STUDY ON STRATEGIC PLANNING FOR THE SUSTAINABLE AND SCALABLE INTEGRATION OF PARENTING FOR LIFELONG HEALTH (PLH) IN POLICY AND SERVICE DELIVERY IN THAILAND

ROWLAND EKPO EDET

MASTER OF ARTS
IN PUBLIC POLICY

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IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR
THE DEGREE OF MASTER OF ARTS
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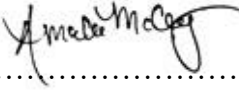
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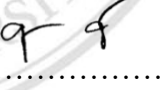
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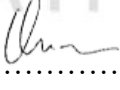
Examination Committee :   **Advisor :**

……………………………Chairman   ……………………………

(Dr. Amalee R. McCoy)   (Asst. Prof. Dr. Ppobsook Chamchong)

……………………………Member

(Asst. Prof. Dr. Ppobsook Chamchong)

……………………………Member

(Asst. Prof. Dr. Ora-orn Poocharoen)

1 June 2023

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To

God Almighty, my Parents (Edet and Comfort) and Siblings

(Caroline, Doris, and Anderson), and to friends (Sola, June,

Patty, O-yua, and Aun) for their immense support

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Rowland Ekpo Edet

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หัวข้อการค้นคว้าอิสระ	การขยายผลการใช้แนวคิดการเป็นผู้ปกครองที่สนับสนุนสุขภาวะที่ดีระยะยาวในประเทศไทย: ศึกษาจากประสบการณ์ในระดับสากล
ผู้เขียน	นายโรว์แลนด์ แอคโป อีเด็ต
ปริญญา	ศิลปศาสตรมหาบัณฑิต (นโยบายสาธารณะ)
อาจารย์ที่ปรึกษา	ผู้ช่วยศาสตราจารย์ ดร.พบสุข ช่ำชอง

บทคัดย่อ

เด็กมีความเสี่ยงที่จะตกเป็นเหยื่อของความรุนแรงและการถูกทารุณกรรม โดยคาดว่าอัตราจะสูงขึ้นในประเทศที่มีรายได้น้อยและปานกลาง (LMICs) รวมถึงประเทศไทย รายงานมุ่งเน้นไปที่การทบทวนวรรณกรรมระหว่างประเทศเกี่ยวกับกรอบการทำงานและเครื่องมือในการปรับขนาดการแทรกแซงทางสังคม โดยเฉพาะอย่างยิ่งโครงการที่สนับสนุนการเลี้ยงดูตามหลักฐานและโครงการเพื่อป้องกันความรุนแรงต่อเด็ก ตลอดจนแนวปฏิบัติที่ดีที่สุดจากประเทศรายได้สูง (HICs) และ LMICs ในการขยายขนาด การแทรกแซงตามทฤษฎีการเรียนรู้ทางสังคม โดยเฉพาะการฝึกอบรมเลี้ยงดูเด็ก การทบทวนขอบเขตนี้มีวัตถุประสงค์เพื่อระบุวรรณกรรมที่เกี่ยวข้องในการขยายการแทรกแซงทางสังคมและโครงการด้านสาธารณสุข โดยมียุทธศาสตร์การค้นคว้าที่เกี่ยวข้องกับการค้นหาฐานข้อมูลทางวิชาการและวรรณกรรมสีเทาจากองค์กรระหว่างประเทศ ตลอดจนคำแนะนำจากผู้เชี่ยวชาญ ตลอดจนข้อมูลจากวารสาร จำนวน 91 ฉบับ ซึ่ง 77 ฉบับที่ถือว่าเกี่ยวข้องและรวมอยู่ในการตรวจสอบวรรณกรรมได้รับการเข้ารหัสและวิเคราะห์ตามโครงสร้าง กรอบงาน กลยุทธ์ ปัจจัยที่มีอิทธิพล เครื่องมือใหม่ และแนวทางใหม่ในการขยายขนาด จากการวิเคราะห์ผ่านการทบทวนวรรณกรรม การปรับขนาดการแทรกแซงตามหลักฐาน (EBIs) เป็นกระบวนการที่ซับซ้อนซึ่งต้องมีการวางแผนและดำเนินการอย่างรอบคอบ มีกรอบแนวคิดและโมเดลต่างๆ มากมายที่สามารถใช้เป็นแนวทางในการขยายขนาดได้ กรอบแนวคิดและแบบจำลองที่มีประสิทธิภาพสูงสุดสามารถพิจารณาได้จากบริบทเฉพาะของการแทรกแซงและประชากรในกลุ่มเป้าหมาย การขยาย EBI อาจเป็นเรื่องที่ท้าทาย แต่เป็นสิ่งสำคัญ หากเราต้องการปรับปรุงชีวิตของผู้คนทั่วโลก งานชิ้นนี้มีข้อเสนอให้มีการการดำเนินการ

ผู้ปกครองและให้การสนับสนุนการพัฒนาโครงการสำหรับการเลี้ยงดูบุตรเชิงบวก ตลอดจนวิธีการที่หลากหลายเพื่อลดความเสี่ยงที่อาจก่อให้เกิดอันตรายกับเด็ก

คำสำคัญ ความรุนแรงต่อเด็ก, โปรแกรมการเลี้ยงดูตามหลักฐาน, Frameworks, Scale-up, ประเทศไทย

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Independent Study Title   Study on Strategic Planning for the Sustainable and
Scalable Integration of Parenting for Lifelong Health
(PLH) in Policy and Service Delivery in Thailand

Author   Mr. Rowland Ekpo Edet

Degree   Master of Arts (Public Policy)

Advisor   Assistant Professor Dr. Pobsook Chamchong

ABSTRACT

Children are at risk of being victims of violence and mistreatment, with rates assumed to be higher in low-and-middle-income countries (LMICs), including Thailand. The report focuses on reviewing international literature on frameworks and tools for scaling up social interventions, particularly evidence-based parenting support programs and programs to prevent violence against children, as well as best practices from High-Income Countries (HICs) and LMICs in scaling up social learning theory-based interventions, particularly parenting programs. This scoping review aimed to identify relevant literature on scaling up social interventions and public health programs. The search strategy involved searching academic databases and grey literature from international organizations, as well as recommendations from experts. Out of 91 identified publications, 77 were deemed relevant and included in the review. The literature was coded and analyzed based on constructs, frameworks, strategies, influencing factors, new tools, and new approaches to scaling up. According to the analysis of the review, scaling up evidence-based interventions (EBIs) is a complex process that requires careful planning and execution. There are several different frameworks and models that can be used to guide the scaling-up process. The most effective frameworks and models consider the specific context of the intervention and the target population. Scaling up EBIs can be challenging, but it is essential if we want to improve the lives of people around the world. It was recommended that specific actions

to address violence against children in Thailand should include training parents, providing support, developing programs for positive parenting, as well as diversifying approaches to mitigate risks in scaling up efforts.

Keywords: Violence against children, Evidence-based parenting programs, Frameworks, Scale-up, Thailand

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CHAPTER 1

Introduction

1.1 Background of the Problem

Violence against children (VAC) is a major public health concern with severe and costly outcomes. Children are at risk of being victims of violence and mistreatment, with rates assumed to be higher in low- and middle-income countries (Alampay et al., 2018; Hillis et al., 2016; Stoltenborgh et al., 2013). In Asia and Africa, most children are exposed to physical and psychological abuse at some point in their lives (Swedo et al. 2019). This abuse may include corporal punishment, such as hitting with an object, kicking, punching, slapping, yelling, head-butting, biting, forcing children to perform strenuous exercises for extended periods, and coercing children to contort their bodies into painful positions (Manzoni & Schwarzenegger, 2019). Child maltreatment can manifest in various forms such as sexual abuse, emotional abuse, physical abuse, and exploitation (Fry et al., 2012).

The adverse effects of such abuse can have serious consequences throughout the life course, including an increased risk of self-harm, suicidal ideation and attempts, aggressive and antisocial behaviors, substance abuse, low self-esteem, depression, anxiety, early sexual initiative, multiple sex partners, intimate partner violence, violence perpetration, heart disease, cancer, and respiratory diseases (Hughes et al., 2017; Ramiro et al., 2010; Belsky & De Haan, 2011; Shonkoff & Fisher, 2013; Dunne et al., 2015).

In Thailand, data on children exposed to violence and in need of help have been increasing annually. In Thailand, 57.6% of the children abused sexually, physically, or psychologically (UNICEF, 2019). This is despite Thailand's implementation of the Child Protection Act of 2003, which provides a legal foundation for responding to cases of child abuse and neglect (Articles 4, 25 and 26). Unfortunately, the law does not focus on child maltreatment prevention, and many parents and caregivers in Thailand are unaware of it. Approximately 52.8% of mothers and caregivers in the country believe that their

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children need to be physically punished (UNICEF, 2019). Physical punishment, such as spanking and beating, is still regarded as a typical method in the child discipline. Although it is forbidden in schools, corporal punishment still occurs (Watakakosol et al., 2019).

Based on the above evidence, UNICEF and WHO collaborated to create the Parenting for Lifelong Health (PLH) initiative in response to the needs of low- and middle-income countries regarding VAC. The initiative consists of four evidence-based parenting programs tailored to children's developmental stages. These programs are freely accessible in low- and middle-income countries and can be adjusted to suit diverse cultural and contextual environments. PLH has been tested or implemented in more than 28 countries. Therefore, this study focuses on examining frameworks, tools, and best practices from other nations that can assist in scaling up PLH in Thailand.

1.2 Statement of the Problem

The harm caused by violence against children is a significant issue that affects public health, human rights, and social welfare (WHO, 2014). This can have severe consequences, affecting children in all countries and damaging families, communities, and nations. The negative effects can also be passed on from one generation to another. Prevention of violence against children (VAC) has gained greater importance globally, considering the high occurrence of this issue. Reports suggest that in the last year alone, approximately one billion children may have been victims of violence (Hillis et al., 2016). Surveys conducted in various countries to gather data on violence against children typically focus on determining the prevalence of specific types of violence such as physical, sexual, or emotional violence. In some cases, the estimates may be limited to a particular location or class of perpetrator. For instance, bullying victimization is often only evaluated when it occurs in a school setting, and instances of child maltreatment are frequently only considered when it is committed by parents or other caregivers. Prevalence studies have rarely been conducted to measure a broad range of violence types, contexts, or perpetrators.

