scaling up. They provide a good amount of literature on scaling up, as well as specific guidelines and organizations they have partnered with.

My study, therefore, will be based off of the ExpandNet model. It will begin with a definition of scaling up, as used by ExpandNet. Then an analysis will be given of the scaling up practices of three development organizations: the WHO, the United Nations Development Programme, and the World Bank. Three case studies will then be presented to fully show the benefits of scaling up. A discussion will follow that will highlight how scaling up programs of the various organizations can provide better results than the "top-down" approach, as well as limitations to scaling up and recommendations.

Results

Defining Scaling Up and ExpandNet's approach

Scaling up has been discussed as a need for development project planning in recent years, especially after the realization that the efforts towards accomplishment of the Millennium Development Goals (MDGs) need to be increased in order for the goals to be met. However, it has never been quite clear what is meant by the term "scaling up". Sometimes, the term is used in much the same way that informational technology specialists use it, that is that one talks about scaling up in terms of building a network to support an increase or growth in a project (Bondi 2000). At other times, it is employed in the context of a need for greater partnerships with other organizations to achieve such a growth, as the example of GAIN discussed in the methodology. Still other times, and particularly in development rhetoric, it is used to describe a need for greater funding or support.

There is merit to all of these definitions, as they address different aspects of development ineffectiveness. In order to address the limitations of the "top down" approach, there is certainly a need for the creation of networks and partnerships, and the need for funding never goes away. However, in the context of creating a development project through the execution of pilot projects, a narrower definition of

scaling up is needed. Such a definition is provided by ExpandNet. They define scaling up as "deliberate efforts to increase the impact of health innovations tested in pilot or experimental projects so as to benefit more people and to foster policy and program development on a lasting basis" (ExpandNet, 2004). This definition best serves the purpose of this study, as it highlights the need to "increase impact on a lasting basis", which is the main purpose of reversing the traditional "top down" approach to development.

ExpandNet, indeed, is one of the only organizations that treat scaling up as a science of development and project management, and the only one that was found that had guidelines and databases on scaling up. The organization outlines clear principles to effective scaling up that should be addressed. First, it bases it bases an effective scaling up program strictly on expansion of pilot projects. They do this for several reasons:

- Pilot projects provide an environment where a project or, as ExpandNet terms it, an "innovation" can be successfully tested and evaluated.
- Negative consequences or outcomes related to any part of the project can be more easily identified and evaluated because the project is implemented on a small scale.
- Pilot projects provide an "insurance policy". If a project fails, then the cost, both monetary and societal, of the failure is not very high and the project can be easily abandoned (ExpandNet & WHO 2009).

ExpandNet also provides very specific descriptions on the factors and players involved in scaling up, which is valuable to describe briefly, as they will be discussed further on. First, the pilot project, or innovation, must be specifically defined for the context that it is being implemented in; that is, that it must be tailored to the specific cultural characteristics of the community and it also must not encroach upon the human rights of the local population. This is a very valuable way of looking at a development project, as it focuses on the rights and culture of the people involved, unlike "top down" projects who generally do not account for this. Second, ExpandNet recognizes the need to assess and work within the country, region, and community (defined as the

"environment" by ExpandNet (2009)) where the project is to be implemented. A successful project must evaluate whether and how the environment is able to accommodate it. This include an evaluation of the political system, bureaucracy, health sector (if applicable) socioeconomic and cultural contexts, and, especially crucial in development project planning, people's needs and rights. In order to accomplish this successfully, ExpandNet calls for a "resource team" to be created for the evaluation and implementation of the project. This resource team would be the one examining the environment, including all of the environmental factors just listed, to determine if the project is viable, and if there are any limitations that would hinder success. For this purpose, people within the resource team must have credibility within the region that the project is implemented. They also must include people from within the region, or who at least know the workings of the region well, so as to ensure that the project will be ably implemented and it effectiveness evaluated. This is also a contrast to "top down" planning, which generally does not employ such measures.

