EARLY CHILDHOOD DEVELOPMENT

Hands-**on**

Learning from our implementing partners

Hippy SA

Learning Brief 39

Scaling upwards and outwards – "Franchising" early childhood development projects.

HIPPY SA offers Home Instruction for Parents of Pre-School Youngsters in South Africa. It supports vulnerable families to prepare their pre-schoolers for formal education. In 2007/8 HIPPYSA faced severe funding cuts because it could not respond to trends in the Early Childhood Development (ECD) funding environment, namely:

1. Increasing demand for evidence-based programming: showing returns on investment; demonstrating short, medium and long-term impacts for individual beneficiaries – pre-school children – secondary impacts in family systems and communities.
2. Demands for scalable programming: Given that at least 40% and up to 70% of children are not adequately prepared for school, and, given the funding and capacity constraints both within the public sector and civil society, unique programmes (like HIPPY) that cannot show increasing impact in terms of numbers of children prepared for school, cannot be considered a priority programme, and thus are excluded from many funding categories.
3. Revisions in governance standards: new registration requirements make increasing demands on the Board and Director in the areas of Board Composition, Board Roles, reporting to the NPO Directorate and reporting to CIPRO. Donor reporting has also become focused on more evidence-based reporting. These demands require substantial work by the executive committee to achieve management and governance structural changes. HIPPY SA was not able to effect these changes in time.

This Learning Brief concentrates on how we dealt with the issues of reliability and scalability.

Why we needed to scale up our programme

Upon reflecting on diminishing funding, it became clear that HIPPY SA needed to devise a scalability strategy that could achieve growth without compromising quality. For this, we adopted a fairly scientific approach for examining scaling-up at cases at a macro level. Simply inflating the current programme structure was not viable as the related management costs would have been too high.

For two years, from 2008 to 2010 we could not find an approach that would allow us to enter more homes on a sustainable basis, while keeping quality of the parent training up and the costs down. We looked at many different models for achieving depth and breadth and all of them presented as too costly or unsustainable in the South African context.

Then we stumbled across the term **'Social Franchising'.** The term felt uncomfortable because of its commercial connotations. However, looking past its long history in business, it essentially means that by systematically codifying the core elements of the programme, and then producing reliable outcomes, it is possible to "franchise" the programme to other organisations and communities on a demand-lead basis. In this model, consistency, quality and branding are the responsibilities of the franchisor, while programme implementation is the responsibility of the franchisee.

This made good programmatic sense. On the one hand, the programme could expand through other community organisations on the ground but the daily management / running costs could be diluted through a matrix of implementing franchisees/partners and the franchisor (us).

It also made management sense. The demands of daily supervisory management are high when working with community-based care-workers of varying degrees of professionalization. It can only be undertaken by a community-based organisation that is physically present in the location where the programme is delivered. A centralised professional management unit cannot have the same "ears on the ground" presence and therefore cannot assure daily adherence. However, a professional central unit can focus on the bigger picture of general adherence and quality, scale, and community level dynamics at a more macro level. It is also more affordable to have a smaller multi-disciplinary professional team supporting larger groups of paraprofessionals.

Given the success of partner-based implementation with HIPPY in other parts of the world, and the growing body of evidence of the success of social franchising in South Africa, social franchising became the corner-stone of scaling up HIPPY in South Africa.

Our scale-up strategy: intended purpose, strategic approach and expected outcomes

In order to move from an idiosyncratic model – dependent entirely on the abilities and experience of the programme staff in individual sites – to a systematic, replicable model that other organisations could implement with limited but consistent and reliable support, the following needed to be achieved:

- First, an indigenous implementation model needed to be developed. This model had to account for the needs and context of different implementing partner-organisations, yet it also had to retain the core elements of the HIPPY programme, and it had to allow for innovation and adaptation in different application contexts. We designed management instruments to service the relationship between implementing partners on the ground and the core license-holder in South Africa, and to service relationships between the core license-holder and the licensor – the Centre for Innovation in Education at the Hebrew University in Israel.

- Second, the South African implementation model needed to be codified with instruments and protocols. These instruments and protocols required a common lexicon for all features of the programme; a common implementation routine; a common Monitoring and Evaluation framework; and collective systems of co-management with partners, and the license-holder. Yet, the instruments and protocols had to be simple enough to suit the different skills and capacities of programme staff and host organisations, as well as robust enough to provide adequate oversight and comparability between programmes.