While few studies have evaluated childhood violence experiences across different types, many reports have indicated that varying types of violence have similar consequences (Felitti et al., 1998). These consequences are cumulative and become more severe with an increase in the number and severity of violent experiences (Anda et al., 2010). The negative effects of such experiences can lead to life-threatening problems in adulthood, such as non-communicable diseases, injuries, mental health issues, and suicide (Hillis et al., 2010; Norton & Kobusingye, 2013).

Many studies have shown the efficacy of parenting interventions in diminishing the prevalence of child maltreatment. These interventions have shown considerable success in ameliorating a variety of issues, including child behavioral problems, emotional difficulties, low parenting competence and stress, maternal depression, and substandard quality of couple interactions. Furthermore, apart from the reduction of maltreatment risk, such interventions have the potential to augment protective factors such as favorable parenting behavior, healthy parent-child interactions, parental sentiments of competency, and the facilitation of developmentally responsive care and affection. As such, these interventions offer promising means of addressing complex issues surrounding child maltreatment and promoting healthier family dynamics (Cartwright-Hatton et al., 2011; Chen & Chan, 2016; Cowan et al., 2011; Furlong et al., 2012; Gross et al., 2003; Kaminski et al., 2008; Sanders & McFarland, 2000). Hence, to ensure the sustainable and scalable integration of PLH in policy and service delivery in Thailand, a systematic approach is required.

1.3 Research Questions

1. What international literature exists on the frameworks and tools for scaling up social interventions, specifically evidence-based parenting support programs and programs aimed at preventing violence against children?

2. What are the good practices of HICs and LMICs in scaling up social learning theory-based interventions, particularly parenting programs?

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1.4 Research Objectives

1. To review the international literature on frameworks and tools for scaling up social interventions, particularly evidence-based parenting support programs and programs to prevent violence against children

2. To review good practices from HICs and LMICs in scaling up social learning theory-based interventions, particularly parenting programs

1.5 Significance of the Study

The term 'evidence-based' refers to interventions that have been subjected to rigorous research and proven effective (Turner & Sanders, 2006). Such interventions possess features of applicability, generalizability, and feasibility. The aim of evidence-based intervention is to test its robustness by evaluating its impact in various research and community settings (Sanders et al., 2014). To evaluate the generality and impact of an intervention, evidence of its widespread application is required.

Evidence-based parenting support (EBPS) programs can help curb violence against children. However, they have not yet been fully integrated into public health and social welfare programs in most countries (Milton et al., 2013; Ward et al., 2016). Factors that impede scaling interventions include limited financial resources, complexity of interventions, lack of human resources, program fidelity, low demand due to lack of awareness, and lack of sustainable business models (Sanders et al., 2022). Moreover, a brief examination of the existing literature reveals that numerous social intervention programs are yet to be expanded to a larger scale in low-income and middle-income countries. The main reason for this is that many standardized methods for scaling up public health interventions have been developed in high-income countries and subsequently employed in LMICs without adequate field testing. Consequently, these tools have had varying degrees of success in various national contexts (Chang & Locke, 2016).

Given the background problems stated above, to mitigate violence and abuse against children, it is crucial for policymakers to design efficient and effective pathways for scaling up existing parenting programs to ensure accessibility for those who need them. This study aims to provide a review of scaling-up frameworks, including factors for success and failure, by thoroughly reviewing existing academic literature and grey literature reports in the fields of public health, public policy and administration, international development, implementation science, and business administration. While the scope will be global, there will be particular emphasis on frameworks developed for LMIC contexts.

In this study, the term 'scale-up' is defined as the dissemination of innovative methods (Edouard and Edouard, 2012), which converts a small-scale project into a government'policy ('ldinger et al., 2008; Nankunda et al., 2010) that involves process innovation (Pearswhich convertsngqvist, 2011).

1.6 Scope of the Study

This report is based on literature reviews with a view to scaling up PLH in Thailand. This report aims to explore existing literature, including research articles, reports, and relevant publications, to gather insights, best practices, and evidence-based approaches related to integrating PLH into policy and service delivery systems in Thailand. This literature review focuses on identifying successful strategies, challenges, and lessons learned from previous initiatives and programs in Thailand and other relevant contexts.

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CHAPTER 2

Conceptual Framework

2.1 Concept of Scale Up

The term 'scaling up' has been used in various ways in the literature to describe the dissemination of innovative methods (Edouard and Edouard, 2012), converting a small-scale project into a government policy (Aldinger et al., 2008; Nankunda et al., 2010), and process innovation (Pearson and Lyungqvist, 2011). WHO (2010) defined scaling up as 'deliberate efforts to increase the impact of successfully tested health innovations so as to benefit more people and to foster policy and program development on a lasting basis.'

According to Uvin et al. (2000), scaling up is multidimensional to bring about societal change. They identified four dimensions of scaling up: quantitative, functional, political, and organizational. Quantitative refers to replicating a program and expanding its scope in different places. Functional scale-up focuses on the addition of other activities to intervention-based programs. Political scaling up aims to work with various government stakeholders to ensure and influence program expansion. Organizational scaling involves other existing institutions such as local or regional communities to aid program expansion and integration. These scaling up dimensions are all interrelated, which means that we cannot only have one dimension to scale up. In other words, programs must typically be scaled up politically and organizationally as they grow in quantity and functionality.

2.2 Frameworks and Tools for Scaling Up Social Interventions

The review identified three frameworks focused on scaling up social interventions. These models scale up the management framework (Kohl et al., 2003; Cooley et al., 2012), ExpandNet framework (WHO, 2010), UNICEF Marginal Budgeting (UNICEF, 2009; Islam and Biswas, 2017), and diffusion of innovation (Beets et al.,

2008). These frameworks are regarded as meta frameworks because they informed the development of other frameworks.

2.2.1 The Scaling Up Management Framework

Kohl et al. (2003) developed a framework outlining three essential steps for effectively scaling up public health interventions. The initial stage focuses on creating a detailed plan for scaling up and envisioning the successful implementation process. The second step involves laying a strong foundation for the scale-up, encompassing crucial tasks such as garnering support for the intervention and recommended strategies, reevaluating priorities, and mobilizing necessary resources. Finally, the actual scaling-up process takes place, guided by the identification of factors that foster expansion and long-term sustainability. Key activities during this phase involve implementing organizational structural changes, coordinating actions, and closely monitoring performance to ensure successful outcomes.

2.2.2 UNICEF's Marginal Budgeting for Bottlenecks (MBB)

The MBB tool, jointly developed in 2003 with the collaboration of UNICEF, WHO, and the World Bank, serves as a planning tool aimed at pinpointing implementation constraints within the health system. Additionally, it provides estimates of the marginal costs required to overcome these limitations (Knippenberg et al., 2003, p. 373). By utilizing this tool, policymakers can assess potential impacts, resource needs, costs, and budgetary effects of policy initiatives designed to address systemic bottlenecks and implementation challenges in the health system. The creation of the MBB tool was in response to the requests of low-income nations to effectively plan, cost, and budget marginal healthcare allocations while also evaluating their potential impact on population health (UNICEF, 2010). Consequently, the central focus of the MBB model revolves around identifying and analyzing bottlenecks to enhance health system performance.

By identifying bottlenecks, the MBB tool helps policymakers choose the health interventions, policies, and plans that are most important to implement, assess the extra resources required, progress made in obtaining health, and estimate the effects of the

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selected strategies on population health (Odaga et al., 2016). The foundation of the MBB tool is its effective coverage. To achieve a high level of coverage, the intervention must be effective, available, accessible and acceptable efficient, accessible, and acceptable (WHO, 2010; Buse & Walt, 2000).

2.2.3 The WHO and ExpandNet Framework

Founded in 2003 to enhance the theory and practice of scaling up, ExpandNet is an informal network of public health professionals (WHO, 2010). The model developed by Simmons et al. (2007) is based on a thorough assessment of the literature across a variety of fields, applications, and extensive practical experience. Four key principles serve as guiding principles for the framework: systems thinking, sustainability, the need to assess scalability, respect for fairness, sexism, and human rights (Milat et al., 2015). The framework suggests nine steps to create a scaling-up strategy: (i) preparing actions to increase the innovation's scalability; (ii) enhancing the user organization's capabilities to carry out scaling up; (iii) analyzing the environment and making plans to improve the potential of scaling-up success; (iv) enhancing the resource team's ability to assist scaling-up; (v) making strategic choices to support vertical scaling up, that is, changes in policy, politics, regulations, funding, or other aspects of the health systems are necessary to institutionalize the innovation; (vi) making strategic decisions to facilitate horizontal scaling up (replicating innovations in various geographic locations or extending them to serve larger or various demographic segments); (vii)accessing the significance of diversification; (viii) formulating a plan to deal with spontaneous scaling up; and (ix) completing the scaling-up strategy and deciding the next course of action.

2.2.4 Diffusion of Innovation Model

Diffusion is a type of social change that is described as the process by which changes occur in a social system's structure and function (Rogers, 1995). The development, diffusion, adoption, or rejection of new ideas (i.e., innovations) can have certain repercussions, including social change and actions that affect public health (Gittelsohn et al. 2003). To achieve mutual comprehension, people must actively create and share knowledge while communicating new ideas. Diffusion is a unique form of

communication, in which messages are spread through new ideas. The DOI involves four interacting and complementary factors: innovation, communication channels, social systems, and time.

Public health *innovations* have distinguishing qualities that influence and contribute to disparities in adoption rates (Muhiuddin & Gary, 2004). These include compatibility, relative advantage, complexity, trialability, and observability. Given that the optimization of these five attributes will enable an innovation to be accepted more quickly than other innovations that lack them, the usefulness and worth of DOI can be further understood (McCormick et al., 1995). Thus, by adhering to these rules, health promotion or disease prevention initiatives can benefit a particular population and be more successful.

Confirmation occurs when a person seeks support for the decision they have already made to adopt an innovation. However, this stage can backfire if a person encounters contradictory information about the innovation (Rogers, 2003). At this stage, the person can either choose to fully adopt the innovation as the best course of action or decide whether to adopt it. Implementation and confirmation stages are important components of the innovation adoption process. They allow people to test innovation and see whether it meets their needs. If the innovation is successful, people are more likely to fully adopt it. However, if the innovation is unsuccessful, people are more likely to abandon it (Venkatesh & Davis, 2000).

