



**UNICEF India Country Office Guidelines on
PILOTING AND SCALING UP
OF INNOVATIONS
AND GOOD PRACTICES**

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Section 1: Introduction

Piloting and scaling-up of innovations and good practices is a critical component of the UNICEF India Country Office's (ICO) work. In the case of India, where UNICEF resources are limited compared to national budgets, piloting is one of the key ways that UNICEF cooperates with the Government of India (GoI) and seeks to influence GoI's own policies and programmes. Results are demonstrated on a small scale with a view to leveraging GoI funding and advocating for replication of successful approaches on a larger scale.

While recognising the replication of innovations as an overall strength within ICO, an *Evaluation of UNICEF's Strategic Positioning in India*¹ in 2011 found that “the introduction and support of pilot innovations is not well-managed by ICO”. The evaluation recommended that ICO improve its management of the innovation cycle through a more systematic approach and better documentation of the results of pilot innovations. It also emphasised the importance of early Government involvement in the

¹ UNICEF (December 2011), *Evaluation of UNICEF's Strategic Positioning in India*.

innovation process and the need for careful assessment and costing of capacities to scale-up and sustain pilot approaches.

The purpose of these guidelines is to improve ICO's approach to piloting and scaling-up of innovations and good practices. In order to achieve better results for children and women, and to support accelerated progress towards the Millennium Development Goals in India, a more consistent and effective ICO-wide approach is needed – ensuring a shift from small-scale pilot interventions to large-scale initiatives that can really have an impact on poverty². These guidelines are designed to support catalytic interventions across all programme components within the context of the UNICEF 2013 – 2017 Country Programme Action Plan and beyond. As such, good quality pilot interventions form an important part of broader ICO work plans to influence national policies and programming on behalf of children and women.

The guidelines are not intended to be followed prescriptively. Rather, they are designed to allow for a range of different approaches and provide the necessary space for creative thinking and risk-taking. However, in order to improve the rigour and quality of ICO's piloting and scaling-up approach, there are a minimum number of key steps that need to be followed.

ICO personnel working at state and national levels all have a role to play in moving from small scale interventions to the achievement of higher-level results. These guidelines are targeted at all ICO staff: from those working with partners at the field level to develop and implement pilot initiatives; to Delhi-based staff integrating pilot initiatives into broader programme strategies, overseeing technical design and implementation, and advocating for replication of good practices beyond state boundaries. These guidelines may also be useful and relevant for UNICEF's partners, particularly Government staff at district, state and national levels.

² Hartmann and Linn (2008), *Scaling Up: A Framework and Lessons for Development Effectiveness from Literature and Practice*, Wolfeshohn Center Working Paper No.4.

The guidelines begin with proposed definitions and criteria for the main terms used throughout the document (section 2). This clarity is important for ensuring that all personnel share a common conceptual framework for piloting and scaling-up. Following an overview of the process (section 3), section 4 of the guidelines take a step-by-step approach – explaining the key elements of planning, monitoring, documenting, and scaling-up innovations and good practices. Each stage of the process is illustrated with examples from ICO’s own experience. The roles and responsibilities of ICO staff and a proposed oversight mechanism for piloting and scaling-up are covered in detail in section 5. Annexes are referenced throughout the guidelines that can be used as practical tools and templates to support the piloting and scaling up process.

Section 2: Definitions

There are many different terms that are used, often interchangeably, within ICO's work on piloting and scaling-up. Added to that, the same words and phrases can mean different things to different people. The main terms that will be used throughout this document, together with their definitions within the context of these guidelines, are as follows.

Innovation

The UNICEF Programme Policy and Procedure e-Manual (PPPeM)³ describes innovation as, "*A practice that has not been substantiated with a formal evaluation, nor scaled up beyond its initial scope. This practice will likely be in the pilot project stage but is seen as successful with a strong potential for impact.*" In terms of utility, the Manual states that, "*Innovations can be used to highlight new ideas, upcoming areas of concern and solution, and alternative and contextual approaches to standard practices in UNICEF programming and planning areas.*" The spirit of this definition will be used throughout these guidelines.

³ UNICEF Programme Policy and Procedure Manual: Programme Operations, Chapter 6, Section 19: Identifying, validating and documenting innovations, lessons and good practices

For the purposes of simplification, however, the following definition will be used:

An innovation is a new approach that has not been tried and tested before elsewhere, that can generate learning for the stakeholders involved, and that has strong potential to be scaled-up to bring positive results for children and women.

The term innovation is often used to refer to the use of new technology in development. However, in the case of UNICEF ICO, innovation goes beyond this definition, and also includes non-technological and IT-orientated practices.

Good Practice The UNICEF PPPeM describes good practice as, “*A practice that has demonstrable results with qualitative and quantitative evidence of impact... Good practices have utility for learning and adoption inter-country and inter-regionally...*”

Building on that definition, good practice in the context of these guidelines, is defined as follows:

A good practice is an intervention or approach that has been tried and tested elsewhere - either within India or in other countries – and that can be built upon and/or adapted. The intervention may be new for the local and national stakeholders involved, but is not necessarily a new approach for UNICEF or for other organisations globally.

Very few of ICO’s pilot interventions will fit neatly into one or other category – either innovation or good practice – but more often will contain elements of both. For example, a pilot intervention may be loosely based on a good practice but significantly re-designed and contextualised to meet the needs of stakeholders in a particular district or state. Another pilot intervention may be closely based on good practice from elsewhere with little adaptation needed for implementation in a new context. On a spectrum, with

innovation at one end and good practice at the other, most pilot interventions will sit somewhere in the middle.



Figure 1: Spectrum of Innovation and Good Practice

Piloting

UNICEFs’ PPPeM states that, “*Pilot projects are activities designed to test the feasibility and/or effectiveness of an intervention.*” They are “a specific type of ‘demonstration project’” with “*explicit attention to documenting and measuring progress and results*”⁴.

Building on this description, the following definition will be used within these guidelines:

Piloting is testing an approach on a limited scale for a pre-defined period of time to assess and document the results of an intervention and its potential for future replication on a larger scale.

Scaling Up

Scaling up is any form of expansion of an intervention or approach, not as an end in itself, but as a means to achieve greater and more widespread benefits for the population of concern⁵. The International Fund for Agriculture and

⁴ UNICEF Programme Policy and Procedure Manual: Programme Operations, Section on Pilot Initiatives.

⁵ Arntraud Hartmann and Johannes F.Linn and others (October 2010), *Scaling up the Fight Against Rural Poverty: An Institutional Review of IFAD’s Approach*, Brookings Institution.

Development (IFAD) claims that “*effective scaling up is a key measure of successful innovation*”⁶.

For the purposes of these guidelines, the following definition will be used:

Scaling up is replicating and expanding pilot approaches, while at the same time transferring longer-term ownership to Government counterparts, to ultimately bring positive results for a greater number of children and women.

Scaling up can happen both in terms of:

- 1 Expanding the geographic scope of an intervention either within a state, bringing in increasing numbers of villages and districts until an initiative is rolled out state-wide; from state-to-state; and ultimately up to the national level.
- 2 Multiplier effect and up-stream influence. Pilot interventions can be scaled-up by using the evidence from small-scale interventions to advocate for policy and institutional/level reforms.

⁶ IFAD, Innovation Strategy, Rome. Referenced within Arntraud Hartmann and Johannes F.Linn and others (October 2010), *Scaling up the Fight Against Rural Poverty: An Institutional Review of IFAD’s Approach*, Brookings Institution.

Section 3: Overview of the piloting and scaling-up cycle

A theory of change⁷ for moving from pilot intervention to scaling up can be represented as follows:



Figure 2: ICO's Theory of Change

⁷ From UNICEF India's Country Programme Action Plan 2008-2012.

The cycle promotes good planning, evaluation and documentation of results for pilot interventions; advocacy for scaling up and policy influence using the evidence of documented good practices and innovations; strengthening of partnerships and leveraging of resources for expansion and sustainability of the pilot approach; and eventually replication of the pilot intervention to deliver impact on a larger scale.

Whereas the illustration presents a clear cycle with logical steps from beginning to end, in practice this is rarely the case. In fact, the steps need not be followed sequentially. So long as all of the elements within the cycle are considered and integrated at some point in time, the exact sequence is of little importance. Project teams will often follow steps concurrently and seemingly out of sequence – going backwards and forwards, for example, between documenting results and advocacy, or between strengthening partnerships and influencing policy.

Social inclusion is not shown as a separate step in the piloting and scaling-up model, but rather as an underlying theme throughout the entire process.