- Third, we had to identify appropriate implementation partners – with enough local footprint and community credibility – while at the same time presenting sufficient governance and management controls to assure the license-holder that the HIPPYSA brand would remain a reliable brand.

The challenge was to provide enough structure to the programme for it to withstand community and interpersonal dynamics while at the same time achieving outcomes with relatively similar inputs and outputs irrespective of the context or setting. Across the 15 programmes in three provinces in 2007, there were numerous codes, practices – formal and informal – forms, rules, and perspectives on what HIPPY the programme actually was. The only consistent instrument was the materials used with the parents in the home. Curriculum version and presentation were consistent.

Initially we tried to pull all the different systems together but in the end we had to dispense with all the programme instruments. We determined, by a process of elimination, which outcomes were non-negotiable and which were nice-to-have, and then we worked our way backwards to develop the outputs, inputs and processes, tools and instruments. **This took 3 years.** As it turns out we have returned, quite unexpectedly, to the core international model:

- Paraprofessional home-visitors supervised by professional coordinators visit 18 families at home per week, for 30 weeks per year, to support parents, implement the curriculum in their homes for the 3,4, and 5-year old children;
- Sites are convened by local partners, which attend to daily supervision and community liaison;
- Local Partners sub-licence the programme from the South African License-holder which undertakes training, coordinates monitoring and evaluation, exercises oversight and provides materials.

Now we have a programme implementation manual that talks to the minutiae of tasks of every role-player in the programme from the weekly Monday training on the week's material undertaken by the coordinator at site; to the scripted guideline for home visitors that assists them to build rapport with the families; to the criteria for partnerships and the social franchising template agreement. The programme implementation manual covers five years of programmes, entries and exit points for families; training and career management processes for staff; daily tasks from trainee home visitor to executive level; forms for every piece of data we require; evaluative methodology and many more instruments required at the every level of the programme. This level of codification is absolutely necessary for a social franchising strategy to succeed.

Implications for other implementers

Any organisation considering scaling up, replicating or social franchising should ask the following key questions:

1. Do you need to scale up? Does the project respond to a specific unique issue or place? Is scale necessary or is your project good enough for the here and now?
2. Is there a demand for your scaling up? Do communities or other organisations have issues that your programme/project/product can respond to? More importantly do they want you?
3. How flexible can your project be? Is there enough flexibility in your project to allow local implementers freedom to tailor it to their context needs? Does it make sense for you to let local implementers take on some of the project's core features while you take on what is left?
4. Is your programme/project/product sufficiently codified to stand alone? This is often a matter of detail. The finer the detail the less space for things to go wrong, but balancing this with control and the autonomy of the implementer is a challenge.
5. Do you have a legal/operational machine that can hold the partnership? Can you prepare a standard operating agreement, and manage its requirements regularly? Do you have the necessary internal management capacity and external legal advice to ensure programme standards are adhered to by implementing organisations?
6. Do you have a growth and funding model? Is there a reliable funding partner(s) that can take a long-term view of your programme/project/product growth, and does it have the capacity to absorb new implementers? Do you have a funding partner that is not risk averse, able to fund new and emerging sites of implementation, and be able to absorb establishment challenges and possible failure, without adverse complications for the franchisor?
7. Is it worth it? Given the responses to questions 1-6 above, would the disruption, risk, distraction and frustration be worth the growth?

In hindsight, what we could have done better

- In our first new site, we under-planned and over-promised. This taught us the painful lesson that starting any new site required at least a year of establishment activities, critically including, building internal capacity in the local partner, and a professional feasibility study.
- It also emphasised the point of starting slow (small) and steady rather than big and unwieldy.

- Legal minutia can become a major stumbling block. In our first franchising site we did not specifically outline every line item the local partner would be responsible for paying, instead we listed broad categories of costs that were the responsibility of the franchisor, which later became a matter of interpretation. In the end this vagueness landed us with a huge administrative bill.
- In our overwhelming desire to make the franchise work, we absorbed costs that were not ours to bear. In this respect, standing our ground about different financial responsibilities and maintaining these boundaries became necessary.
- We failed to adequately appreciate the impact that scaling up would have on our own internal capacity. Therefore a feasibility study will in future include an internal assessment on the ability of the franchisor to absorb a new programme.

This learning brief tells of the hands-on experience of:

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