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CHAPTER 3

Methods

3.1 Search Strategy

The search strategy for this scoping review comprised two parts. The first part is to search the existing literature in academic databases and grey literature on the websites of international organizations. This includes references that were used in the gray literature. The research protocol for this part was developed in close consultation with the Peace Culture Foundation team as the lead partner for scaling up the PLH program in Thailand. The second part relied on additional recommendations from experts on the main PLH team (Dr. Amalee and Dr. Jamie). The search was conducted in January 2023.

A thorough literature search was conducted using a range of databases, including Web of Science, Embase, Scopus, Global Health, Google Scholar, PubMed, MEDLINE, and the Public Library of Science. Furthermore, an exploration was conducted for gray literature from databases curated by various international organizations, including the World Health Organization (WHO), the United Nations Office on Drugs and Crime (UNODC), the United Nations Children's Fund (UNICEF), the World Bank, and the US Centers for Disease Control and Prevention (CDC), as well as from websites such as the Scaling Up Community of Practice (www.scalingcommunityofpractice.com) and the ExpandNet website (https://expandnet.net).

The search focused on identifying published peer-reviewed English-language social intervention studies that applied implementation frameworks in evidence-based support programs. The following search terms were used: scaling up and scalability, public health intervention, intervention research, evidence-based programs, parenting programs, parent training, parent education, social intervention programs, child abuse prevention programs, child maltreatment prevention programs, early childhood programs, mental health programs, scale-up, frameworks for scaling up, models for scaling up, health promotion, prevention, social programs, implementation, models for

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expansion, policy diffusion, and policy transfer. After the search, retrieved paper titles and abstracts, including index keywords used to characterize the publications, were examined for relevance before further exploration of the full text.

Articles and documents were included if they (1) were published in English, (2) identified frameworks and tools for scaling up social interventions/public health and health promotion interventions, (3) had real-life example applications, and (4) had policy recommendations for scaling up. The exclusion criteria were (1) non-English language papers, (2) settings not related to healthcare or social programs, and (3) where there was no explicitly stated framework/tool.

Following the initial compilation of the literature list by a single researcher, the senior researcher refined the list of pertinent documents for the scoping review. We initially identified 838,378 publications using these search strategies. Duplicates as well as those that were excluded based on the exclusion criteria were removed. Information obtained from the second part, which asked experts on the PLH team, allowed the research team to learn about private organizations implementing scaling. Handbooks from the two private companies were added to the list of documents. They are Management Systems International (https://www.msiworldwide.com/what-we-do/our-services/education/scaling) and Spring Impact (https://www.springimpact.org/toolkit-home/). Finally, 91 publications were identified.

At this juncture, the two researchers individually reviewed and coded abstracts and keywords to make the final selected documents pertinent to the study. Ultimately, of the 91 publications identified, 77 met the inclusion criteria and were deemed relevant to this scoping review. The selected documents were academic articles and handbooks for scaling up. The academic articles had study designs ranging from single case studies to multiple case studies, and qualitative and quantitative methods of comparison and analysis. The countries of study were mainly high-income countries (HICs), such as the U.S., Canada, Australia, the U.K, and Germany. Some studies have been conducted in low-to middle-income countries (LMICs) such as Bangladesh, Thailand, Afghanistan, Ghana, and South Africa. The senior researcher decided to include two articles that were not within the field of public health. One is scaling up agricultural innovations and

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interventions and the other is scaling up food innovations. These two articles were on the list provided by ExpandNET's bibliography and were deemed useful for learning from other domains.

The 14 documents that were not directly related to scaling up included articles on research dissemination and utilization, community-based participatory approaches, and frameworks for understanding evidence. The UNICEF's Marginal Budgeting for Bottlenecks (MBB) was also not included in this study. MBB is a tool for the costing and budgeting of health plans, which is important for planning; however, it is not a study or framework for scaling up. The diffusion of the innovation concept is added to the list of documents, despite its definition that infers the adoption of innovation for various reasons (Rogers, 1995) and not for the intention to scale up.

Using the software MAXQDA, the two researchers coded all 68 full documents based on the original guiding questions in the research protocol: context for the application of the framework/tool (HICs/LMICs, sector delivery context); methodologies, if any (of the study); characteristics of the scaling up; factors related to success and failures; policy recommendations; and information on the publication (author(s), title, publication year, source type).

The researchers also coded and analyzed data inductively, allowing for the emergence of new thoughts along the way as one reads the full text. This approach was used because there was a defined protocol prior to the review that guided the way the entire exercise would take place. Consolidation and categorization of codes were conducted later. The main coding categories include definitions of constructs, frameworks for scaling up, strategies for scaling up, factors influencing scaling up, new tools to scale up, and new approaches to defining or understanding the concept of scaling up. The next section provides a description of the literature, followed by an analysis of the findings.

CHAPTER 4

Analysis

4.1 Discussion on the Literature

Implementation science is an overarching field of study on scaling up frameworks and strategies. The concept of 'implementability' comprises five components. These are acceptability, fidelity, feasibility, scalability, and sustainability (Klaic et al., 2022). The concept of scalability can be studied as a 'science of intervention scale-up' (ref). The 'science' of scale-up can be observed in the form of frameworks or models. Frameworks or models infers that, through trial and error, tests, and systematic analyses of various cases, there are general patterns to follow for successful scaling up of social interventions.

We identified 18 studies that fit the description of frameworks or models for scaling up, which is of interest in this scoping review (See Table 1). Three of these studies focused on LMICs. Most of these frameworks are based on the HIC context. In addition to the WHO/ExpandNET framework (Number 11 in Table 1), which is in the 'Practical guidance for scaling up health service innovations' (WHO related documents such as INSPIRE – strategies for ending VAC; and Nine steps for developing a scaling-up strategy), there are four other manuals or manual-like working papers. They are the Wolfensohn Center for Development's Working Paper 'Scaling Up a Framework and Lessons for Development Effectiveness from Literature and Practice' (Hartmann & Linn, 2008); the Management Systems International's 'Scaling Up Scaling Up – From Vision to Large-Scale Change' (Cooley & Kohl, 2012), and Spring Impact's Scale Readiness Diagnostic. These handbooks do not specifically focus on LMICs. These cover guidelines that can be used worldwide.

The other documents, which were not frameworks/models, varied in content. Some were specific studies of certain aspects of scaling up (i.e., policymakers' view, citizen's participation, type of interventions etc.) (Dodd et al., 2019; Dobbins et al., 2002;

Tongsiri, 2022; Tolan, 2019; Leeman et al., 2022; Chamberlain et al., 2012; Lee et al., 2020; Milat et al., 2014) . Some have reported cases of scaling-up experiences (usually the authors' own experiences) (Bennett et al., 2017; Leeman et al., 2019. Some studies have reported scale-up literature (Charif et al., 2022; Escoffery et al., 2019; Indig et al., 2017), some pointed to problems with studies on scaling up (Bulthuis et al., 2020; Naziri et al., 2017), and a few were theories of scaling up (Fuhr et al., 2020; Koorts et al., 2021; Larouche et al., 2022). Many of the documents selected rest in the field of implementation science. Lastly, many documents presented analyses on factors influencing scaling up and frameworks for categorizing constraints of scaling up, which is of high interest to this PLH project in Thailand. One article was specific to Thailand. Tongsiri (2022) studied the scaling-up of community-rehabilitation programs in rural Thailand and found the importance of innovative training methodology for building capacity of teams to become agents of change.

In sum, the scaling-up literature is rich. It covers the overarching span of descriptive, explanatory, and prescriptive approaches to scaling-up. Most are situated in the HICs and only a handful are cases from LMICs. However, there are plenty of information and lessons to extract and learn from. The next sections present an analysis of the literature as well as the researchers' reflections and preliminary ideas for next steps for the advocacy planning and PLH scaling-up strategies for Thailand.

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Table 1: Review of Social Intervention Frameworks and Tools

	Reference	Country	Study method/design	Framework /model	Description	Existing models from which framework/ model was developed
1	Barker et al (2016)	Ghana & South Africa	The authors reviewed literature and models related to scaling up healthcare interventions, analyzed the results alongside existing frameworks, and reflected on two national-scale initiatives in Ghana and South Africa to develop their framework.	The Framework for going to Full Scale	The framework involves three key components: activities required for scaling up, mechanisms for facilitating adoption, and support systems for successful implementation. The process includes four steps. These steps help prepare for testing, conduct preliminary testing, test in various contexts, and rapidly replicate the intervention.	Implementing Best Practice Consortium ExpandNet WHO/Massoud
2	Delafield et al (2016)	USA	The model was derived through a combination of research approaches and theories that address the factors that influence the uptake of evidence-based interventions. It emphasizes community benefits and capacity building through the use of community-based participatory research principles, which can aid in intervention dissemination.	The Community-to-Community Mentoring (CCM) model	The model is based on community-based participatory research principles, which provide advantages for intervention dissemination, while also focusing on community benefits and capacity building.	Diffusion of Innovation Social Cognitive Theory

Table 1: Review of Social Intervention Frameworks and Tools (Continued)

	Reference	Country	Study method/design	Framework/model	Description	Existing models from which framework/model was developed
3	Vitalis et al (2016)	Canada	The study involved public health staff in focus groups and interviews, with transcripts coded by research assistants and discrepancies resolved by the team. An integrated knowledge translation approach was used, involving academics and decision-makers as co-authors.	Diffusion of Innovation	The model describes how different groups of people adopt new innovations at different rates, depending on factors such as perceived benefits, complexity, compatibility, observability, and trialability.	
4	Nguyen et al (2020)	International	A study was conducted using a critical interpretive synthesis to gather and analyze information from various sources about the scaling-up of public health interventions. The study involved systematic searching, data extraction, and synthesis, with a focus on insights from a range of global settings. The analysis was guided by theories related to innovation, complexity, and organizational readiness.	Scaleup Readiness Assessment Framework	The framework includes six dimensions: intervention design, implementation process, stakeholder engagement, organizational capacity, external environment, and sustainability. Within each dimension, there are several factors to consider, such as intervention effectiveness, stakeholder buy-in, and funding availability.	Diffusion of innovation Complex adaptive systems

Table 1: Review of Social Intervention Frameworks and Tools (Continued)