If a pilot project proves successful, ExpandNet then recommends two different types of scaling up: vertical and horizontal. Vertical scaling up involves enacting policies within government to adopt a project on a national, sub national, or local level. Horizontal scaling up, on the other hand, involves replicating the project in another region or community, or expanding it to a larger population. However, it should be noted that replication of a project is not a "mechanical duplication…in the matter of a franchise operation. Rather, it requires adapting the innovation to the different environmental contexts throughout a country or sub region" (ExpandNet & WHO 2009). Horizontal and vertical scaling can also be simultaneous and even complimentary. As Gonzalves et al. (2000) explains, scaling up vertically from one level to another (from community to district, district to regional etc.) can provide opportunities for horizontal scaling up on the higher level. Therefore, once scaling up begins, it has the potential to take off quite rapidly, and hopefully have positive impact on people's lives in a short period of time. This horizontal-vertical mechanism is, in particular, in contrast with "top down" planning, which creates projects that are generally nationwide and policy driven, without having been previously tested.

ExpandNet and WHO: The Nine-step Model

The World Health Organization partnered with ExpandNet in 2010 to publish a guideline for developing a scaling up strategy called *Nine Steps to Developing a Scaling-Up Strategy* (ExpandNet & WHO 2010). This is one of the only works on scaling up published by a large development organization. It very clearly explains the ExpandNet approach in a step by step manner, with advice given to organizations and development planners on how to scale up successfully.

Overview of the Model

A brief examination of the nine-step model shows its many merits as a project planning tool, especially compared with the "top down" approach. In the first step of the ExpandNet/WHO model, a successfully tested pilot project, or a "health innovation" for the purposes of the WHO, is prepared to be scaled up. This entails examining the project and determining feasibility, assessing cost-effectiveness of scaling up, as well as a clear expression of what needs are to be addressed.

In the second step, the model calls for increasing the capacity of a community, defined as "user organization" in the context of health innovation scaling up (ExpandNet & WHO 2010), to adopt the scaled up project. One important aspect of this step to note is that it calls for discussions with people within the community of whether or not they have a perceived need for the project, and also whether individuals within the community would be willing to advocate it. This is particularly invaluable to the success of the project because it makes the project about the needs of the people within the community as they see them, and not as they are seen by an outside organization. In this way, ownership of the project can be established.

The third step is an assessment of the environment in the same way as has been previously discussed (evaluation of political system, cultural factors etc). The fourth step bares closer attention, however, as it gives further details about the creation of the resource team. Here the model requires for at least some members of the resource team to be the same members who created and tested the project in its pilot stages. It also stipulates that there should be members of the resource team who are locals in the

community, so they may use their knowledge of the culture and important factors within the community to better implement the scaled up project. ExpandNet and the WHO also include a list of skills needed within the resource team to best implement scaling up, including the capacity to train other members of the community, advocacy, and strategic management, among others.

The fifth and sixth steps deal with the decisions of whether to scale up vertically or horizontally. It may be presumed that vertical scaling up was given consideration before horizontal scaling up so as to give a project some authority at in the policy and administrative realm before scaling up to other communities and regions. In discussing, vertical scaling up, the model provides ambitious guidance, including linking the project to a country's Strategic Poverty Reduction Strategies (SPRS) and the MDGs. The model also addresses the need to analyze policy, legal, financial, logistical, and many other factors needed to scale up vertically. It is clear from the emphasis placed on this step that the WHO prefers vertical scaling up of projects to the highest (national and sub national) levels of government. The sixth step is more limited in the scope of advice given, reiterating ExpandNet's mandate of adaptation of projects to better suit new communities or regions.

Steps seven and eight address different types of scaling up that were not as prominently addressed in the literature of ExpandNet's policies. The seventh step addresses the possibility of functional scaling up, or adding a new innovation to the existing one that is being scaled up; for example, adding a program on child health to a scaled up program on women's health. This entails that the new innovation pass through the previous six steps and that the resource team and environment be reevaluated accordingly. This seems to be a particular goal of the WHO in scaling up, as it is not a focus of ExpandNet's.