ICO's focus on social inclusion aims to advance the basic rights for all children, irrespective of ethnicity, caste, gender or any other marker which is used to prevent children, their families and communities from freely gaining access to information, public services and institutions. This is done in a number of ways. Data and information is disaggregated to identify excluded and vulnerable communities and understand what prevents them from accessing public services. ICO promotes an enabling environment through advocacy, communication,

capacity strengthening and awareness-raising on non-discrimination and social change. Partnerships with and support for Community Based Organisations of excluded groups also play an important role in minimizing marginalisation and discrimination. Finally, advocacy and support for universal strategies to promote social protection are a critical complement of ICO's sectoral strategies to reduce disparities and inequities.⁸

Every effort should be made to consider how the pilot intervention will lead to improved access to services for marginalised or disadvantaged groups, including women, throughout the life-time of the intervention. Piloting can be an effective way of getting beyond the rhetoric of equity and showing how equitable access to services can be achieved through the collaborative implementation of concrete initiatives.

⁸ UNICEF, *Inclusion by Design: UNICEF India's Approach to Equity; and the draft UNICEF India's Country Programme Action Plan 2013 – 2017*.

Section 4: Step-by-step Guidance

- 1 Planning a pilot intervention
- 2 Results
- 3 Advocacy and Influencing Policy
- 4 Leveraging Partnerships and Resources
- 5 Replication and Scaling up

STEP 01

Planning a pilot intervention

How well a pilot intervention is planned greatly determines its ultimate success and replicability. The key thing to remember throughout the design process is the scaling up objective. Pilots conceived without replication in mind from the outset will ultimately not create the necessary foundations for scaling up.

How to plan a pilot intervention⁹

Problem Identification

The issue is first raised as a problem or a gap that needs to be addressed. ICO staff may raise the issue; or Government or an NGO may come to ICO with a problem and a proposal to find a solution together.

⁹ Adapted from Louise Gosling with Mike Edwards (2003), *Toolkits: A practical guide to planning, monitoring, evaluation and impact assessment*, Save the Children.

Needs analysis

Develop an initial outline of the needs and how they will be addressed by the pilot



Preliminary investigation is conducted through: secondary data review/analysis; assessment and primary data collection; and more detailed discussions with stakeholders, particularly Government.

The aim at this stage is to define:

- 1 the **scope** of the problem - clarifying how the problem affects the rights of children and women, particularly those from marginalised or disadvantaged groups.
- 2 the **scale** of the issue to be addressed - thinking not only about the scale of the pilot, but beyond, to consider the full scale of the problem to be resolved.
- 3 the **broad objectives** of a pilot intervention and scaled-up initiative.
- 4 **key partners** and their role in both supporting the pilot and sustaining the expanded initiative longer-term.

Pilot design

Produce a pilot concept note (see annex 1 for template)



More thorough investigation and discussion to determine:

- 1 **alignment** of pilot objectives with Government priorities and ICO's overall strategy.
- 2 the clear **aims and objectives** of the pilot intervention and the scaled-up initiative.
- 3 **ways of measuring progress** against these objectives, with clear **milestones and indicators**.
- 4 **advocacy strategies** to support pilot objectives.
- 5 the **capacity of partners**, particularly Government, to engage in, sustain and expand the pilot.

Review

Discuss within Field Office, with Programme Sections and with Government



- 6 **lessons learned** from experience of work on previous relevant initiatives, as well as **alternative strategies** and ways of testing an approach or a theory.
- 7 the **timeframe**, including milestones for decision-makers on when to scale up.
- 8 the **cost** of the intervention - in detail for the pilot phase and projected costs for a scaled-up version.

Appraisal

See annex 2 for **decision-making criteria** on piloting



Review of documentation is done within ICO's Innovation and Good Practices Task Force. Appraisal will consider whether the pilot is:

- 1 designed to **meet identified community needs**,
- 2 **in line with ICO and Government priorities**, and
- 3 **feasible** as set out in the documentation presented.

Approval

Go-ahead is given to begin implementation of the pilot intervention and to begin documenting results.

A strong evidence base will improve the quality of pilot interventions, ensuring that interventions are well-targeted and designed to meet an identified need.

Adolescent Girls Anaemia Control Programme

ICO's Adolescent Girls Anaemia Control Programme aims to break the inter-generational cycle of under-nutrition in India. Before the pilot began, a comprehensive review consolidated existing evidence from experience of anaemia control in adolescent girls from the previous

decade¹⁰. Two research trials were conducted with UNICEF support to assess the effectiveness of weekly iron and folic acid supplementation in addressing anaemia among Indian adolescent girls. The research findings, combined with emerging evidence from Africa, Asia and Latin America, convinced the GoI and State Governments to partner with UNICEF on an innovative programme to reduce the prevalence and severity of anaemia in adolescent girls using weekly instead of daily iron and folic acid supplements.

Planning should include consideration of how the pilot will impact on other areas of work and sequencing of different elements of the intervention. Improvements in one area can expose weaknesses and gaps in others. Thinking holistically, and keeping the bigger picture in mind, will help to trigger system-wide improvements. Consider which elements of a pilot intervention need to happen simultaneously in order for the initiative to succeed, and which can be rolled out sequentially.

Institutional Care for Mothers and New-born Children

ICO's pilot interventions in **Madhya Pradesh** have improved the continuum of institutional care for mothers and new-born children. Work began in 2007 with the establishment of the first call centre in Guna District. For the first time, pregnant women could call a toll free number and request immediate ambulance transport to the nearest health facility for delivery. However, the level and quality of care at peripheral health centres was low. A concerted effort was needed to improve the facilities themselves – providing infrastructure, equipment and more skilled staff. Complicated deliveries were diverted to the District Hospital where skills and services were also found to be low and unable to cope with demand. Consequently, UNICEF supported the upgrading of maternity facilities and the creation of Special New-born Care Units (SNCUs) for sick new-borns. Lastly, follow-up care for infants and new-borns has also been improved through an SMS-based follow-up system. The Continuum of Care model provides an umbrella concept, under which a number of inter-linked innovations and good practices have now been implemented. The model has now been rolled out State-wide and several of its components have been taken up at the national level for country-wide implementation¹¹.

¹⁰ UNICEF ICO (2012), *Briefing Paper Series: Innovations, Lessons and Good Practices, The Adolescent Girls Anaemia Control Programme: Breaking the Inter-generational Cycle of Undernutrition in India with a Focus on Adolescent Girls.*

¹¹ UNICEF ICO (2011), *Briefing Paper Series: Innovations, Lessons and Good Practices (no. 1), Ensuring Equitable Access for Safe Institutional Child Birth.*

STEP 02 Results

Since the very purpose of a pilot intervention is to demonstrate what can be achieved, it is therefore essential to keep track of progress and document results throughout the implementation process. Results can be used:

- 1 To keep the pilot on track.
- 2 As evidence to support advocacy on scaling up.
- 3 To promote learning within and beyond the piloting team.
- 4 To strengthen accountability to both pilot intervention stakeholders and donors.

How to gather and disseminate results

Pilot results can be gathered and documented in a variety of ways as shown in figure 3: through baseline and follow-up surveys/assessments, on-going monitoring systems, review and documentation, and finally through more formal evaluation and reporting.

Pilot start point	Pilot mid-point	Pilot end point
<p>Baseline survey Recording key characteristics of the population, institutions and systems that the pilot aims to change</p>	<p>Mid-line survey(s) Comparing data against the baseline survey to see what has changed</p> <p>Ongoing monitoring Tracking inputs vs results to monitor progress</p> <p>Review and documentation Reflecting on what has and has not worked. Packaging results for learning and advocacy purposes</p>	<p>Evaluation Formal assessment of the results of the pilot to inform decision-making about the future direction of the pilot ie. whether, how and when to scale up</p>

Figure 3: Process of Tracking and Documenting Results

Baseline Surveys

The first step is to establish a clear starting point for the pilot intervention. This is normally done through a baseline survey. A baseline survey may have been conducted during the assessment and planning stage of a pilot intervention. If not, it should certainly be carried out before pilot implementation begins.

The purpose of a baseline survey is to record key characteristics of the population, institutions and systems that the pilot hopes to change. This can then be compared with a study of the same characteristics after the work has been on-going for some time to see whether they have changed¹².

Key things to remember when conducting a baseline survey include:

¹² Louise Gosling with Mike Edwards (2003), *Toolkits: A practical guide to planning, monitoring, evaluation and impact assessment*, Save the Children.

- 1 Use as much secondary data as possible.
Only gather primary data to fill information gaps¹³.
- 2 Be selective. Only collect/collate data that is relevant to progress, no more. Too much data becomes overwhelming, is difficult to analyse, and is not ultimately useful or necessary for later monitoring.
- 3 Combine quantitative and qualitative data.
Quantitative data is numerical and generally easier to gather, input and analyse. However, numbers alone do not necessarily provide a full and rounded picture of the situation and the target population. Qualitative assessment and data – for example, on the views and priorities of women and children – should be used to complement and add depth to quantitative data.