	Reference	Country	Study method/design	Framework/model	Description	Existing models from which framework/ model was developed
5	Milat et al (2020)	Australia	The model was developed in three stages: a literature reviews, expert input, and testing and refining the tool with end-users.	Intervention Scalability Assessment Tool	The ISAT is a tool consisting of three parts. Part A considers the context and consists of five domains, while Part B assesses potential requirements within five domains. In Part C, a graphical representation is generated, illustrating the strengths and weaknesses of the intervention. It also includes a prompt to provide a recommendation regarding whether the intervention should be recommended for scale-up.	Scaling Up Management Framework
6	Dodd et al (2019)	Bangladesh	The authors used a policy framework by Shiffman and Smith and the PRISMA checklist to extract and synthesize data from policy analyses where research had influenced a health policy. They conducted a systematic search and identified 24 articles for analysis from an initial 1859 articles.	Policy prioritization framework	The framework has 4 categories - 'Actor Power', 'Ideas', 'Political Contexts', and 'Issue Characteristics' - which are further divided into 11 factors.	Knowledge to Action Framework

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Table 1: Review of Social Intervention Frameworks and Tools (Continued)

	c	Country	Study method/design	Framework /model	Description	Existing models from which framework/ model was developed
7	Aarons et al (2014)	USA	The study looked at how an evidence-based practice, SafeCare®, was implemented in a county-wide service. Qualitative studies were conducted with 54 key stakeholders, and the data was analyzed through an iterative coding process.	Exploration, Preparation, Implementation, and Sustainment (EPIS) framework	A model for implementing evidence-based practices in organizations. It consists of four stages: exploration, preparation, implementation, and sustainment.	The Availability, Responsiveness, and Continuity model Interagency Collaborative Team model
8	Klaic et al (2022)	Australia	The study used multiple methods to create the framework. A review of literature published between 2000 and 2021 was conducted, which helped in developing a preliminary framework.	Implementability of healthcare interventions	A model that helps to evaluate the feasibility and potential for successful implementation of healthcare interventions in real-world settings. The framework consists of five domains: the intervention, the intended adopters, the outer setting, the inner setting, and the implementation process. By assessing these domains, the framework can identify potential barriers to implementation and inform strategies to enhance implementability of healthcare interventions.	Theoretical Framework of Acceptability Health Belief Model

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Table 1: Review of Social Intervention Frameworks and Tools (Continued)

	Reference	Country	Study method/design	Framework/model	Description	Existing models from which framework/model was developed
9	McWilliam et al (2016)	Australia	Literature review of best practices in implementation studies	Triple P Implementation Framework	The framework consists of five non-linear phases that follow a logical sequence. Each phase requires the implementing organization or community to address critical activities based on implementation science literature and experiential data. Guiding questions, tools, and resources are developed for each set of activities to support effective implementation.	RE-AIM framework Active Implementation framework
10	Wandersman et al (2008)	International	Meta-framework	Interactive Systems Framework	The framework is a guide for designing and implementing effective prevention programs. It emphasizes collaboration between researchers. The tool plays a unique role in ensuring that prevention programs are based on the best available research, are effectively supported and delivered, and produce positive outcomes.	10

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Table 1: Review of Social Intervention Frameworks and Tools (Continued)

	Reference	Country	Study method/design	Framework /model	Description	Existing models from which framework/ model was developed
11	WHO (2010)	International	Grey literature	ExpandNet	The approach involves a series of steps that help to systematically plan, design, and implement the scaling up process. These steps include identifying and engaging stakeholders, developing a scaling up strategy, monitoring and evaluating the scaling up process. The ExpandNet approach emphasizes the importance of collaboration, stakeholder engagement, and local ownership in the scaling up process, and has been used successfully in a variety of health settings around the world.	

Table 1: Review of Social Intervention Frameworks and Tools (Continued)

	Reference	Country	Study method/design	Framework/model	Description	Existing models from which framework/ model was developed
12	Pfadenhauer et al (2017)	Germany	The framework was developed through a scoping review and pragmatic utility concept analysis. It was revised based on feedback from systematic reviews, a health technology assessment, and an applicability assessment. Lessons learned from these applications and peer review were incorporated into the final version of the framework.	Context and Implementation of Complex Interventions framework	The framework is made up of three dimensions - context, implementation, and setting - that interact with each other and with the intervention. Context has seven domains, implementation has five domains, and setting refers to the physical location of the intervention. The intervention and its implementation can occur at micro, meso, and macro levels. Tools to use the framework include a checklist, data extraction tools for reviews, and a consultation guide for assessments of applicability.	Consolidated Framework for advancing Implementation Research Diffusion of Innovation
13	Damschroder et al (2009)	USA	The authors used snowball sampling to identify theories and evaluated influential constructs for implementation based on support, consistency, alignment, and measurement potential. They combined similar constructs from	Consolidated Framework For Implementation Research	The framework comprises five domains: intervention characteristics, outer setting, inner setting, characteristics of individuals, and implementation process. Each domain contains various constructs that can impact the implementation process.	RE-AIM framework

Table 1: Review of Social Intervention Frameworks and Tools (Continued)

	Reference	Country	Study method/design	Framework /model	Description	Existing models from which framework/ model was developed
			different theories and parsed apart constructs that conflated underlying concepts.			
14	Bradley et al (2012)	LMICs	Authors conducted a mixed methods study, using in-depth interviews with 33 informants and a systematic review of literature from various sources.	Assess, Innovate, Develop, Engage, and Devolve (AIDED)	The model involves assessing the current situation, innovating to find solutions, developing a plan, engaging stakeholders, and devolving power to local communities. This approach aims to ensure that interventions are sustainable and effective in the long term.	Diffusion of innovation
15	Cane et al (2012)	HICs	The sttudy investigated construct validity and replication. Experts sorted 112 unique constructs using closed and open sort tasks. Replication tested with Discriminant Content Validation and Fuzzy Cluster Analysis.	Theoretical Domains Framework	A framework that aims to understand and influence behavior change in healthcare. It integrates 33 theoretical constructs from various behavioral theories into 14 domains. The TDF can be used to identify factors that influence behavior change, such as knowledge, skills, beliefs, and social influences, and to develop interventions that address these factors. It is widely used in research and practice to improve healthcare	

Table 1: Review of Social Intervention Frameworks and Tools (Continued)

	Reference	Country	Study method/design	Framework /model	Description	Existing models from which framework/ model was developed
					interventions and outcomes.	
16	Chambers et al (2017)	HICs	The authors reviewed relevant scale up literature to propose the development of a new framework	Dynamic Sustainability framework	The framework helps with research, policies, and practices that promote sustainable development in health services. The framework balances economic, social, and environmental factors and engages stakeholders to ensure sustainability	Getting to Outcome model Continuous Quality Improvement Evidence Integration Triangle
17	Glasgow et al (2019)	HICs	Authors conducted a 20-year review of the framework for health behavior change interventions. The authors discussed how the framework has evolved to adapt to new science and practice, and they provide examples of how the framework has been applied in various settings.	RE-AIM	The framework helps assess the extent to which interventions can reach the intended population, their effectiveness in improving outcomes, the degree of adoption by stakeholders, the success of implementation in real-world settings, and the potential for long-term maintenance.	

Table 1: Review of Social Intervention Frameworks and Tools (Continued)

	Reference	Country	Study method/design	Framework /model	Description	Existing models from which framework/ model was developed
18	Greenhalgh et al (2017)	UK	The study had two parts: secondary research to identify domains and empirical case studies of six technology-supported programs using ethnography and action research for up to three years in over 20 organizations.. Data were collected at micro, meso, and macro levels, and sociotechnical theories were used for analysis and synthesis.	Nonadoption, abandonment, scale-up, spread, and sustainability (NASSS) framework	The framework consists of five dimensions: (1) the intervention itself, (2) the individuals or teams responsible for implementing the intervention, (3) the outer setting or external environment, (4) the inner setting or organizational context, and (5) the implementation process.	The integrated framework

4.2 Analysis of Frameworks for Scaling-up

Greenhalgh and Papouts (2019) identifies three different logics to disseminating innovation across healthcare systems: mechanistic, social, and ecological. The logics differentiate scaling of interventions with three lens of implementation science, social science, and complexity science. Implementation science promotes sequential and structured process of scaling up interventions. Social science approaches explore people's actions and the societal forces that shape them. Whereas complexity science encourages adaptive approach to dynamic changes and self-organizing systems. Most of the frameworks found in this scoping review suggest following phases or steps in doing the scaling-up. Many cite WHO/ExpandNET's guidelines or frameworks for scaling-up (Smith et al., 2015; Fuhr et al., 2020; Barker et al., 2016; Dexter et al., 2021; Nguyen et al., 2020; Milat et al., 2020).[1] The steps include assessing the readiness of the intervention for scaling up, identifying and engaging stakeholders, developing a scaling up strategy, monitoring and evaluating the scaling up process, and adapting the strategy as needed. This is the mechanistic or traditional implementation science approach. Our finding aligns with Koorts and Rutter's (2021) observation that implementation science approaches have dominated the scale-up literature. He states that most focus on "linear replication and expansion of intervention *into* existing systems" (Koorts and Rutter, 2021, p.2).

Sophisticated paradigms of models of scale-up see the world and implementation processes as complex and non-linear. The newer paradigms take up the logics of ecological and social. It advocates for continuous learning, adjustment of strategies, allowing for emergence, and the capacity to be agile while staying true to fidelity and intent of the social intervention (ref.). Koorts and Rutter (2021) further elaborates that complexity science considers the impact of complex systems during scaling and the interconnections between systems, including political and health systems. Leeman et al (2022) also emphasized the understanding of resource systems and characteristics of systems at national and regional levels. Scaling up can be studied and understood as interdependent on networks of actors (human and non-human), another type of systems. Larouche et al (2022) work on Actor-Network Theory is an example of operationalizing

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the social approach of scaling up. Their work thus defines scaling up as networks in expansion.

This is where implementation and scaling-up becomes more of an art rather than science in the sense that it is based as much on experience and experiential learning (that is difficult to articulate in words and models for others to follow) that relies on intuition, opportunities that arise, navigation skills of the stakeholders involved, and often abstract notions of systems, subsystems, relationships, power, and other less observable concepts. Nevertheless, as in any topic, there are studies that attempt to capture and study these intangible experiences that is worth cognitively learning from. In fact, scholars have coined two approaches: 'blueprint' approach; and the 'social learning' approach. The blueprint approach is a method of expanding coverage to other individuals or populations, with the goal of becoming big. In this approach, interventions are implemented through standardized process: planning, implementation, monitoring/evaluation. The social learning approach, on the other hand, is an alternative method of scaling up interventions that involve conceiving of interventions as social objects in the form of networks. It emphasizes the importance of reflexivity and adaptation in programs, and is particularly relevant in recent health systems research. (Larouche et al., 2022). We argue that the 'blueprint' approach, broadly defined, can be applied to all three logics above if that is the desired goal.