In the eighth step, another type of scaling up, spontaneous scaling up, is addressed. This refers to another community adopting the project without the help of the resource team. While this may be beneficial and cost effective, it may also lead to inefficient implementation of the project, and so therefore needs to be accounted for. The model calls for the monitoring of such efforts and for outreach to correct such

inefficiencies. The final step calls for further advocacy and reevaluation in finalizing the scaling up project.

The "Nine Step Model" is a very useful tool for implementing scaling up, and one of the only ones officially published. A concern about this model may be that some of its characteristics are more adaptable to health based innovations, which are the model's main target projects. Step seven of the model is one such example. However, such factors can be either ignored or readapted, and this model can certainly be used for scaling up all development projects because it emphasizes the goals of a non "top down" approach previously discussed: evaluation, monitoring, local participation, and sustainability.

The WHO and Scaling up

Given the benefits of the "Nine Step Model", one would think that the WHO would be a leader in the development of scaled up projects. However, the WHO does not always execute the model to its fullest extent in its projects and guidelines for scaling up. For example, in its *Operational Guidance for Scaling up Male Circumcision Services for HIV Prevention* (WHO & UNAIDS 2008), the WHO evaluates ways to scale up male circumcision services that are safe and can prevent the spread of HIV. In its advice for the implementation of such programs on the local level, they stress the importance of increasing outreach initiatives; however they do not mention anything about working with religious and local leaders on this issue. In their discussion on improving advocacy, they mention the importance of "traditional leaders" (WHO & UNAIDS 2008) but put more of an emphasis on working with media. The omission of religious leaders from the implementation of scaled up circumcision programs marks a lost opportunity for the WHO to more effectively scale up programs, particularly given the religious importance of circumcision.

Partial execution of their own model, as shown by the male circumcision example, is not the only flaw in the WHO's scaling up practices. From the nine step model it was clear that less of a prominence is given to horizontal scaling up (step six), especially when it comes to adaptation to new communities. Choprau and Ford (2005) touch upon this subject in their analysis of scaling up health promotion interventions;

saying that such projects do not often address community preference during replication. This indicates that the WHO, despite employing one of the only concrete scale up models in the development world, has not yet completely committed to making scaling up a priority in project planning.

Other Development Organizations' Approaches to Scaling Up

Aside from the WHO and ExpandNet's approaches, this study aimed to describe and compare the ways other organizations working for international development scale up their projects and the guidelines they use for this purpose. However, research on scaling up practices among different development organizations found that very few have published official guidelines to scaling up in the matter that the WHO has. Even from the information available on individual scaling up efforts done by development organizations, it becomes clear that scaling up is more of an undefined concept than a clear development goal for most of the development world. Two development organizations' scaling up approaches are discussed to show this point

The World Bank

While a traditional implementer of the "top down" approach, the Bank has began efforts at scaling up, or so it would seem from first glance. However, they have not published any official scaling up guidelines, as the WHO has done with the "Nine Step Model". An analysis of projects that the World Bank deems it is scaling up also reveals that they in fact view scaling up in a completely different way than as a project planning and implementing tool. Instead of focusing on scaling up as a development planning process, the World Bank sees it as a term meaning an increase in funds and efforts to an already existing project or an increase in commitment to a country, region, or issue. For example, the World Bank called its approval of a road rehabilitation program in the island nation of Kiribati "a scale up of commitment" to the country (World Bank 2011).

Even projects that can be effectively planned and implemented through a scaling up of a successfully tested pilot project are not really executed in such a way despite the scale up potential and the World Bank calling them "scaling up efforts". Such an

example comes from a microfinance project done by the World Bank in India. The project dubbed "Scaling up Sustainable and Responsible Microfinance" in India, seeks "to scale up access to sustainable microfinance services to the financially excluded, particularly under-served areas of India" (World Bank 2010a). The scale up potential is clear: a pilot project providing microfinance services done in one of the "under-served areas" can be implemented and tested to see if it is resulting in more financial inclusion, a rise in income and standard of living etc., and then the successful project could be scaled up to other areas. However, an analysis of the status report of the project (World Bank 2010b) reveals no elements of scaling up and also that $300 million had been approved for the project without a clear explanation as to how the project was preliminarily evaluated or what the results are expected to be. Therefore, it is safe to say that while the World Bank maintains that it is scaling up, it is very much still operating under a "top down" model which, as the Bank's experience from the Polonoroeste project described previously shows, will probably not yield effective results.