Integrated District Approach (IDA)

The roll out of ICO's Integrated District Approach (IDA) included baseline surveys to establish a clear starting point in each selected district. In East Singhbhum District in **Jharkhand**, for example, a baseline survey was undertaken over a three month period prior to project implementation. Twenty two indicators were selected to track access to services and to demonstrate improved capacities and systems of district functionaries to deliver those services. The indicators were used again as the basis for a midline survey three years later in the same villages. The results of the mid-line survey showed positive changes in all but two areas, providing concrete evidence of progress¹⁴.

Monitoring Pilot intervention monitoring is tracking a mix of

- 1 Inputs – such as staff time and money; and
- 2 Deliverables/results.

¹³ Based on Wikipedia's definitions, secondary data is data collected by someone other than the user. Common sources of secondary data include censuses, organisational records and data collected through qualitative methodologies or research. Primary data, by contrast, is collected by the individual(s) conducting the research.

¹⁴ UNICEF Office for Jharkhand (31 October 2010), *State Roadmap on Sustainability and Expansion of UNICEF Collaborative Interventions of East Singhbhum District*.

The former can be relatively easily monitored through updating of work plans and comparing budgets to actual expenditure, as done through the Mid-Year and Annual Review processes.

Monitoring of the quantity and quality of deliverables and results is more complicated. It should be guided by a monitoring framework which works down from the overall objectives that the intervention is expected to deliver and provides clear indicators to measure progress on an on-going basis. Indicators should be updated with disaggregated data, which is particularly important when keeping track of progress towards non-discrimination and social inclusion.

The following structure can be used as a starting point for designing a monitoring framework for individual pilot interventions¹⁵:

There should be a direct link between ICO's strategic results and pilot intervention results

ICO Programme Component Result (PCR)	ICO Intermediate Result (IR)	Pilot Intervention Objective
Boys and girls live in a protective environment and have equitable access to and utilise quality education and protection services	Government and Partners have increased capacity to implement RTE and child friendly schools	Improve social equity by improving WASH facilities in schools

¹⁵ The PCR and IR are taken from UNICEF ICO's 2011-2012 Intermediate Results and the draft UNICEF ICO CPAP Results Framework for 2013-2017 dated July 2012. However, the pilot intervention objective and the subsequent indicators are fictional and used for illustration purposes only.

Methods of gathering monitoring data vary. Some information on progress is easily counted and recorded (such as materials distributed); other changes are harder to track, such as behaviour change or empowerment.

Behaviour Change Communication Cell

ICO's pilot initiative to establish a Behaviour Change Communication (BCC) Cell in **Medak, Andhra Pradesh** was designed to support the district administration in reaching out to marginalised groups of the population. Monitoring of pilot progress was done through social mapping – tracking progress on key behaviours at the household level. Information was then plotted using a GIS system to produce a district map covering over 1,000 villages. The maps provided a geographic snapshot of the performance status of key behaviours and were used to show progress against the original pilot intervention objectives.¹⁶

Mix input, outcome and process indicators – as well as quantitative and qualitative indicators– to get a rounded picture of progress

Monitoring is an on-going process, not a one-off exercise. What to monitor, when and how should be planned from the

Indicator	Baseline	Target	Means of Verification	Achievement
Number of WASH demonstration models established in schools in pilot District			Input indicator recording deliverables such as materials distributed	
Increase in pilot District school attendance figures (disaggregated by sex, scheduled caste and scheduled tribe)			Outcome indicator recording the positive or negative effects of inputs	
Number of Districts replicating the pilot approach			Process indicator tracking the successful replication of the pilot. May indicate geographic scale up, or milestones that signify Government commitment, such as inclusion of scaling up costs in a Project Implementation Plan	

¹⁶ UNICEF ICO (2011), *Briefing Paper Series: Innovations, Lessons and Good Practices (no.12), Behaviour Change Communication Cells and Village Information Centres.*

start as an integral part of the design process. Once project implementation is underway, the more regularly data can be collated, the more useful it will be in terms of contributing to the success of the pilot and informing on-going advocacy efforts.

Performance monitoring is the direct responsibility of the Programme Section or Field Office managing the intervention. Outside expertise may be brought in at certain points to provide advice or specific inputs, but the design of monitoring frameworks and their day-to-day implementation should be done by those directly involved in the initiative.

Engaging partners in monitoring processes is a good way of encouraging buy-in and ownership of the pilot intervention. Government officials, including senior policy makers can be invited to participate in field visits. While the primary purpose of the visit may be to gather monitoring data, they can also be used as on-site advocacy opportunities.

Review

A review is, *'the assessment at one point in time of the progress of a project or programme. The basic purpose of a review is to take a closer look at a project or programme than is possible through the process of monitoring'*¹⁷. A review is usually less formal than evaluation and can be conducted by either internal staff or outside experts. ICO's Briefing Paper Series provides many good examples of documented innovations and good practices from across ICO's portfolio of work. The template that was used for writing up the case-studies is attached at [annex 3](#).

Evaluation

An evaluation is usually more extensive and technically rigorous than a review, and is often conducted by outsiders. External experts not only bring specific knowledge and experience of carrying out evaluations, but also bring an outside, and often more 'critical', eye. As such, the findings of an evaluation carry more weight than the conclusions

¹⁷ Louise Gosling with Mike Edwards (2003), *Toolkits: A practical guide to planning, monitoring, evaluation and impact assessment*, Save the Children.

from an internal review and can therefore be used more convincingly in terms of advocacy for replication and scaling up.

Preparation for an evaluation takes place at the very beginning of pilot design and implementation. The way that expected results are formulated, the baseline survey, collection of on-going monitoring data, and any review or mid-line surveys carried out will all feed into an evaluation. The better the quality of these elements and the evidence that they provide, the better chance there is of delivering a good quality evaluation that will convince decision-makers to scale up and sustain pilot interventions.

As well as considering the extent to which expected results have been achieved, an evaluation will normally go one step further and look at the impact of a pilot intervention. The OECD DAC evaluation criteria¹⁸ of relevance, effectiveness, efficiency, impact and sustainability are useful for guiding an evaluation.

In determining the exact timing of an evaluation, project managers will need to consider when the dissemination of conclusions and recommendations from the evaluation will have the most impact. In practice this means synchronising the release of evaluation findings with Government timeframes in order to influence planning and budgeting processes.

The standard terms of reference for carrying out evaluations, surveys and studies can be found at [annex 4](#).

Gender Sensitisation and People Friendly Police Project

In 2002, UNICEF, in partnership with the **Karnataka** State Police (KSP), initiated the Gender Sensitisation and People Friendly Police Project (GSPP). The programme included the design and roll-out of a training module on gender sensitisation and violence against women and children; creation of a pool of 'Police Trainers' for peer training; the establishment of

¹⁸ The OECD DAC criteria for evaluating development assistance can be found online at www.oecd.org/dac/evaluation.

people friendly police stations; workshops and outreach with local NGOs and communities; and the introduction of a unique checklist system to assess people friendly police stations¹⁹.

In 2010, having consolidated results in a few key districts within the State, the KSP were keen to take ownership of the programme. At this time, UNICEF initiated an external evaluation to assess the effectiveness of the initiative to date and identify necessary improvements. Over a period of several months, the external evaluation team combined different research methods to build up a rounded picture of the programme. Primarily qualitative in nature, their methodologies included desk research, field surveys and structured questionnaires, as well as observation at police stations. The evaluation findings were then collated and analysed through an evaluation framework to come up with a concise list of key findings and recommendations.

While the evaluation identified a number of improvements to be made within the GSPP, its recommendations were overwhelmingly positive. The evaluation report concluded that the GSPP had played a positive role in making the trained police personnel more gender sensitive and people friendly²⁰. The GSPP module was now well integrated and institutionalised in police schools across the state. The report and the dissemination strategy that followed made a strong case for increasing the coverage and impact of the programme. It included important action points for the KSP to incorporate during the handover and scaling up of the initiative. Not only did the recommendations help to improve the quality and effectiveness of the work, but also supported the Karnataka State Government's efforts to advocate for adequate resources to fully support a scaled up version of the programme from its own funds. In addition, the report recommended a continuing role for UNICEF, with an emphasis on technical guidance, monitoring and evaluation, and documentation of lessons learned.

The unique nature of the GSPP, together with a strong body of documentation on the programme and its potential for scale up and replication, has generated much interest. Other States, including Gujarat and Uttar Pradesh have asked to share learning from the initiative in Karnataka; the programme has been presented and discussed at international events; and the GSPP team were invited by the Bhutan Royal Police to facilitate a training of trainers on gender issues²¹.

¹⁹ The checklist is called SPARC, covering: 'structures', 'processes', 'attitudes', 'resources' and 'convergence'.

²⁰ UNICEF/Deloitte (July 2011), *Final Report on Evaluation of Gender Sensitization and People Friendly Police Initiative*.

²¹ UNICEF ICO (2011), *Briefing Paper Series: Innovations, Lessons and Good Practices (no.5), Gender Sensitization and People Friendly Police Project*.