In addition to approaches of frameworks for scaling-up, we would like to highlight literature that focuses specifically on the definition and purpose of scaling-up. Traditionally, purposes of scaling-up is seen to simply replicate and expand EBIs to reach and benefit more people. It is categorized into horizontal scaling-up and vertical scaling-up (Charif et al., 2022). Horizontal scaling involves expanding the reach of an intervention to a larger number of people, while vertical scaling refers require increasing the intensity or depth of an intervention for a smaller number of people. However, similar to the complexity logic explained above, some are defining scaling-up as part of the wider effort for societal transformative change (Charif et al., 2022; Lee et al., 2020). For instance, the work of Woltering et al (2019) advocates to shift scaling – from 'reaching many' to sustainable systems change at scale. Their work focuses on the Sustainable Development Goals (SDGs) and the article is published in Journal of Agricultural

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Systems. Related to the PLH project we can relate this to be new cultures and worldviews that do not accept any form of violence against children, or new governance structures and processes for child protection.

McWilliam et al (2016) emphasized the role of intermediary/purveyor organizations (IPOs) in the scaling up evidence-based interventions. Authors defined purveyor organization as actively supporting program implementation. They can support the implementation of evidence-based programs by providing training, technical assistance, and ongoing support to organizations that are adopting and implementing these programs in community settings. Their study is based on the well-known Triple P Implementation Framework for positive parenting programs that is operating in over 25 countries around the world. There are studies of pathways to scaling up. Indig et al. (2017) studied 40 public health interventions in HICs and suggested that there are four pathways: Type 1- comprehensive cases that passed through all stages; Type 2 – efficacy omitters; Type 3 – trial omitters; Type 4 – at scale dissemination. The key message is that for some interventions the pathways are or can be shortened for various reasons. These can be due to factors such as urgency of the intervention, availability of resources, and political will. Along the lines of complexity lens, the systems lens is often mentioned. (Bulthuis et al (2020) cited works by Simmons et al, 2007; Paina & Peters, 2012; Barker et al., 2016; Bradley et al., 2012).

4.3 Synthesis of Factors that Influence Scaling-up

The above section focuses on meta-level topics of scaling frameworks and the purposes of scaling up. This next section focuses on the factors that affect scaling up. The factors will help guide the analysis of challenges and opportunities for scaling PLH programs in Thailand, including the advocacy plan for the program. We grouped the factors into three categories: factors that influence scaling up; factors pertaining to change in practice; and factors pertaining to change in culture.

4.3.1 Window for Scale up

A major factor that influences the scalability of social interventions is the 'window for scale-up. This means that researchers and policymakers need to proactively plan for scalability and be ready to seize opportunities at the appropriate time (Lee et al.,

2020). Several factors to consider within this window include the strategic context, political necessity, financial resources, key stakeholders, organizational trajectories, enthusiasm and dedication of personnel, the presence of a professional organization involved in scaling up, and access to available healthcare services (Lee et al., 2020; Hartmann & Linn, 2008; Kempers et al., 2015; Hanson et al., 2003).

4.3.2 Advocacy

Advocacy refers to the process of promoting a cause or policy through communication and public outreach (Bulthuis et al., 2020). Advocacy is important for scaling up for several reasons. First, it can be used to prioritize and increase the awareness of an intervention. This can be accomplished through lobbying activities, such as engaging with the media and working with community groups (Araya et al., 2012). Second, advocacy can be used to build support among stakeholders to mobilize resources to support its expansion (Spicer et al., 2014; Somasse et al., 2013). Third, advocacy has the potential to be beneficial in tackling deficiencies within health systems that could impede the expansion of interventions. By effectively advocating for social intervention, advocates can help create a supportive environment that can facilitate its adoption and scale-up.

4.3.3 Engagement Mechanism

Another factor that influences the scale-up of an intervention is having suitable engagement mechanisms to encourage its adoption (Lee et al., 2020). For instance, Hanson et al. (2003) argued that physical, financial, and social barriers can hinder access to essential health interventions at the community and household levels. Similarly, different implementation processes have recognized that active stakeholders include client groups (Aarons et al., 2010).

4.3.4 Characteristics of Intervention

The characteristics of the intervention could influence scale-up. Several features of health innovations that can be scaled up include their significance and relevance, efficacy, observable benefits, acceptance by health workers and communities, simplicity and affordability, alignment with current systems, adaptability, and sustainability

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(Bulthuis et al., 2020). Studies have shown that reliance on one external source of funding or donor, without effective co-financing from other donors, could affect the success of such interventions (Ton et al., 2015; KPMG, 2016). A lack of clear understanding of the concept of scaling often leads to a limited emphasis on technical replication and achievement of numerical targets for end-user beneficiaries (Woltering et al., 2019). Furthermore, fixed timeframes are a common feature of projects that typically commence long after their design phase and operate for a specified duration (Leland, 2017; Olsson et al., 2017). Also, complicated programs may be difficult to implement or scale-up (Greenhalgh et al., 2017).

4.3.5 Implementation Capacity

Another important factor that influences program scale-up is its implementation capacity (Bulthuis et al., 2020; Spicer et al., 2014; Svanemyr et al., 2015; Gergen et al., 2018). The ability to effectively implement an intervention across multiple settings depend on the presence of adequate resources, skilled personnel, and support systems (Schneider et al., 2010). Weak implementation capacity may hinder the successful expansion of the intervention (Spicer et al., 2016). This could lead to difficulties in maintaining program fidelity, inconsistent delivery quality, and a lack of sustainability (Igras et al., 2014). In contrast, a strong implementation capacity can help identify and address challenges that may arise during the scale-up process, leading to more successful and sustainable outcomes. Therefore, it is important to consider implementation capacity when planning for the scale-up of social intervention.

4.3.6 Governance Constraint

Moreover, government constraints can have a significant impact on the scale-up of social intervention (Hanson et al., 2003). For example, limited funding for social programs can restrict the resources available for scaling up interventions, making it difficult to expand programs beyond a small scale (Harmann & Linn, 2008). Additionally, bureaucratic barriers, such as complicated procurement processes, restrictive regulations, and slow decision making, can create delays and obstacles to scaling up (Hanson et al., 2003). Political instability, corruption, and weak governance can also undermine efforts to scale up interventions, as they can lead to a lack of trust in

government institutions and reduce the effectiveness of policy implementation (Lee et al., 2020; Hanson et al., 2003). Furthermore, inadequate coordination between social interventions and government policy frameworks, targets, and health priorities can limit the capacity for scaling up as it can lead to duplication of efforts and ineffective use of resources (Spicer et al., 2016; Wickremasinghe et al., 2018; Bulthuis et al., 2020; Macgregor et al., 2018).

4.3.7 External Catalyst

Furthermore, we cannot ignore the importance of external factors, as they play a significant role in innovative interventions. External factors, such as natural disasters, economic instabilities, and civil unrest, can play critical roles in facilitating the scaling-up of development interventions by providing funding, technical assistance, advocacy, and political support (Hartmann and Linn, 2008). They can also help to create an enabling environment by addressing policy and institutional barriers, building partnerships, and promoting innovation. A good example, in this regard, is the EDUCO program in El Salvador which emerged from a crisis that occurred during a 12-year civil war, that resulted in the collapse of the education system in the country. This led parents to set up their own schools, recruit teachers, and actively participate in their children's education. This movement ultimately led to the creation of numerous schools operated by Parent Associations throughout the country (World Bank, 2004).

4.3.8 Political Will

Various studies have identified political will as a factor that influences the scale-up of social interventions (Bulthuis et al., 2020; Spicer et al., 2018). Political will is crucial in the scaling up of interventions because it provides the needed support and resources for their successful implementation. Without strong political commitment, public health interventions may not receive adequate incentives, attention, or support from key stakeholders, including policymakers, donors, and the general public (Leeuwis et al., 2017). A favorable political climate can ensure successful scale-up as long as it is aligned with specific political or policy goals (Kempers et al., 2015; Lee et al., 2020).

4.3.9 Resources

Also, availability of resources, whether financial, material, or time, are essential factors influencing scale-up (Hainsworth et al., 2014; Bulthuis et al., 2020). These resources provide the necessary funding, personnel, equipment, and infrastructure for the successful implementation and expansion of these interventions; hence, their importance cannot be overemphasized (Lee et al., 2020; Kempers et al., 2020). A lack of or insufficient resources means that a particular social intervention may not be able to reach its intended target population or have a meaningful impact on the social issue it is trying to address (Hanson et al., 2003). However, insufficient resources emanate from unforeseen costs and a lack of proper cost estimations (Araya et al., 2012; Hainsworth et al., 2014).

4.3.10 Leadership

Strong and clear leadership is another factor that facilitates scale-up (Lee et al., 2020). The scale-up literature identifies two types of leadership: political leadership and program leadership (Bellows et al., 2016; Yamey et al., 2012; Araya et al., 2012; Belthuis et al., 2020). While the former is important, our major concern in this review is the latter because it is closely related to scale-up implementation. Strong and effective leadership helps ensure that all individuals and organizations involved in the intervention work towards the same goals and objectives, with a clear understanding of their roles (Araya et al., 2012). However, certain interventions may require reliance on highly motivated external leadership to drive scale-up (Lamers et al., 2017).

4.3.11 Collaborations

Another essential factor that influences scale-up is collaboration among stakeholders (Aarons et al., 2014; Belthuis et al., 2020; Woltering et al., 2019). Scaling up social interventions involves bringing together multiple stakeholders from different organizations, sectors, and levels of governance to work toward a common goal. Without collaboration, there will be differences in organizational cultures, strategies, conflicting priorities among leadership levels, power struggles, and role ambiguity (Aarons et al., 2014; Yothasamut et al., 2010). Collaboration and involvement of various stakeholders such as community members, government, local charity organizations, private sector

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organizations, and health organizations, are important for scale-up (Belthuis et al., 2020; Ojomo et al., 2015; Fitzergerald et al., 2016).