United Nations Development Programme

The UNDP also involves itself in scaling up programs, but, like the World Bank, has no official guidelines on scaling up. However, they have an interest in supporting horizontal scaling up, or replication. For this purpose, the UNDP published a report of successful projects that have used scale up models to achieve positive results towards achieving the Millennium Development Goals (UNDG Policy Network for MDGs 2008). Each project is briefly described, with the technical specifications given, and the goals and outcomes discussed. The end of the project overview discusses lessons that have been learned and the potential for replication for this project elsewhere, a useful tool for other development planners looking to scale up projects.

One project from this report, for example, deals with the implementation of small irrigation wells that were tested in Niger and Burkina Faso. At the pilot stage, the irrigation systems were affecting about 10,000 people in each country. The project proved to be a success, with participating farmers experiencing higher crop yields and increased income. The project was then scaled up vertically to a national irrigation

program in Burkina Faso. The report then continues with the lessons learned, emphasizing the need to build community ownership, and then states that the irrigation technology is very replicable and has been horizontally scaled up in neighboring sites (UNDG Policy Network for MDGs 2008).

The report published by the UNDP is valuable in that it allows development planners to see how other projects were scaled up and the opportunity to learn from the experiences of their colleagues. However, as the report focuses solely on the potential of "replicability" of each project and does not give specifics about how each project was scaled up from the pilot stage, it remains incomplete. While the report shows more of a commitment to scaling up than the World Bank is currently putting forward, the fact that no scaling up guidelines has been published by the UNDP means that they are also not fully committed to making scaling up a development paradigm. It would be especially beneficial for the UNDP, as a United Nations organization, to create such guidelines because it would increase awareness of the benefits of scaling up and send a message to other development organizations to begin adopting this approach.

Case Studies

In order to show the true effectiveness that scaling up can have, real development projects that have been scaled up must be examined. Three case studies will be presented for this purpose. One is a project that has followed the ExpandNet model, while two others have followed independent models. All three cases demonstrate different benefits of scaling up.

Case Study #1: The Community-Based Health Planning and Services Initiative in Ghana

Nyonator et al. (2007) describe a project designed to increase primary health care in Ghana that closely follows the ExpandNet approach to scaling up. Ghana had had problems implementing successful primary health care programs in the past, and so in the 1990's a task force was set up to create a more effective, community-based program. The task force decided to implement a pilot project that would put a nurse at

the community level, with volunteers assisting and also raising awareness about health issues and family planning.

The district of Navrongo was chosen to as the pilot project site. Located in northern Ghana, Navrongo was a district which at the time suffered from high rates of malaria, diarrheal disease, and child mortality (Adongo et al. 1997). Before the project got under way, the task force set up focus groups in three villages in Navrongo to discuss health problems in the area as the locals saw them. Tribal leaders and elders were also employed to secure volunteer commitment as well as provide for logistics (Nyonator et al. 2007). The project began with a nurse and volunteers being put into each of several communities. The results from the pilot project were quite successful. Child mortality was reduced by one third (Nyarko et al. 2005), and immunization coverage, as well as maternal and family planning care increased (Debpuur et al. 2002).