STEP 03

Advocacy and Influencing Policy

Advocacy is a continuous process of gathering, organising and formulating information to gain political and social acceptance and commitment²². Advocacy is vital to the replication and scaling up of pilot interventions. Effective advocacy uses evidence of results and impact to persuade decision makers to scale up initiatives to achieve results on a larger scale, or to change policies related to the pilot intervention area.

How to advocate effectively

Successful advocacy requires careful thought and planning. It needs to be integrated into pilot design and implementation at the beginning. All too often piloting teams focus on implementing the initiative first and advocating later, hoping that a final report on the achievements of a pilot intervention will convince decision makers to adopt the approach and scale up. This rarely happens in practice. More thought needs to go into formulating effective advocacy strategies, delivering them jointly with partners, and monitoring the

²² UNICEF, presentation on advocacy for the UNICEF ICO Country Management Team Meeting, Delhi, August 2012

effectiveness of advocacy efforts throughout the lifetime of the pilot intervention.

The basic elements of effective advocacy can be presented as follows.



Figure 4: The Basic Elements of Advocacy²³

Objectives The overall advocacy goal for most pilot interventions is to hand over to Government counterparts and scale up the activities to reach greater numbers of children and women. However, in order to target and monitor the effectiveness of advocacy efforts better, it is advisable to break the goal down into more concrete and measurable objectives.

²³ Adapted from Ritu R. Sharma's *An Introduction to Advocacy: Training Guide, Support for Analysis and Research in Africa* (SARA).

For example, the advocacy objectives for a pilot intervention might be:

Specific time frame for the change

1 To hand-over the lead for implementation to district authorities in the next three years.

Quantifiable target for the change

2 To increase coverage from ten villages in one district up to two hundred villages in four districts.

Data

Often there is a gap between evidence from pilot implementation and effective advocacy for scaling up or policy change. Data gathered through on-going monitoring and periodic surveys can bridge that gap. A strong evidence base – demonstrating the full extent of the problem and how the pilot has made things better - speaks volumes. In other words, *'Good data itself can be the most persuasive argument'*²⁴.

Audiences

Part of a good advocacy strategy is identifying the key audiences. These are the people and the institutions that can make change happen. Audiences can be broken down into:

- 1 Decision makers as the primary audience – those who have the formal authority to deliver change; and
- 2 Those who have the capacity to influence the decision-makers as a secondary audience.

Effective advocacy requires a good sense of who these audiences are, as well as the access and pressure points available to move them. Power mapping, stakeholder analysis, and scoping of target audiences are all tools that can be used to identify key audiences and understand what motivates them²⁵.

²⁴ Ritu R. Sharma, *An Introduction to Advocacy: Training Guide*, Support for Analysis and Research in Africa (SARA).

²⁵ UNICEF (2010), *Advocacy Toolkit: A guide to influencing decisions that improve children's lives*.

In the case of most pilot interventions, the Government is likely to be the primary advocacy audience²⁶. In order to engage intelligently with Government it is critical to have a thorough understanding of how Government functions. This includes appreciating the political climate under which the Government functions.

A different break-down of key audiences within Government, is those working at:

- 1 a political level,
- 2 a bureaucratic level, and
- 3 a technical level

All three levels are important at different phases of the intervention.

During the initiation of a pilot intervention the advocacy will be mainly focused on the technical team – convincing through discussion, joint visits and collaborative planning. While senior bureaucrats and politicians are likely to rotate on a regular basis, the technical team – those who have been involved from the beginning and share the overall vision for the pilot – will generally continue long-term. They can be relied upon to see a pilot through to completion, giving an intervention the stability and support it needs to move from pilot through to full-scale implementation.

Once the model has become embedded and is generating good results, advocacy can shift to senior bureaucrats and political leaders. These are the individuals who have the power to make important policy decisions on scaling up pilot initiatives state-wide, such as Chief Ministers, Ministers, Chief Secretaries, Secretaries, Commissioners, etc.

²⁶ Other relevant audiences are likely to include children, their families and communities, the media, the general public, local NGOs and community based organisations, donors, etc.

Approaches

Knowing how and when to influence key audiences is an important part of any advocacy strategy. It involves understanding the decision-making processes at play – both formal and informal - and when they may be open to outside input. Once understood, influencing policy and programming decisions can take the form of advising, lobbying, advocacy or activism; following either an inside track, based on cooperation and trust, or an outside track, relying on pressure and persuasion²⁷. Within the context of pilot interventions, advising is one of the most effective ways that UNICEF can influence Government decision-making.

Messages

Different messages and how they are packaged motivate and trigger different audiences. However strong the data, the evidence still needs to be interpreted and appropriately communicated so that is easily absorbed and has the desired impact²⁸.

Messages to primary decision makers should be short, concise and quickly persuasive. They will often rely on headline statistics and economic arguments. It is also worth emphasising who else supports the proposal to convince senior officials that the pilot is widely accepted as successful and not overly risky.

Messages that have been proven effective with primary decision makers at the national level within the Gol include:

- 1 The benefits for women and children and the potential impact of scaled-up initiatives on progress towards the Millennium Development Goals.
- 2 Taking pride in India's achievements – seeing India at the forefront of innovative attempts to reduce poverty.

²⁷ Start, D. and Hovland, I. (2004) *Tools for Policy Impact*. A Handbook for Researchers, London: Overseas Development Institute.

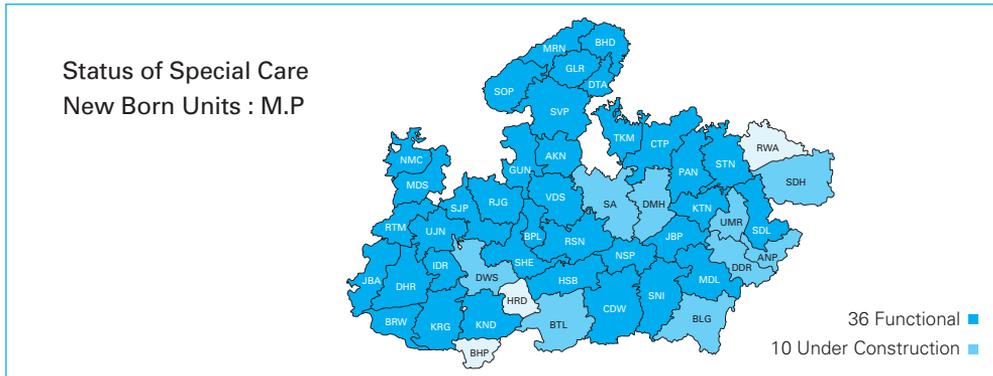
²⁸ UNICEF (2010), *Advocacy Toolkit: A guide to influencing decisions that improve children's lives*.

At a District or State level, persuasive arguments have included:

- 1 The catalytic effect that innovations and good practices can have on Flagship Programmes.
- 2 Peer pressure – demonstrating the progress one District is making versus another, or one State versus another.
- 3 Cost saving arguments – showing how innovation and good practice can bring better results for less resources.

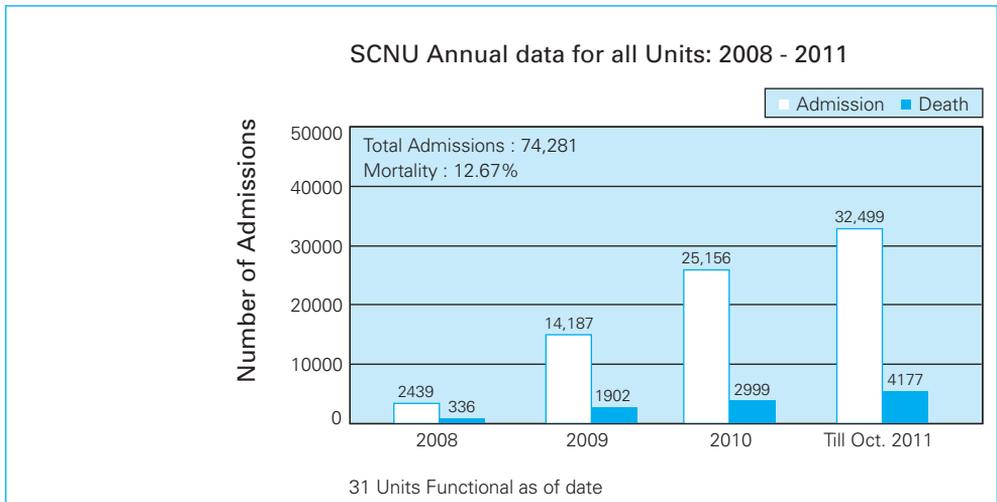
Presentation

Presenting the results of pilots can be done effectively through visuals and graphs. Policy makers often do not have time to absorb large amounts of data, but headline information presented graphically can communicate the main messages at a glance. The examples below show results from the replication of Special New-born Care Units (SNCUs) in Madhya Pradesh²⁹.