4.3.12 Research and Monitoring and Evaluation

This is important because concrete research findings on an intervention will demonstrate its efficacy and cost-effectiveness (Jordan et al., 2016; Yothasamut et al., 2010; Araya et al., 2012). Research has explored the political structure, and policy environment within which implementation can be scaled up (Spicer et al., 2014; Hainsworth et al., 2014). However, monitoring and evaluation can aid in the expansion of social interventions by providing valuable data that assist policymakers in identifying areas that are successful and those that require improvement in specific contexts. Monitoring and evaluation make it possible to track progress, make necessary adjustments, determine whether the intervention is successful in achieving its intended goals, and provide the evidence needed for scale-up (Hainsworth et al., 2014; Jordan et al., 2016; Igras et al., 2014).

4.3.13 Training and Supervision

Effective training and supervision can identify likely challenges, such as ineffective communication and planning, insufficient budgets, and poor logistics and expertise that may occur during scale-up (Ansbro et al., 2015). This ensures that those involved in the implementation process were equipped with the skills and knowledge necessary to carry out the intervention correctly. In addition, supervision provides a mechanism for ongoing support and feedback, which can help address any implementation issues and ensure that the intervention is implemented as intended.

4.3.14 Perceived Need for Intervention

Additionally, the demand or perceived need for a particular intervention can influence its scale-up (Belthuis et al., 2020). For example, the involvement of adolescents and youth as stakeholders in an adolescent contraceptive program can ensure the scale-up of such programs (Kempers et al., 2015; Hainsworth et al., 2014). If a program addresses the specific needs of stakeholders and has general acceptability, the willingness

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to expand may increase, even when there is insufficient evidence of its effectiveness (Lee et al., 2020; Ghiron et al., 2014).

4.3.15 Sociocultural Environment

Varying cultural environments can influence the acceptance of an intervention, as different preferences exist among cultures (Ojomo et al., 2015; Spicer et al., 2018; Yamey, 2012). As noted by Simmons et al. (2007), the culture of an institution providing services may influence whether an intervention is accepted or not.

4.4 Good Practices on Scaleup of Social Interventions

4.4.1 Strengthening Families Program (SFB)

The program aimed at improving family relationships and reducing problematic behavior in children. Karol Kumpfer and colleagues developed it in the 1980s as a substance misuse prevention program for families with children aged between the ages of 6 and 11 (Kumfer and Magalhães, 2018; Kumfer and Alvarado, 2003). Numerous studies have demonstrated the ability of this intervention to improve familial connections, promote better parenting techniques, and reduce adolescent risk-taking behavior (Kumfer et al., 2016; Kumfer et al., 2008; Baldus et al., 2016).

A major component of SFP is its concentration on forming protective factors in families and communities. To reduce negative consequences and promote positive development, protective factors are attributes or circumstances considered essential (Kumpfer et al., 2016; Kumfer et al., 2012; Allen et al., 2007). SFP aims to enhance protective factors by improving family relationships, increasing parenting skills, and promoting youth resilience. SFP enhances overall family functioning and mitigates risk behaviors by reinforcing these protective factors (Bröning et al., 2014; Barth, 2009)

Studies have consistently shown that SFP is helpful in enhancing family relationships and reducing problem behaviors in youth. The program has been found to lower substance misuse, delinquency, and other problem behaviors among adolescents (Spoth et al., 2014). Another study discovered that SFP improved family functioning, parenting practices, and reduced child behavior problems (Kumpfer et al., 2016). These

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findings demonstrate the effectiveness of SFP in promoting positive youth development and strengthening families.

The SFP has been implemented around the world as part of efforts to promote adolescent development and strengthen families. The program was developed by the University of Washington in the 1980s and has since been implemented in over 20 countries. The SFP has been adapted to meet the needs of families in different cultural contexts. For example, the program has been translated into over 20 languages and the content has been modified to reflect the cultural values and beliefs of different groups. In Australia, SFP has been implemented in educational settings, community centers, and youth detention centers. One study reported that SFP was beneficial in reducing criminal behavior among at-risk adolescents in Australia (Burn et al., 2019).

In the United Kingdom, SFP has been adapted to better suit the needs of diverse cultural groups (Allen et al., 2007; Coombes et al., 2009). It was documented that parents/carers, who attended the program reported positive changes in their techniques for addressing substance abuse, such as being more attentive to their children and working together with them to solve problems at home (Coombes et al., 2012). In Brazil, Murta et al (2021) documented that the program was suitable for the needs of vulnerable families and has a favorable impact on family unity, style of parenting, and facilitator capacity.

In Germany, a study conducted by Baldus et al (2016) evaluated the cultural adaptation and effectiveness of the program in reducing problem behaviors among German youth. The study found that the SFP was culturally adapted to suit the German context, including language translation, modification of program materials, and training of facilitators to be sensitive to German cultural norms and values. The program was effective in reducing problem behaviors among German youth, including substance use, delinquency, and aggression. It also improved family functioning and communication, which was sustained six months after program completion. The study highlights the importance of cultural adaptation and evaluation of program effectiveness in new cultural settings.

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The Strengthening Families Program (SFP) has also been adapted for Latino families. Chartier et al (2010) reported the effectiveness of the program in reducing substance use and improving family practices among Puerto Rican families. However, the researchers noted that further study with ethnically varied populations is required to define the SFP as an evidence-based preventative intervention with additional Latino groups.

In Poland, Foxcroft et al. (2017) assessed the efficacy of the Polish SFP in increasing family harmony and decreasing substance abuse problems among Polish youth. The study found that the Polish SFP was effective in improving family functioning, lowering youth substance use, and increasing youth social skills. The Polish SFP is aimed at families with children aged 10-14 years old, and it focuses on improving family relationships, communication, and problem-solving skills (Okulicz-Kozaryn & Foxcroft, 2012).

SFP has also been implemented in Portuguese families with adaptations to the program to align with local culture. Magalhães and Kumfer (2015) evaluated the effectiveness of the Portuguese SFP in improving family functioning and reducing problem behaviors among Portuguese youth. The study found that the Portuguese SFP was effective in improving family functioning, reducing youth externalizing behaviors, and increasing youth social skills. This shows the effectiveness of the Portuguese SFP in improving family functioning and reducing youth problem behaviors.

In Spain, a study Orte et al (2013) evaluated the effectiveness of the SFB with cultural adaptations. The study reported that the adapted program helped reduce family conflict and improved family communication. Another research evaluated the effectiveness of the SFP in a sample of Spanish families with adolescents who were at risk of substance use. The study found that the SFP was effective in lowering adolescent substance use, as well as enhancing family life and decreasing stress for parents (Orte et al., 2015).

The SFB has been implemented in a Swedish setting. Skarstrand et al. (2008) conducted an experiment to assess the impact of the program in reducing substance misuse problems among adolescents and found the program to be effective. However,

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these effects were not maintained in the long term. Follow-up research by Skarstrand et al. (2014) aimed to ascertain whether the results of the program on substance abuse and related problems were sustained in the long term. The study found that the program was capable of reducing short-term substance misuse, but that the effects were not sustained over time. This suggests that the program may not be a long-term solution to substance misuse.

The successful implementation of SFP in various countries underscores the program's adaptability and effectiveness across diverse cultural contexts. While adaptations may be necessary to better suit the needs of different communities, the core elements of SFP remain consistent and continue to strengthen families.

4.4.2 Triple P Positive Parenting Program

Triple P is a parenting program that teaches parents skills to help them manage their children's behavior and promote their children's social, emotional, and intellectual development. It follows the principles of positive parenting using positive reinforcement, and setting clear and consistent boundaries. The program was developed on the basis that all parents want to raise happy, healthy, and well-behaved children, but that sometimes they need help learning how to do this (Sanders et al., 2003; de Graaf et al., 2008; Bodenmann et al., 2008; Au et al., 2014). The program suggests that children learn by watching and copying the behavior of others and that their behavior can be changed by changing their thoughts and beliefs about themselves and their environment. Triple P teaches parents a variety of successful parenting techniques that can help them control their children's behaviors (Sanders et al., 2002; Au et al., 2017).

The program is divided into five levels, with each offering progressively more intense assistance to families (Pickering & Sanders, 2015, 2016; Sanders, 2012). Level 1 involves providing parents with information on parenting through various media platforms, such as printed materials and electronic resources. The goal is to raise community awareness about available parenting resources and promote active involvement in programs (Sanders et al., 2012). Level 2 is the selected level, and it is designed for parents who are interested in the behavior of their young ones. It offers a brief intervention within primary healthcare settings, where parents whose children

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exhibit mild behavioral challenges receive guidance on their child's development (Sanders et al., 2012). Level 3 is the indicated level, and it is designed for parents who are struggling with their child's behavior. It includes an active skill training program for parents, which consists of four sessions (Sanders et al., 2000). Level 4 is an intensive level designed for parents who are experiencing significant challenges with their child's behavior. It offers individual, group, or self-help parenting programs, which involve personalized coaching sessions and group-based parent education sessions (Sanders et al., 2007). Level 5 is the specialist level designed for families with complex needs. It provides individualized support and coaching for parents (Sanders et al., 2014).

Various studies conducted across different countries and cultural contexts consistently highlight the importance of the program in enhancing parental relationships with children, reducing deviant behaviors, and preventing child maltreatment. Bodenmann et al. (2008) involved 60 families with children aged 3 to 8 who exhibited behavioral problems in their study. The families were divided into three groups. The Triple P group received a 12-session program, while the parent training group received a 6-session program. The control group did not benefit from the program. At the post-test, the Triple P group improved in their parenting practices, and there were reductions in deviant conduct compared to the other groups. The parent training group also showed some improvements, but these were not as significant as the improvements. The control group did not show any significant improvements.

Markie-Dadds and Sanders (2006) examined the effectiveness of the Self-Directed Triple P program for mothers of children at risk of behavioral problems. The SDP program is a self-help program that teaches parents a variety of skills and strategies to help them manage their children's behavior. The program consists of six self-help booklets that cover topics such as setting clear rules, using positive reinforcement, and managing behavior problems. The findings of this study suggest that the program is an effective intervention for improving parenting skills and reducing children's conduct problems. The program is easy to use and affordable, and it can be adopted in many settings, making it a valuable resource for parents who are looking for help with their child's behavior.