Bolstered by the success at Navrongo, the project was then scaled up horizontally to the district of Nkwanta in the south. In 1998, health officials from both districts met to discuss project details and the potential for replication. They decided that the project can indeed be scaled up to Nkwanta with the hopes of similar success. The Nkwanta district was experiencing much the same health problems that Navrongo was experiencing before the implementation of the pilot project. However, there were fundamental differences in culture between the two districts, namely differences in diversity and linguistics. While Navrongo was much more homogenous, Nkwanta's villages could host up to five distinct ethno-linguistic groups (Nyonator et al. 2007). Therefore, the project was modified to include teachers, instead of elders and chiefs, into the resource team. Once the needed modifications were done and the project was implemented, Nkwanta received similarly positive results, even exceeding Navrongo in some areas (Awoonor-Williams et al. 2004).

In 2000, the project scaled up vertically into what was called the Community-based Health Planning and Services Initiative (CHPS) (Nyonator et al. 2007). This initiative would seek to create similar projects as in Navrongo and Nkwanta in all districts in Ghana. By mid-2004, 105 of the 110 districts had implemented CHPS with varying but mainly positive results.

Case Study #2: Second Teacher Hiring in Rajasthan, India

Banerjee et al. (2001) gives an example of a pilot project by an Indian NGO, Seva Mandir, which works for the development of the state of Rajasthan, in northwest India. Among the actions that Seva Mandir undertakes is the maintenance of more than 170 non-formal education centers in southern Rajasthan for children 6 to 14 who do not attend formal schooling (Seva Mandir, 2010). However, these centers were at one time suffering from high teacher and student absenteeism.

To address this problem, the NGO decided to hire a second teacher, mainly a woman so as to increase female attendance, in 21 of the education centers (normally there was one teacher for every center). The impact of the project was measured by examining attendance and also through a test given at the end of the year. The results were mixed: while the attendance of girls did rise, there was no change in test scores (Duflo 2004). Because the results were inconclusive, Seva Mandir decided not to scale up the project.

Case Study #3: The PROGRESA Program

One of the most successful welfare projects in recent history has been the PROGRESA (Programa de Educación, Salud y Alimentación) program in Mexico. This program, created by the Mexican government and the International Food Policy Research Institute (IFPRI) in 1997, gave grants to Mexican households on certain conditions such as the acceptance of preventive health services, attending nutritional and prenatal care clinics, and consistent school attendance of school-age children (Gertler & Boyce 2001). This project by no means started from the "top down" despite it being government driven, and a pilot project was created to assess the effects of the conditional cash program.

506 communities were initially selected to participate in the pilot project, half of which were given the cash transfers. The results proved to be quite positive. Gertler and Boyce (2001) conclude that, comparing households who were given the cash transfers with those that weren't, there was a 23 percent decrease in the incidence of disease in

the cash transfer households, an 18 percent decrease in anemia, and a 25 percent increase in children's height.

Given this success, the project was scaled vertically to include 2.6 million families by 2000, with a given budget of over $800 million (Duflo 2004). The project continued to enhance human capital even on the national level, accounting for a 30 percent reduction in the depth of poverty in Mexico (IFPRI 2002). The project was then implemented in other Latin American countries, namely Argentina, Colombia, Honduras, and Nicaragua, with the help of the World Bank (Gertler & Boyce 2001).

Discussion

Overall, scaling up shows great promise as an alternative to the "top down" approach. ExpandNet's definition and model on scaling up offers an intriguing approach to development planning. ExpandNet's focus on successfully tested pilot projects, environment assessment, building a resource team, and horizontal and vertical scaling up approaches make their version of scaling up most adequate to address the goals needed for a non "top down" approach, namely preliminary evaluation, monitoring, local participation, and development sustainability.

Of the major development organizations examined, only one, the WHO with its "Nine Step Model", had official guidelines for developing a scaling up project. The "Nine Step Model" reiterates and expands upon many of ExpandNet's principles, further emphasizing local involvement and continuous readapting of the project to fit the specific needs of the people affected by the project. Despite its benefits, however, it was found that the WHO does not implement the "Nine Step Model" to the fullest extent in some cases and puts less of an emphasis on horizontal scaling up. Despite their flaws, the WHO remains well ahead of other major development organizations, which have yet to fully commit to scaling up. The United Nations Development Programme puts an emphasis on replication and has provided a useful tool for learning from past scale up experiences. However, their lack of official guidelines on scaling up proves they are not yet fully committed to making scaling up a development paradigm, and marks a lost

opportunity in bringing scaling up to the center stage of development planning. The World Bank, for their part, shares no part in developing true scaling up initiatives.