Within any pilot intervention, there is likely to be a range of advocacy opportunities and entry points. Organising project visits for key decision makers is one of the most effective ways of advocating for replication of small-scale initiatives. Bringing policy makers on board at key moments in the piloting process strengthens the sense of joint ownership and commitment to pilot interventions.

²⁹ Presentation by Dr Gagan Gupta, UNICEF Madhya Pradesh, April 2012.



Monitoring

As with any new initiative, it is important to measure results along the way. Overall monitoring frameworks should include advocacy-related indicators to keep track of progress. This might include the numbers of meetings organised with key decision-makers, or agreement of an important policy related to the pilot intervention. Regular checks will help to highlight problem areas and should trigger the updating of advocacy strategies to keep teams focused on how to achieve the ultimate goal of replicating and scaling up pilot initiatives.

Lastly, budgeting for advocacy needs to be factored in from the outset and tracked throughout pilot implementation. Some examples of budget headings for advocacy include: staff costs (travel, capacity building, and additional staff recruitment); strategy development (meeting and workshop costs); research and communication (costs for gathering evidence and translating evidence into communication materials); and government liaison (the cost of organising additional project visits specifically for advocacy purposes).³⁰

See [annex 5](#) for an advocacy strategy template, including all of the above headings and advocacy steps.

³⁰ UNICEF (2010), *Advocacy Toolkit: A guide to influencing decisions that improve children's lives*.

STEP

04

Leveraging Partnerships and Resources

This next step consolidates the previous elements of the piloting and innovation cycle to begin generating results at scale. The evidence from a well-functioning model is used to:

- 1 Leverage partnerships, both within and outside of Government; and
- 2 Influence the allocation of resources to finance scale up and replication.

How to leverage partnerships

The key partnership for successful scaling up of most pilot interventions is the working relationship between UNICEF and Government at all levels in India, including District, State and National Governments. UNICEF can continue to nurture its partnership through close alignment with Government priorities, playing a supportive role, and working to strengthen governance systems and capacity.

Water Quality Monitoring and Surveillance

UNICEF's involvement in a Government-led pilot to improve water quality monitoring and surveillance helped to create a platform that brought different institutions and individuals together³¹. In **Maharashtra**, UNICEF's engagement began multi district assessment of water safety covering 15 districts, followed by a mapping of all Government resolutions related to water quality and testing going back over fifteen years. UNICEF then worked with the Government of Maharashtra to produce an overall protocol that shows visually, in flowchart format, who is responsible for what and how different individuals, institutions and departments should work together to test the quality and ensure safety of drinking water at habitation and household level. 60,000 copies of the flowchart were printed and distributed. The process helped different Government Departments to find a practical way of working together – from State level down to the village level. UNICEF was also able to use its influence during the pilot to bring the social implications of water quality to the fore. For example, highlighting the importance of community involvement during water quality testing and its protection to policy makers and technical experts. UNICEF's role in the pilot intervention was critical – creating a basis for long-term partnerships and building capacity that would allow the initiative to be replicated State-wide.

If the partnership is nurtured from the beginning, and if Government counterparts are part of the pilot design and implementation, then the foundations are already in place for the scaling up process. Creating one team—Government, UNICEF, and other implementing partners—is the best way of leveraging partnerships. Working jointly in this way has proved to be more successful than piloting alone and then 'selling' the approach to Government later.

Capacity development is a key part of strengthening and leveraging partnerships. Capacity barriers, and particularly a lack of adequate preparedness across the lower rungs of Government bureaucracy, may prevent the successful scaling up and replication of pilot interventions. It is important, therefore, to be able to identify those barriers

³¹ UNICEF ICO (2011), *Briefing Paper Series: Innovations, Lessons and Good Practices (no.4), Household Water Safety: A Paradigm Shift from Water Quality Testing*.

and take steps to overcome them³². This applies not only to existing partners engaged in the pilot initiative, but also to new partners that will be required to come on board during replication and scale up. **Annex 6** contains an abbreviated set of tools that have been tried and tested within ICO to assess, analyse and address capacity gaps that may inhibit the successful implementation and scaling up of pilot interventions.

Networks or coalitions within and beyond Government can help to generate a critical mass of support for scaling up pilot initiatives. ICO already has a proven ability to work with partnerships at all levels, including research institutes, community based organisations, NGOs and the private sector³³.

Mobile Boat Clinic

In 2006, UNICEF partnered with the Centre for North East Studies and Policy Research (C-NES) in **Assam** to support the Akha Boat – or mobile boat clinic – initiative. The pilot initiative reached out to remote island populations, particularly women and children, with much needed health care services. After a year of successful health service delivery, UNICEF facilitated a partnership between C-NES and the Government of Assam to expand services to additional communities. Three years later, the initiative had been scaled up to 15 boats serving 13 districts. While UNICEF played a critical role in the expansion of the pilot, it was C-NES and District Health Department staff themselves who led advocacy efforts to scale up the initiative - targeting key decision makers within their own institutions to leverage the additional resources needed.

How to leverage resources

If the success of pilot interventions relies on high unit costs, the engagement of multiple small-scale partners and NGOs, or specialised personnel, then they are less likely to be replicated and sustained by governments faced with inflexible budgets and possible gaps in terms of technical and project management capacity. This needs to be considered during

³² UNICEF (31 October 2011), *Guidance for Mainstreaming Capacity Development in the Formulation of Rolling Work Plans 2012*.

³³ UNICEF (December 2011), *Evaluation of UNICEF's Strategic Positioning in India*.

the design phase, and the feasibility of scaling up should be explicitly factored into decision making about whether to implement a pilot intervention in the first place.³⁴

Assuming that scaling up is feasible and affordable, then the first step is to set out a clear and realistic picture of costs. The budget needs to set out the actual costs of piloting the initiative and the projected costs of scaling up. It should show contributions from Government and other implementing partners, and illustrate how cost sharing will shift over time during the transition from UNICEF to Government leadership. At this stage, contributions from UNICEF should be largely non-financial with more of an emphasis on other inputs such as technical support, quality assurance, documentation and capacity building.

It is important to budget realistically so that Government departments are fully aware of the cost of running the pilot. Some tips for realistic budgeting include:

- 1 Avoid overly-simplistic calculations. For example, a pilot intervention is currently reaching 120 villages and it is hoped that the scaled up version will reach five times more villages – 600 in total. An overly simplistic calculation would multiply the cost of the pilot by five. This may work for some line items, particularly those covering materials and supplies. It would not work for others, however, such as technical expertise and advisory services which can be spread more thinly as the pilot expands and consolidates. Nor would it apply to one-off, up-front expenses such as software design and development.
- 2 Consider the costs of scaling up in different settings. It may be more expensive, for example, to provide access to services in rural areas compared to urban settings due

³⁴ Hartmann and Linn (2008), *Scaling Up: A Framework and Lessons for Development Effectiveness from Literature and Practice*, Wolfeshohn Center Working Paper No.4.

to lower population densities and hence higher costs per capita³⁵.

- 3 Link pilot interventions to existing Government initiatives and take advantage of opportunities to cut costs. For example, adding an additional vaccine to an existing immunisation programme carries less cost than setting up a new programme specifically for the new vaccine³⁶. Not only does this approach help to cut costs, but it can also increase ownership and sustainability of the initiative.
- 4 A pilot that emphasises equity may not necessarily be the most resource-efficient model. Addressing barriers to services for all, including the most marginalised and disadvantaged groups (e.g. those living in remote areas), can push up implementation costs. It is important to acknowledge this fact and to be able to argue effectively for equity over efficiency when needed.

District Information System for Education

In 2009, **UNICEF Maharashtra** enhanced the District Information System for Education (DISE) by improving the depth and accuracy of the data collected and building staff capacity for improved data entry and analysis. As a result, the DISE database could be used more effectively to identify inequalities in education at district and block level, and assess the adequacy of water and sanitation facilities in schools. Improved data and analysis enabled districts to improve education services where they were most needed. The initiative achieved high impact with limited resources. After the initial outlay for improvements to the database, only minimal resources were required for regular capacity building of staff to make the best use of the system. These costs have been easily absorbed into existing Government training plans. As such, the DISE model in Maharashtra demonstrates an easily scalable intervention with disproportionately high benefits in terms of the knock-on effect on quality programme planning and implementation.³⁷

³⁵ Johns, B. and T. T. Torres, "Costs of Scaling-up Health Interventions: A Systematic Review," *Health Policy and Planning* 20(1): 1-13.

³⁶ Hartmann and Linn (2008), *Scaling Up: A Framework and Lessons for Development Effectiveness from Literature and Practice*, Wolfeshohn Center Working Paper No.4.

³⁷ UNICEF ICO (2011), *Briefing Paper Series: Innovations, Lessons and Good Practices (no.3), Using the District Information System for Education to Promote Equity in Education*.