Morawska et al. (2011) evaluated the extent to which the Triple-P program was accepted among parents from various cultural backgrounds. The findings of the study showed that parents from culturally diverse backgrounds found the Triple P program to be highly acceptable. They appreciated the program's focus on positive parenting and its emphasis on cultural sensitivity. Parents also reported that the intervention reduced their children's behavior problems. The findings indicate that the program is an effective and acceptable intervention for parents from culturally diverse backgrounds. The program's focus on positive parenting and its emphasis on cultural sensitivity make it a valuable resource for parents who are looking for help with their children's behavior. Another study by Morawska et al. (2014) evaluated the importance of a podcast series based on the program. The study found that the podcast-based intervention was effective in enhancing good parenting practices. The study also found that the podcast-based intervention was a viable and accessible option for parents, especially those with limited access to traditional group-based programs.

A systematic review by Sanders et al (2014) found that Triple P was an effective intervention for improving parenting skills and preventing child maltreatment across various settings and levels of risk. Participants reported using better parenting strategies and less negative parenting strategies. They also reported better relationships with their children. The review provides strong evidence to prove that the program is a valuable resource for parents who are looking for help with their children's behavior.

Studies conducted in Hong Kong by Au et al. (2014) and Leung et al. (2006) found that Triple P was effective in reducing disruptive behavior, aggression, and oppositional defiant disorder. Both studies used different methods, but they both found that the Triple P program was an effective intervention for parents of children with behavioral problems. Participants in both studies showed significant improvements in their ability to set clear limits, use positive reinforcement, and manage stress. Demographic factors and program-related factors were identified as clinical outcomes and program completion indicators. The findings of these studies provide strong evidence for the effectiveness of the Triple P program in improving parenting skills and child behavior outcomes.

A study in Indonesia by Sumargi et al. (2015) found that parents who participated in the seminar series reported using better parenting techniques, such as praise and encouragement, and less yelling and spanking. They also reported that their children's behavior problems had improved. The seminar series is a cost-effective and scalable intervention that can be delivered in a variety of settings, such as schools, community centers, and health clinics.

In Japan, Matsumoto et al. (2007, 2010) conducted two to determine the degree of acceptance of Triple-P among parents. The studies found that the majority of parents who participated found it to be acceptable. Parents reported using strategies, such as praise and encouragement, and less negative parenting strategies, such as yelling and spanking. They also reported that their children's behavior problems had improved. The intervention was considered highly acceptable and culturally appropriate for Japanese parents.

Gagné et al. (2023) carried out research in Quebec, Canada, to compare the effectiveness of Triple-P in improving the behavior of children aged 0-12 years. The study found that parents who participated in the Triple P program were highly satisfied with the program. This suggests that the program is well-received by parents and that they find it helpful.

A study by Prinz et al. (2009) found that the Triple P program was successful in decreasing the rates of child neglect and abuse in the United States. The study found that the Triple P program was associated with a reduction in confirmed cases of child abuse, child alternative placements, and child abuse injuries. The research also noted that the program was cost-effective in healthcare and social service costs.

The Triple P program was the subject of study by Arkan et al. (2020) among Turkish parents. It was shown to be successful in enhancing parenting techniques and lowering child behavior issues. For Turkish parents, the program was very well-received and culturally appropriate.

Zhou et al. (2017) published a study that documented the implementation of the program in Singapore. The study included 100 families who were randomly assigned to

either the Triple P program or a control group. The Triple P program is a universal parenting program that teaches parents positive parenting skills. The control group did not show any improvement since they were not trained in parenting skills. The study found that the program was effective in reducing the risk of recurrence of child neglect among high-risk families.

4.4.3 Parenting for Lifelong Health (PLH) in the Filipino Context

The PLH program was developed with the goal of lowering the risk of child abuse, enhancing children's well-being, and promoting good parenting techniques in low- and middle-income countries (Lachman et al., 2016; Hutchings, 2013; https://www.parentingforlifelonghealth.org/). The program consists of group-based sessions covering various topics such as child development, positive discipline, communication skills, and stress management. Multiple randomized controlled trials have shown promising results in reducing child abuse and improving parenting practices. The PLH program emphasizes cultural adaptation and involvement of fathers in parenting activities, while also being cost-effective compared to other interventions (Alampay et al., 2018; Gardner et al., 2019).

The PLH program offers a series of sessions led by trained facilitators who possess knowledge of local cultural norms and practices. These sessions cover various topics including child development, positive discipline, communication skills, and stress management. The program places importance on involving fathers in parenting activities and encourages parents to collaborate as a team (Gardner et al., 2010; Leijten et al., 2016; Murray et al., 2018). Several studies have demonstrated the cost-effectiveness of the PLH program compared to other parenting interventions (Lachman et al., 2021). Additionally, research has shown that the program effectively reduces child abuse and enhances parenting practices (Ward, 2019; McCoy et al., 2021). For instance, an experimental study conducted in the Philippines revealed that participants reported reduced use of physical punishment and increased utilization of positive parenting practices compared to non-participating parents (Alampay et al., 2018). By addressing cultural and contextual factors that can influence parenting practices, the PLH program aims to

promote relevant and acceptable positive parenting practices specifically tailored for low-income families (Mamauag et al., 2021)

Another intervention introduced by the PLH program in the Philippines is the *MaPa* Teens program, which provides parent and teen support. It is designed to be implemented alongside the national cash transfer system. The program consists of 10 weekly sessions covering topics related to positive parenting, adolescent development, and violence prevention (Jocson et al., 2023). Trained community-based workers facilitate these sessions using a collaborative approach to engage parents and teens in discussions and activities. The program incorporates various interventions, including role-playing exercises, problem-solving strategies, communication skills training, and psychoeducation on child development and behavior management (Yonzon et al, 2019). Also, a sexual health module is included to promote healthy relationships and reduce risky behaviors among adolescents. (Yonzon et al., 2020). Between sessions, facilitators use text messages, phone calls, and reminders to keep participants engaged.

According to Jocson et al. (2023), the *MaPa* Teens program was identified as a promising intervention for preventing violence against adolescents in urban poor communities in the Philippines. The program was specifically designed to be implemented within an existing cash transfer system, which enhances its feasibility and sustainability compared to interventions requiring extensive resources or infrastructure. To apply the study's findings in different contexts or countries, it is advisable to culturally and socially adapt the *MaPa* Teens program to align with local norms and existing support systems for families. For instance, modifications could involve incorporating more fathers or alternative caregivers into the program (Lachman et al., 2020; Siu et al., 2017). However, it is important to acknowledge certain limitations and challenges when implementing these findings elsewhere. The *MaPa* Teens program was tested within a specific context (urban poor communities in Manila) and may not be directly applicable to other populations or regions. Moreover, the program relied on trained professionals and graduate students for delivery.

Lachman et al. (2021) research yielded promising results. The findings reveal substantial declines in child maltreatment and emotional abuse, which persisted one year

following the implementation of the intervention. This study found that a parenting program integrated into a conditional cash transfer system was effective in reducing child maltreatment and emotional abuse in low-income families with children older than two years in the Philippines. The positive outcomes observed in this trial underscore the potential applicability of parenting interventions in a variety of settings. It shows that it is important to conduct preliminary work to adapt interventions to the cultural context of the new setting before implementing them (Gardner et al., 2015). These findings provide valuable insights for policymakers and practitioners seeking to develop and implement effective parenting programs capable of reducing child maltreatment, enhancing child well-being, and fostering positive parenting practices within low- and middle-income countries (Lachman et al., 2021).

Mamauag et al. (2021) found that the adapted PLH program received high acceptance and proved effective in enhancing parenting practices and reducing child behavior problems among participating Filipino families. The study aimed to eventually integrate the PLH program into a nationwide conditional cash transfer program targeting low-income households. To this end, collaboration was established with the Philippine government agency responsible for the conditional cash transfer program. Additionally, the study demonstrated the feasibility and effectiveness of the PLH intervention in preventing child maltreatment through a pilot workshop involving 78 parents from a low-income community. Local facilitators were also trained, contributing to the development of the necessary skills and capacity for program delivery within the larger conditional cash transfer program.

4.4.4 Preschool Parenting Program in Thailand (Triple-P)

The Preschool Parenting Program is an intervention designed to promote early childhood development (Inpracha et al., 2021). It is based on the Developmental Surveillance and Promotion Manual (DSPM) and involves parents in child development (Promkam & Chanchai, 2019)). By providing parents with the knowledge and skills they need, the program can help children build the emotional intelligence needed to succeed in school, in relationships, and in life (Chonchaiya & Pruksananonda, 2008; Inpracha et al., 2021). The program aims to ensure the development of young children through a

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DSPM-based parenting program that emphasizes positive discipline and attachment between caregivers and children (Sakulthong & Charleekrua, 2022)

The program consists of four activities that are designed to be run over a period of four months. The program activities cater to children ranging from 3 to 6 years old, and their participation is encouraged alongside their parents, guardians, or caregivers. Trained facilitators, including teachers from child development centers and nurses from local hospitals, lead these activities, actively promoting the engagement of both parents and children (Department of Mental Health, 2017; Inpracha et al., 2021).

In an experimental pre-post comparison design that aimed to evaluate the effectiveness of the program on the emotional quotient (EQ) of early childhood subjects in northern Thailand, it was shown that the subjects' mean EQ scores were considerably higher after participation in the program than they were before (Inpracha et al., 2021). The findings suggest that DSPM Family-mediated Preschool Parenting Program (FMPP) can be an effective intervention for improving the emotional quotient (EQ) of early childhood subjects. Therefore, the program can be applied to other healthcare settings in Thailand to enhance childhood development (Inpracha et al., 2021).

Similarly, Sakulthong & Charleekrua (2022) conducted experimental research to study the results of the intervention on early childhood development, focusing on the emotional bond between children and primary caregivers. The study was conducted in Wapi Pathum District, Maha Sarakham Province of Thailand, and involved twenty pairs of a child and a caregiver, with ten pairs in an experimental group and another ten pairs in a control group. The study found that parents in the experimental group, who received the Triple-P program, used positive discipline more frequently than parents in the control group, who did not receive the program. The experimental group also reported that their children were better behaved and that they had a better relationship with their children. These findings suggest that the program can be effective in enhancing and building knowledge and skills for parents of children who are in early childhood. The study found that the level of intellectual abilities and abilities to live in society is associated with a stable emotional bond between a mother and a child. Therefore, research on the relationship between emotional attachment between mothers and children is valuable as

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it can help identify effective ways to increase this bond, which can positively impact early childhood development.