The three case studies illustrated the many different benefits of scaling up. Case Study #1 followed the ExpandNet approach by creating a resource team (task force), assessing specific cultural factors, and employing locals in the project planning and execution. This led to a successful pilot project, replicated success in another district, and a vertical scaling up to a national program that has increased primary health care in Ghana.

Case Study #2 constituted a project failure, but it showed a very important aspect of scaling up: that of the reduced cost of project failure. Though the project was abandoned because of inconclusive results, the costs of this failure were relatively small, basically composed of the salaries paid to the second teachers in the 21 education centers. Had the project been implemented "top down style", i.e. if Seva Mandir had gone ahead and implemented the project to all of its education centers, the costs for this failure would have been times higher.

Case Study #3 shows how a scaled up project can go from the community to the national, and even to the international level. The fact that PROGRESA grew from a pilot project in Mexico to an international development success story replicated in at least four other countries, all within a span of less than five years, shows just how powerful a carefully tested scaled up project can be.

Limitations of Scaling Up

The biggest limitation to scaling up is that it remains largely conceptual in the eyes of the development world. The fact that most development organizations have no framework to even talk about scaling up their projects makes it clear that scaling up as a development planning tool still has a long way to go before it gains the prominence it deserves. Realistically, scaling up is also not meant for every type of project, and therefore is not applicable to every organization. For example, it would be difficult to scale up an infrastructure project, and organizations that finance such projects cannot really then implement a scale up approach. However, even if a project cannot be

created through the scale up model, some of the main aspects of the scale up approach, environmental assessment for example, are still invaluable tools in making effective and sustainable projects.

Another limitation to scaling up is that developing a project through the scale up process sometimes requires quite a bit of time before the true impact is felt. The initial preparation and pilot stage may require several months or even years to create a project that is ready to be scaled up (assuming the project tests successfully). From then, it could be several more years before a project achieves consideration as a policy at the national or sub national level. For this reason, development organizations are not willing to commit to this type of development model. It is also difficult to leverage governments to accept and work with scaling up models; making small investments for pilot projects at the lowest level of administration does not have as much political enticement for government officials as signing a huge multi-million dollar "top down" project. Until scaling up receives prominence both among international organizations as well as international governments, it will remain largely a conceptual goal rather than a development paradigm.

Recommendations

In order to be able to address the problems facing the development world, scaling up must be brought to the forefront of development rhetoric and action. Development organizations must begin to look at scaling up as a way to create and implement development projects, and in so doing, disillusion themselves from the "top down" approach. For this purpose, each major development organization should create official guidelines for scaling up, using ExpandNet and the WHO's "Nine Step Model" as examples of what to focus on. Conferences, workshops, seminars etc. are also needed to disseminate information about scaling up across all development spheres.

One of the first steps that the development world can make towards fully implementing scaling up is to increase partnerships among development organizations and to get organizations to work together. Many times development organizations create huge development projects that essentially "reinvent the wheel" instead of

collaborating with other organizations or NGOs that have either put in place similar measures or have more experience and a better niche in the area that a project is attempting to develop. Case Study #3 gives a perfect example of how partnerships can create development success: PROGRESA was executed by the Mexican government, monitored by IFPRI, and then replicated with the help of the World Bank. Such partnerships, however, are rare, as development organizations want exclusive credit for the success of a potential project.

In the context of scaling up, bigger development organizations can use projects successfully implemented by smaller organizations as their pilot projects, and then replicate those projects internationally. For example, the Swiss Agency for Development and Cooperation, a relatively small development organization, has successfully scaled up a bed net program in Tanzania (SDC 2011). If a larger organization, such as the World Bank, were seeking to make a bed net program in the region, they could simply partner with SDC and jointly replicate a bed net program (following scale up guidance such as the one provided by ExpandNet). This would go a long ways towards moving away from the "top down" approach and making development projects more effective and less costly.