In order to leverage and access Government resources, ICO staff will need to become experts in Government budgeting processes, timeframes and identifying entry points for project funding. It is a complex picture. The bulk of scaling up costs will likely be covered by National Flagship Programmes and accompanying Project Implementation Plans (PIPs). Other budgets, including those managed at State and District level, may also contribute towards specific elements of the pilot. Even community level resources and donations can be used to cover smaller pilot components. Not only does this help to diversify funding channels, which is good practice in terms of sustaining the initiative over time, but it also spreads ownership for the intervention from the highest levels right down to the community itself.

The timeframes for Government planning and budget approval are generally fixed. December through to February are the peak months in terms of annual national planning³⁸; with the approval of funds normally concluding around May. Consequently, this is also the busiest period for UNICEF staff wishing to influence plans and mainstream project costs within Government budgets.

The process of working with Government to mainstream project costs within wider budgets is not a one-off exercise. To ensure that the scaled up pilot is sustained and improved overtime, UNICEF will need to continue engaging in Government planning and budgeting discussions year after year until such time as the initiative is firmly embedded and reliably resourced.

In order to influence Government plans and budgets, it is again important to consider the different audiences, the degree of detailed information that they might require, and the best way of convincing and communicating. Technical teams within State and District Governments will need a full and detailed picture of project costs.

³⁸ Note that planning and budgeting start as early as September in some States.

For example, discussions may go to the level of appropriate salary brackets for project staff. For higher-level decision-makers, financial arguments should be packaged in a way that is easily and quickly understood. Focusing on headline figures, and in particular the costs per child, is one effective way of leveraging the resources needed to scale up.

Special New-born Care Units

The Government of **Madhya Pradesh**, with support from UNICEF, successfully introduced **Special New-born Care Units (SNCUs)** to improve maternal and child survival in rural areas. Building on that initiative, UNICEF piloted an **SMS system** to ensure that babies receive follow-up services after they are discharged from SNCUs. The initiative is low cost and high impact. The cost for **installation of SMS software per district is US\$100, and the cost per child is US\$0.02 per year for sending SMS reminders**. In return for this investment, UNICEF has demonstrated significantly improved survival rates for those babies receiving follow-up care. UNICEF was able to use this headline data to leverage additional resources. The Government has now budgeted adequate funds to implement the SMS follow up systems in all functional SNCUs within the state³⁹.

Where more complex budgeting arguments are required, there are different approaches that can be used. Two of the most common ways of analysing and presenting costs are Cost Effectiveness Analysis (CEA) and Cost Benefit Analysis (CBA). A description of the two approaches, and the pros of cons of using them both, can be summarised as follows:

	CEA	CBA
What is it?	An economic analysis that compares the relative costs and outcomes of two or more courses of action. ⁴⁰	A process for calculating and comparing the benefits and costs of a project. Assigns monetary values to the outcomes of the project

³⁹ UNICEF ICO *Use of SMS technology to enhance infant survival in rural India*, Innovations and Lessons Learned paper.

⁴⁰ Wikipedia: <http://en.wikipedia.org>

		<p>to see whether the benefits outweigh the costs.⁴¹</p> <p>In disaster risk reduction, a study to assess the costs of disaster preparedness initiatives versus the gains to a population.⁴²</p>
Example	<p>In health programming, an assessment of the cost effectiveness of implementing 1) a therapeutic intervention versus 2) a preventive one.</p>	
Pros	<p>Useful for decision-making when two or more options are presented.</p>	<p>Can generate convincing arguments, particularly for those in control of budgets.</p>
Cons	<p>1) Is only useful for comparing two or more interventions with identical outcomes.</p> <p>2) Requires technical expertise and time to carry out.</p>	<p>1) 'Prices the priceless', or puts a monetary value on non-monetary items, such as loss of life.</p> <p>2) Technically difficult and time-consuming to carry out (even more so than CEA).</p>

In many cases, given available time and resources, the best approach to leveraging additional resources is to simply produce a realistic picture of the costs to date for piloting the initiative, and the projected costs for scaling up and sustaining the intervention, including the anticipated human resource considerations. Together with a good evidence base for the benefits of the intervention, this is all that should be needed to convince decision-makers to move ahead. If there is a strong desire to conduct a CEA, CBA, or any other more complex cost analysis, then consider bringing in outside experts who are already familiar with the methodology.

⁴¹ Wikipedia and the website for the Center for Disease Control and Prevention (CDC): www.cdc.gov/

⁴² Courtenay Cabot Venton and Paul Venton (2004), *Disaster Preparedness Programmes in India: A Cost Benefit Analysis*, ODI.

STEP 05

Replication and Scaling Up

Whether, when and how pilot interventions are replicated is largely determined by the actions of piloting teams and their success in carrying out the previous steps outlined in these guidelines. An ideal scaling up process will happen incrementally, with ownership and financial responsibility for the pilot gradually shifting from UNICEF to Government over a set period of time.

However, there are two types of possible errors that can occur with scaling up:

- 1 Too little scaling up – the pilot did well on a limited scale but cannot be replicated to a larger scale, either because of poor pilot design, little or no documentation of results to convince decision-makers to scale up, or a lack of Government interest and investment.
- 2 Incorrect scaling up – an idea seemingly takes off

spontaneously and rapidly, leading to ‘explosion’ rather than incremental replication⁴³.

Much of this guidance is focused on how to avoid the former. But there are also cases where incorrect scaling up has occurred. In some instances, pilot interventions have captured the imagination of decision-makers and been scaled up rapidly before sufficient piloting, testing and learning have taken place. In such cases, it is important to remain pragmatic and continue to work with Government to support implementation. Suitable areas of UNICEF support will include technical expertise and resources for monitoring and evaluation of the initiative, in order to retrospectively capture results, learn lessons and influence future implementation.

There is also a danger that rapid scaling up can compromise the quality and relevance of small scale interventions. On the one hand, there should be consistency during scale up for the sake of both quality and ease. On the other hand, an overly rigid and uniform approach to replication can jeopardise the fundamental principles behind the piloting approach, such as diversity and equity. UNICEF staff should be mindful of this and work together with Government counterparts to find creative solutions to preserve important elements of pilot design.

Free Referral Transport Systems

In **Madhya Pradesh**, the success of pilot approaches to increase safer institutional child birth triggered a decision to replicate state-wide free referral transport systems and **24 x 7 call-centres**. Call centres employ local staff - both in an effort to generate local employment, and to ensure that telephone operators have the local knowledge and dialect skills to communicate effectively with callers. When the State Government took the decision to scale up the initiative they favoured one common telephone number to be used for all call centres across the state. However, rather than setting up a single call

⁴³ Johannes F. Linn, Arntraud Hartmann, Homi Kharas, Richard Khol, Barbara Massler (2010), *Scaling up the Fight Against Rural Poverty: An institutional review of IFAD’s approach*, Wolfesohn Center for Development at Brookings.

centre to service the entire state, each District has retained its own centre and calls are automatically diverted to the appropriate District capital. This preserves an important element of the pilot design, which is to ensure that all callers - and in particular those living in remote areas and belonging to scheduled tribes and castes – feel that the services provided are accessible, relevant and tailored to their particular needs.

How to support successful replication and scaling up

There are no strict rules about how long to pilot an intervention before scaling up; or in how many locations the initiative should be pilot-tested before replication. If an initiative is quickly found to be successful, then there is no need to ‘over-pilot’ the approach and hold back the scaling up process. However, it is generally good practice to pilot the intervention in two to three different locations – each with significantly different contextual factors – before evaluating results and rolling it out to scale.

In order to gauge whether a pilot intervention is ready for scale up, or already on the right path during the scaling up process, a number a key success criteria⁴⁴ can be identified. Conversely, where success criteria are not being met, the table below suggests ways of getting the intervention back on track.

⁴⁴ Success criteria are adapted from Hartmann and Linn’s (2008), *Scaling Up: A Framework and Lessons for Development Effectiveness from Literature and Practice*, Wolfeshohn Center Working Paper No.4. Their model categorises the factors that influence pilot scale up as ‘drivers’ – the forces pushing the scaling up process; and ‘spaces’ – the opportunities that allow for scaling up to take place, or conversely the blockages that prevent replication.