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CHAPTER 5

Recommendation

5.1 Conclusion and Suggestions for Next Steps

1. Currently, the GPI team in Thailand aims to scale through the health system by first expanding the work with partners in the Northeast. The GPI team is also building a Community of Practice for disseminating and exchanging information on positive parenting. The third strand of work focuses on parenting in displacement at Mae Sot, where there are large numbers of displaced families due to the conflict in Myanmar.

2. The GPI team has set up and engaged with the Project Steering Committee (PSC), who could play vital roles in this advocacy and adoption phase (list of the positions/organizations of these individuals). A workshop was conducted to gather ideas from PSC for initial thoughts on: (list out the 5 questions and details of the framework behind each question; also explain the process that the questions was finalized from core team with expert advice from Jamie and MSI; this co-design process allowed for learning across teams in the GPI community.

3. Clarify that scale-up strategies and frameworks are different from advocacy strategies and plans. Advocacy is a subset of the scaling plan that aims at the systematic transformation. Advocacy helps to promote the adoption of ideas; it is essential at the adoption stage of the scaling-up plan (draw this out).

4. Identify the 'child protection ecosystem in Thailand' to investigate the challenges and opportunities for scaling up PLH or integrating PLH into the existing or emerging parts of the ecosystem. Identify alignment of outcomes between agencies and existing policies.

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Here are some specific actions that can be taken to broaden the focus of PLH in Thailand:

- Train parents and caregivers on positive parenting skills. This includes teaching them how to communicate effectively with their children, how to set limits and boundaries, and how to discipline their children in a positive way.

- Provide support to parents and caregivers who are struggling. This includes providing them with access to counseling, mental health services, and other resources.

- Develop programs to reduce problem child behavior. This includes programs that teach children how to manage their emotions, how to solve problems, and how to make good choices.

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- Provide support to parents and caregivers who are struggling. This includes providing them with access to counseling, mental health services, and other resources.

- Develop programs to reduce problem child behavior. This includes programs that teach children how to manage their emotions, how to solve problems, and how to make good choices.

5. Identify the risks in scaling up efforts – of putting the egg into one basket.

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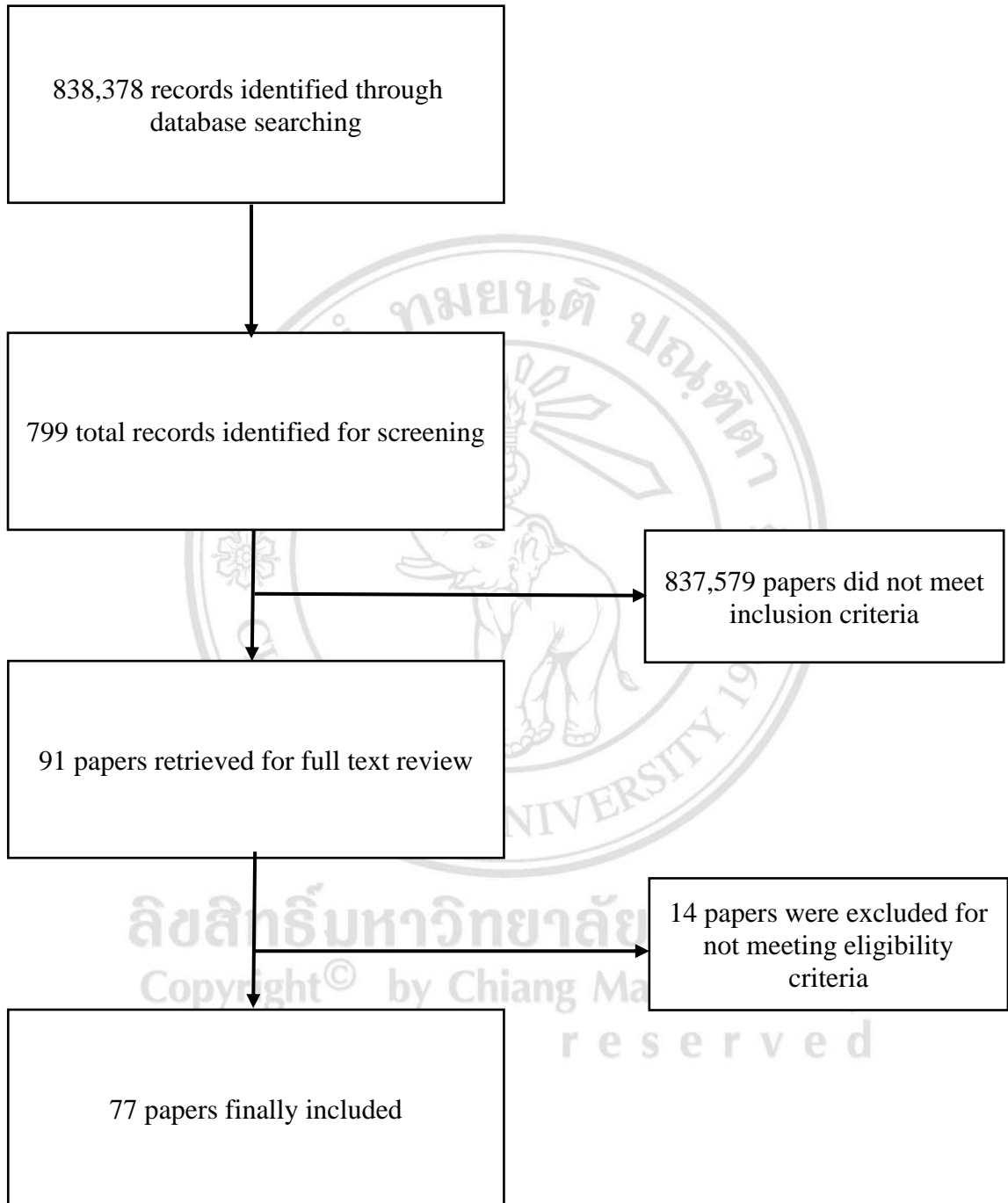
68

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APPENDICES

Search Strategy Flow Chart

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┌─────────────────────────────────┐
│ 838,378 records identified through
│       database searching
└─────────────────────────────────┘
                 │
                 ▼
┌─────────────────────────────────┐
│ 799 total records identified for screening
└─────────────────────────────────┘
                 │                    ┌─────────────────────────────┐
                 │───────────────────▶│ 837,579 papers did not meet │
                 │                    │      inclusion criteria     │
                 ▼                    └─────────────────────────────┘
┌─────────────────────────────────┐
│ 91 papers retrieved for full text review
└─────────────────────────────────┘
                 │                    ┌─────────────────────────────┐
                 │───────────────────▶│ 14 papers were excluded for │
                 │                    │   not meeting eligibility   │
                 ▼                    │          criteria           │
┌─────────────────────────────────┐  └─────────────────────────────┘
│ 77 papers finally included
└─────────────────────────────────┘
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70
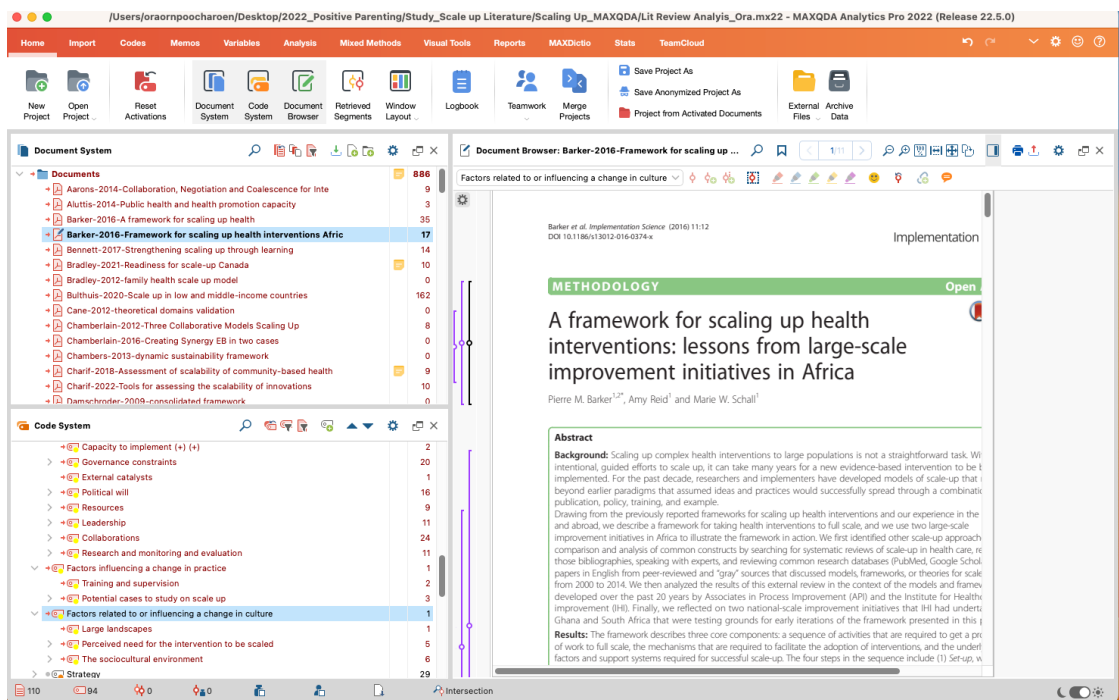
Figure 1: A Screenshot of MAXQDA

CURRICULUM VITAE

Author's Name	Rowland Edet
Place of Birth	Nigeria
Education	2010 – 2015, B.Sc., Sociology, University of Ibadan, Nigeria
	2015 – 2017, M.Sc., Sociology, University of Ibadan, Nigeria
Scholarship	Oxford Lego Scholarship
Publication	Edet, R., Ekundina, O., Bolarinwa, O. A., Babajide, J., & Nwafor, J. A. (2020). Knowledge of Breast Cancer and Screening Methods among Rural Women in Southwest Nigeria: A Mixed Method Analysis. *Advanced Journal of Social Science*, 7(1), 81-91. https://doi.org/10.21467/ajss.7.1.81-91

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https://ibadanjournalofsociology.org/IJS/article/view/86

Experiences   Logistics Coordinator, Transport Services Limited, Lagos, Nigeria| February 2021 – Present.

Teaching Assistant, Department of Sociology, University of Ibadan, Ibadan, Nigeria| April 2016 – July 2017.

Academic Tutor, National Youth Service Corps (Comfak Comprehensive College, Ogun State), Ogun State, Nigeria| April 2015 - April 2016