Tool 1: Desk review tool (initial context analysis)

**Documents that need to be identified for the document review:**

* National constitution and development plans
* Health policies and strategies from national government
* Academic political economy literature
* National studies, documents of similar initiatives in scaling-up, management/ quality improvement/ HRH development
	+ Reading documents
	+ Internet searches
	+ Visiting relevant organizations
* Lessons learned from implementation of the pilot study
* Scientific articles on scaling-up, management/ quality improvement/ HRH development from the country of interest
* Legislation (regulation, decrees etc.) and administrative legislation initiative procedures (SOPs)
* Grey literature (includes reports of programmes/interventions)

| **Research question** | **How should I answer this question?** | **Source** | **Comments** | **Answers** | **List of references** |
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| **How could historical factors influence the success of the scale-up of MSI?**  | Are there long-standing features of the health system structure which make reforms and change slow and difficult, or fast and easy? What do we know of how any health reform has taken place in this setting? Are there historical influences?  | * Academic articles and studies
* Grey literature published from your country

*Search strategy: “health policy reform”, “health policy changes” + “history”, “historical characteristics” + “country name”* | The health reforms are recent health reforms. How are these influenced by history? e.g. colonialism  | *Please use in-text citations*  |  |
| **What government actions could facilitate or hinder scale-up of MSI? (“formal rules of the game”)** | What institutional and legal frameworks could facilitate or hinder scale-up of the MSI?Do current national strategies and commitments make explicit priorities that are relevant to the scale-up of the MSI? e.g. is there a commitment to improve HRH that we can ‘hook’ on to? Is there a quality improvement strategy that uses similar methods/ principles to our MSI etc?  | * Current health policy / strategy documents (e.g. HRH strategy, Quality Improvement Strategy)
* The constitution
* International commitments or others e.g. SDGs; Global Strategy on HRH
* Health Act or recent health legislation
* Policies from Ministry of Finance, local government, planning etc.
 | In some contexts, there may not be much literature about this, but it is important to check the major documents.Depending upon the country, regional studies could be looked at.  |  |  |
| **What are the current health system arrangements which will influence scale-up of the MSI?** | How is the health system structured? e.g. how decentralized (de-concentration within MoH structure & devolution to local government) is decision making, power and resource allocation? How do decision spaces at national, regional and district level look? How will this affect the MSI scale-up strategy? Is there documented evidence on tension between local and national decision makers? What are key stakeholders driving or restraining about the scale-up? | * Government health strategy and policy documents
* Comparative analysis report
* Local studies and grey literature
* Websites of key stakeholders in country identified through internet searches
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| **What are the current political arrangements which will influence how decisions are made?** | How are political decisions made? Is there a history of change happening through ‘patronage’ (e.g. policy change happens not due to evidence, but due to political factors)? How do donors influence the changes in the health sector? What motivates powerful people to act and make changes in the health sector?Are there power relationships (between policy makers, within the health system and beyond at different levels or civil society) that may affect scale-up of health interventions in general? e.g. are there any tensions, problems or hierarchical issues between stakeholders? | * Academic political economy literature from the country
 | We can answer this question using information from the health sector and beyond. Understanding how decisions are made is helpful to ensure we have the right type of people in the NSSG and we are aware of reasons why people may hinder the MSI scale-up. |  |  |
| **What are the socio-cultural-ethnic constellations that influence how decisions are made?**  | Are there ethnic, religious, cultural and gender issues which may influence the success of scale-up of health interventions in some districts? If so, what do they look like?Are there local/regional differences in the way people act or make decisions? If so, what? | * Academic political economy literature from the country.
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| **What are the economic arrangements that influence scale-up of the MSI?** | Are there any economic issues which may influence the success of scale-up of health interventions? e.g. the influence of the general economy on the health system, the role of the private sector, economic growth etc.  | * Government health strategy and policy documents
* Academic articles and studies
* Grey literature published from your country
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| **What can we learn from the experiences of other similar interventions?** | What kind of action research/ management strengthening interventions are currently taking place in the country?By whom are these interventions *(action research and management strengthening)* promoted, implemented and what are the experiences and lessons learned?Are there examples of scale-up of a particular health intervention and what made this scale-up and collaboration work well, or not? | * Local studies and grey literature
* Possibly some academic publications
* Websites of key stakeholders in country identified through internet searches

*Search strategy for the first two questions: “action research” “PDSA” “quality improvement cycle” “performance improvement” “participatory research” + “country name”**Search strategy for the last question: “health intervention”,” health innovation”,” health program” “health project” + “scale-up”, “scaling” + “country name”* | If important interventions are identified it is worth following up (through an interview/ meeting) with implementing organizations and ask for successes and challenges, implications for scale-up of the MSI. |  |  |
| **What enthusiasm is there for scale-up of the MSI from the main stakeholders?** | Is there evidence that national/regional decision-makers recognize the problem of sub-optimal district management? If so, what are identified areas for improvement? | * Pilot study lessons learned
* Strategies and development plans
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