Success Criteria	Challenges	Suggested Strategies
<p>High demand – there is strong take-up from communities for services and benefits provided by the pilot.</p>	<p>Communities are not accessing services, or not accessing them in an equitable way.</p>	<p>Revisit and update the needs analysis and re-design the pilot accordingly. Explore add-ons to make the pilot more visible, with better out-reach to communities, particularly marginalised groups.</p>
<p>Vision and leadership – an individual or group sees the potential for scaling up and can drive the process forward, bringing others along with them.</p>	<p>Vision and leadership for the pilot is limited to UNICEF only and not shared by Government counterparts.</p>	<p>Step-up advocacy efforts. Organise on-site visits to share the vision of the pilot and encourage new ‘champions’ to emerge.</p>
<p>Team commitment – the entire team supports the pilot and the scaling up process. This includes Government counterparts (at political, bureaucratic and technical levels) as well as ICO staff.</p>	<p>There is resistance to change or reluctance to support the pilot approach.</p>	<p>Use the results of the pilot to motivate the team. Consider incentives to encourage individuals to contribute to the initiative.</p>
<p>Financial Space – windows of opportunity are there to mobilise the necessary resources for scaling up, preferably within existing budgets.</p>	<p>Funding is not available within the expected timeframe for the scaling up process.</p>	<p>Consider whether additional (time-bound) financial backing from UNICEF will help bridge the gap until Government funding can be secured.</p>

Success Criteria	Challenges	Suggested Strategies
<p>Capacity space – capacity either already exists or can feasibly be developed to allow Government and other partners to take over management of the pilot.</p>	<p>Capacity gaps threaten the quality and sustainability of the scaled up intervention.</p>	<p>Step up capacity building efforts. Organise additional training, mentoring, exchange visits, etc.</p>
<p>Learning space – the piloting and scaling up processes allows time for adequate review, reflection and adaptation of pilot approaches.</p>	<p>Time pressures limit the possibility for adequate reflection on and review of pilot successes and challenges.</p>	<p>Offer UNICEF support and facilitation of reviews and evaluations of pilot progress and results.</p>

UNICEF’s role in the scaling up process

The decision to scale up a pilot signifies the beginning not the end of a process. UNICEF’s role in the initiative will evolve as the pilot is replicated, but it should not disappear completely. Government counterparts expect the partnership to continue and rely on UNICEF for the following types of critical on-going support:

- 1 **Capacity building** on specific technical areas or in terms of overall project management.
- 2 **Troubleshooting** – technical support and/or staff, supplies or finances to fill small gaps that the Government finds hard to provide but are essential to the smooth running of the initiative.
- 3 **Quality assurance**, particularly in terms of designing and implementing monitoring systems to ensure that quality is not lost as the pilot intervention expands.
- 4 **Documentation** – keeping a record of the scaling up process to share within Government and ICO, and with other partners.

- 5 **Continuing the innovation cycle** – suggesting add-ons to the pilot that will enhance its reach and impact; as well as new and complementary innovations and good practice that link with the on-going initiative.
-

Mamta Abhiyan Initiative

A pilot intervention in **Gujarat** to provide a set of convergent health and nutrition services to children, out of school adolescent girls, pregnant women and lactating mothers – the Mamta Abhiyan initiative - demonstrates UNICEF’s changing role in pilot development, implementation and scale up⁴⁵. In the initial design and implementation stages, UNICEF worked with the two main Government Departments to synchronise services. This was a complicated planning process involving the reorganisation of geographical boundaries and synchronisation of different institutional responsibilities. The pilot quickly began to generate good results, showing a positive trend across a range of health and nutrition indicators. Based on these early results, as well as improved efficiency across Government Departments, the Chief Minister ordered the replication of the initiative state-wide. UNICEF was asked to support the scale up within an ambitious three month time-frame. A joint Government/UNICEF workshop was organised with District Officers from across the state for advocacy, sensitisation and to kick-start district level planning. UNICEF switched from a catalytic to a convening role – using its influence and reputation, together with evidence from the initial pilot intervention, to build the necessary commitment and know-how to scale up the initiative. Now that scale up is complete, UNICEF Gujarat continues to play an important role. The primary responsibility for smooth running of the project lies with the Government. However, UNICEF has remained on hand as a skilled and trusted partner to provide technical support, oversee concurrent monitoring and address specific bottlenecks as needed. Looking ahead, UNICEF is exploring ways of building capacity within state-level medical colleges to take on the function of concurrent monitoring, thereby further enhancing the long-term sustainability of the approach.

ICO’s experience in innovations and good practice has shown that the skills and competencies for supporting replication and scale up are quite different from those required to pilot an intervention in one district. While small-scale piloting requires innovation and strong technical expertise; scaling up within or beyond a State is generally

⁴⁵ UNICEF ICO (2011), *Briefing Paper Series: Innovations, Lessons and Good Practices (no.7), Mamta Abhiyan: Delivering Convergent Services for Improved Maternal and Child Health.*

driven by individuals with the confidence and ability to network with and influence high-level Government officials. Managers should be aware of these different skill sets and ensure that their teams at State level embody the necessary range of competencies. Where skills and experience in a particular area are lacking, staff capacity building may be required.

Completing the cycle

The more experience ICO gains in piloting innovations and good practices, the better the organisation will become in terms of taking the next step to catalysing impact at scale. New pilots should be designed with the benefit of previous experiences. Even ‘failed’ pilots will offer lessons - perhaps even more so than successful initiatives.

In order to capture, share and act on lessons learned from pilot experiences, ICO needs to invest time and effort in knowledge management (KM) processes. This can be done both formally and informally in the following ways:

- 1 **Within Sections** – for example, sharing experiences and reflections during regular Network meetings.
- 2 **Within and between States** – organising visits and meetings at state level to allow ICO and Government staff to see and discuss successful models in operation.

- 3 **ICO-wide knowledge sharing** – showcasing individual pilot interventions during regular Country Management Team (CMT) meetings and dedicated workshops.
- 4 With **Government** – documenting experiences in writing and organising joint workshops and events with Government to discuss successes and challenges.
- 5 **Regionally and globally** – continuing to document experiences and sharing ICO's particular expertise in this area within UNICEF's growing Communities of Practice.

Section 5: Roles and Responsibility

In order for all ICO staff to contribute to effective piloting and scaling up, the roles and responsibilities of individuals and teams should be clear. If colleagues are to work together as a team, they need to know where they can add value and what they can expect others to contribute. In general terms, discussion of pilot approaches with partners, pilot implementation and monitoring are the responsibility of ICO staff working at State level. The role of the office in Delhi is to provide technical guidance and oversight – particularly during pilot design, engage with the national level Government so as to inform government policies and programmes, and raise the profile of child rights through evidence-based advocacy.⁴⁶

⁴⁶ UNICEF ICO (March 2012), *Accountability and Governance*.

A more detailed matrix of roles and responsibilities can be presented as follows:

	Chiefs of Field Offices	Chiefs of Programmes
Design	Discuss pilot initiatives with District and State Government counterparts to ensure that pilot design is contextually appropriate and scaling up is feasible	Leadership and accountability for the design of pilot interventions by providing strong technical guidance and oversight
Planning	Integrate piloting and scaling up activities into ICO work plans	Ensure a balance of pilot initiatives, and links between piloting and upstream policy work
Implementation, Monitoring and Evaluation	Manage the implementation, monitoring and evaluation of pilot interventions	Support the implementation of pilots through visits and technical advice. Ensure that evaluation is conducted.
Advocacy	Liaise with District and State Governments to secure commitment and resources for piloting and scaling up	Liaise with GoI to advocate for replication of successful pilot initiatives across States and up to National level
Scaling Up	Oversee and support pilots within the State during scale up	Ensure consistency and quality of UNICEF support across States during the scale up of pilot interventions
Documenting, sharing and learning	Document and share experiences within the State and with other States	Support States to document and share piloting and scaling up experiences. Lead on the documentation of pilot initiatives being implemented across multiple States.

ICO Roles and Responsibilities for Effective Piloting and Scaling up

PPE	Senior Management
Review the design of pilot interventions to ensure that all the key process steps have been followed	Overall accountability for high quality design of innovations and good practices
Maintain an overview of ICO pilots to ensure consistency and quality	Review and reorient where necessary ICO's portfolio of pilot initiatives to ensure balance and alignment with Gol priorities
Support planning, monitoring, review and evaluation of pilot interventions	Review the findings of pilot monitoring and evaluation reports and provide guidance to piloting teams on follow-up
Share information with the Planning Commission on a regular basis	Use the evidence of pilots to position ICO with the Gol as a strong and reliable programming partner
Support the scale up of pilot interventions through inputs to improve and sustain monitoring, review and evaluation	High-level liaison with Gol to address bottlenecks in the scaling up of pilot interventions across States and at national level
Support the documentation of piloting and scaling up experiences and facilitate sharing of lessons learned across States and up to regional and global levels	Provide incentives for ICO staff to strengthen the management of piloting and scaling up of pilots through recognition and rewards for high performance

Not all ICO personnel are covered in the above matrix. There are individuals with particular areas of expertise, such as field operations and advocacy and communications for example, who also have important contributions to make.

Oversight and Accountability

While ICO works to improve its management of piloting and scaling up innovations and good practices, additional oversight, encouragement and support will be required. For this purpose, a Task Force will be established.