Finally there needs to be much more research done on scaling up's potential. Further research needs to be done on using scaling up in a wider variety of development projects (food, education, economics, etc.), as most of the research focuses on health-based initiatives. Second, more research needs to be done on key areas of the scaling up approach; resource team selection, environment assessment techniques, specifics of horizontal and vertical scaling up, just to name several areas.

Conclusion

60 years of development history have produced little progress, save for the creation of a highly ineffective and at times detrimental "top down" approach. People living in poverty and underdevelopment deserve better than what has been provided for the last 60 years, and the development world can provide better. In fact, development

world must provide a better solution, because the demand of underdevelopment will be greater in the future than ever before.

In order to face the development needs of the future, an alternative development planning strategy that can give more effective results must be implemented. Through its demonstrated focus on the goals of evaluation, monitoring, local participation, and sustainability, scaling up has the potential to be that alternative. It is up to the development world as a whole to come together and work towards this approach, and, in so doing, achieve global prosperity.

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Work sites: The International Centre for Migration Health, and Development, Versier, Switzerland; The WHO Library, Geneva, Switzerland; The UN Library, Geneva, Switzerland; SIT Business Center, Nyon, Switzerland; Ecole Migros, Nyon, Switzerland; Homestay in Prangins, Switzerland.

Databases used: EBSCO, WHOLIS, Google Scholar.

January-March, 2011: This time was spent formulating my research question. After much deliberation, I chose to officially pursue the topic of scaling up on March 4, 2011. Basic preliminary research was done from March 10 to March 14. Meetings with experts began to be scheduled around March 15.

April 4th: Meeting with Dr. Manuel Carballo. He advised me to look into which specific organizations scale up. He also advised me to put scaling up into the context of the history of development.

April 5-8th: This time was spent researching and reaching out to other organizations for information and feedback. GAIN, Green Cross International, the Council on Health Research for Development, the International Red Cross, the Foundation for Innovative New Diagnostics, and SDC were the main organizations contacted. This took place mostly at ICMHD as well as my homestay.

April 11th: Received feedback from GAIN. The representative from GAIN who had given a briefing to SIT told me of their efforts to increase their business partnerships for fortification programs and gave me links to further research. It was decided that this type of scaling up is not beneficial to the study.

April 12th: Research at the WHO yielded very good results. Through the WHOLIS database, "The Nine Step Model" and other valuable resources were found. Research was then conducted on ExpandNet, which yielded even greater results.

April 13th-17th: Further research was done on the ExpandNet model at the WHO library, the homestay, and ICMHD, and it was decided that this would be a beneficial basis for the study. One answer from Green Cross International proved to yield no relevant information. It was decided during this time that the study would have to be based solely on literature review.

April 18th-19th: Research at the UN Library yielded great results in resources for examining the history of development. Several books on development history were examined. The Polonoroeste case study was discovered and synthesized.

April 20th – 22nd: Research at ICMHD, homestay, and business center on the development policies of development organizations. On repeated detailed searches in multiple databases, no official guidelines were discovered for the World Bank, IMF, UNDP, Oxfam, SDC, and NORAD, and others. This led to the conclusion that such guidelines have not yet been implemented. Individual projects from the World Bank and the SDC as well as the UNDP's report on replication projects were useful tools in getting a sense of scaling up practices and commitment of these organizations and it was decided that those organizations would be discussed in the study.

April 25th – 28th: The study began to be written at ICMHD and homestay. The introduction, methodology and definition portions were completed. Some difficulty remained in deciding how to organize the results section. It was decided to that given the lack of data on official guidelines and practices, the results should first use the ExpandNet definition, discuss the WHO's model, and then address the rest of the development organizations. It was decided that SDC would be omitted from the discussion given the fact that it Case studies were discovered, and quickly synthesized.

April 29th – May 3rd: The study was completed during this time.