The Task Force will maintain an overview of ICO pilot interventions at all stages of the innovation cycle – from the initial design phase through to replication and scaling up. Members of the Task Force will also review new pilot proposals and provide feedback. This will build consistency across ICO's approach to piloting and ensure that the scaling up objective is built into pilot initiatives from the beginning. Finally, the Task Force will incentivise high quality design and implementation of pilot interventions through a rewards and recognition scheme, and hosting of periodic staff meetings to encourage sharing of experiences and cross-learning.

The full terms of reference for the Task Force can be found at [annex 7](#).

Annexes

- 1 Concept Note Template
- 2 Pilot Criteria
- 3 Case Study Template
- 4 Terms of Reference
- 5 Advocacy Strategy Template
- 6 Capacity Mapping and Analysis Tools
- 7 Terms of Reference for the ICO Task Force on the Piloting and Scaling up of Innovations and Good Practices

Annex 1

Concept Note Template

3 Pages maximum

Pilot Title	
Full name of the project	Full name of the project if the innovation/good practice is part of a wider project or programme.
Section	
Location	Specify where the intervention will be piloted (eg. in specific Districts) as well as the geographic vision for scaling up the initiative (eg. in all Districts within a State, Nationwide, etc.).
Pilot team	Beginning with the main Pilot Manager, list contacts for the design and implementation team (both Delhi and State level), including at least one Government counterpart. Describe how the team will work together during piloting and scale up and how roles and responsibilities are expected to change.
Planning and Consultation	<p>Explain how consultations with children and their families have influenced pilot design.</p> <p>Describe Government involvement in analysing needs and pilot design. State whether a written request has been received from Government to jointly implement the pilot intervention.</p> <p>Say whether a review of previous relevant experiences has been conducted, and if so, explain how implementation of this pilot learns from previous lessons to build on successful practice and avoid repeating mistakes.</p> <p>List any outside experts that have been involved in the analysis and design process, including from academia, other organisations, think tanks, etc.</p>

Problem(s) to be addressed	<p>Describe the <u>scope</u> of the problem and how it impacts on the rights of children and women, particularly marginalised or disadvantaged groups. Outline the particular challenges that the pilot will seek to address in the specific geographic location(s).</p> <p>Provide a sense of <u>scale</u> of the issue to be addressed – not only through the pilot, but through a scaled up version of the initiative.</p> <p>Explain the demonstrated <u>need</u> for the intervention – provide strong evidence and analysis for the need for the pilot intervention ie. data that points to a gap in services, facilities, governance, etc.</p>
Aims and objectives	<p>Describe the clear aims and objectives of the pilot intervention and scaled-up initiative in terms of what changes can realistically be expected.</p> <p>Explain how the pilot aligns with ICO’s overall strategy, both thematically and geographically.</p> <p>Describe how the pilot is in line with Government priorities. Where possible, provide details of a national Flagship Programme within which the pilot and scaling up process can be mainstreamed.</p> <p>Outline the limitations of the pilot in terms of what is beyond the scope of the intervention and cannot realistically be expected to change as a result of the intervention.</p>
Pilot description	<p>Describe how the pilot will be implemented, including: links with existing ICO and/or Government interventions, sector convergence, explicit attention to social inclusion and addressing gaps in gender equity.</p>
Partners	<p>List the key partners involved in pilot implementation and describe how their roles will change as the initiative moves from pilot status to replication and scale up.</p> <p>Describe Government capacity to engage in the pilot and take ownership of the scaled up initiative.</p>

	<p>Describe the capacity of other partners (eg. local NGOs) to engage in the pilot.</p> <p>Explain what capacity building measures are necessary for scaling up and handing over to Government counterparts and how they will be implemented during the piloting process.</p>
Demonstrating Results	<p>Describe the approach to monitoring and evaluation that will be used during the pilot. State whether a baseline survey has or will be conducted. Provide examples of monitoring indicators and milestones that will be used to track progress. Describe how indicators link to higher-level ICO results. Specify who will lead on pilot monitoring and how other partners will be engaged. Estimate when an evaluation will be carried out and how.</p>
Advocacy	<p>Briefly outline the advocacy strategy for moving the initiative from pilot to scale up. State the advocacy objectives, the target audiences for advocacy, the monitoring and evaluation data that will be used for advocacy purposes, the main messages to be delivered and how/when they will be communicated.</p>
Timeframe	<p>Describe the timeline and the shift from piloting to scaling up. Justify how the projected timeline fits with Government planning, decision-making and budgeting deadlines.</p>
Costs	<p>Provide an overall projected figure for implementing the pilot intervention (detail to be provided in annex). Break down this amount to show ICO's contribution versus Government costs and contributions from other partners. Confirm that projected costs of the pilot and scaled-up initiative have been shared and discussed with Government counterparts.</p>

Annex 2 Pilot Criteria

The following checklist can be used to determine whether the necessary foundations are in place to begin implementing a successful pilot intervention:

		✓
Concept	Will the pilot provide an opportunity to either: 1) test a new approach – an innovation; or 2) adapt a tried and tested approach from another context – a good practice - to India or a particular State?	
	Is there a demonstrated community need for the pilot?	
	Is the overall concept feasible in terms of the transition to Government leadership and financial sustainability?	
	Is a pilot intervention the best way to test the concept or theory, compared to other ways of testing, such as a feasibility study?	
Process	Have children participated directly in some element(s) of the planning process and been given the opportunity to influence decisions affecting their lives?	
	Have Government counterparts been directly involved in designing the pilot?	
	Has an initial concept note been drafted and discussed with the main implementing partners?	

		✓
Government engagement	Is the pilot intervention aligned with Government priorities at District, State and National level?	
	Is there a national Flagship Programme within which the pilot and scaling up process can be mainstreamed?	
	Has a written request been received from Government to jointly implement the pilot?	
	Is the Government committed to contributing staff time, funds and other resources to pilot implementation?	
Capacity	Has an assessment of Government capacity to engage in the pilot and take ownership of the scaled-up initiative been conducted?	
	If yes, does the capacity assessment indicate that there is either 1) existing capacity within Government to take responsibility for scaling-up the pilot; or 2) realistic potential to build Government capacity with UNICEF's support within the timeframe of the pilot?	
	Has an assessment of the capacity of other partners participating in the pilot – such as local NGOs, CSOs - been conducted?	
Timeline	Is there an agreed start and end date for the pilot phase of the initiative?	
	Does the timeline for the pilot fit with Government planning, decision-making and budgeting deadlines?	

		✓
UNICEF Vision and Priorities	Are the aims and objectives of the pilot compatible with UNICEF ICO's overarching strategy and expected results?	
	Are the aims and objectives of the pilot compatible with specific ICO sector-specific priorities?	
	Does the pilot link with, complement and add value to other ICO initiatives currently underway or planned within the District/State? Is the pilot designed to increase sector convergence at the village, panchayat, district, state or national level?	
	Is the pilot in harmony with other relevant pilot initiatives currently underway or planned in other States?	
	Does the pilot explicitly address gaps in Government strategies and programmes in terms of social inclusion?	
	Does the pilot explicitly address gaps in Government strategies and programmes in terms of and gender equity?	
	Is UNICEF the best agency to implement the pilot intervention?	
	Evidence and Analysis	Is there strong evidence for the need for this pilot intervention i.e. is there data that points to a gap in services, facilities, governance, etc.?
	Has an analysis been conducted that specifically shows how the pilot and scaled-up initiative will address gaps, needs and identified priorities?	

		✓
	Has a review of previous relevant experiences been conducted to learn lessons from the past to avoid repeating mistakes and build on successful practices as far as possible?	
	Have outside experts – e.g. from academia, other agencies, think tanks, etc. – been consulted to gather alternative views and suggestions on the best way forward?	
Costs	Has a draft budget been prepared that realistically sets out all the necessary costs for UNICEF, Government and other partners for the pilot phase of the initiative?	
	Has an outline budget for the projected costs of the scaled-up initiative been drafted and shared with Government for discussion?	
Monitoring and Reporting	Is there a monitoring framework in place with clear indicators and milestones to track progress and results?	
	Does the monitoring framework show the link between pilot indicators and higher-level ICO results?	
	Is it clear who is responsible for gathering, analysing and reporting on monitoring data and within what timeframe?	
	Has an evaluation plan been drafted with immediate plans to conduct a baseline assessment?	
Roles and Responsibilities	Has a team been constituted – both at field and national levels – for implementation and oversight of the pilot intervention?	

		✓
	Are Government staff included in the implementation team, with specific roles and responsibilities?	
Advocacy	Has an advocacy plan for the pilot been developed which clarifies advocacy objectives, target audiences, main advocacy messages and methods of communication?	

Annex 3

Case Study Template

Is this a component of a larger programme?

Does it represent a new approach to a programming practice by UNICEF, or adaptation of an existing good practice?

Title of practice	1	Title of Innovation/Good Practice
Section	2	Section of UNICEF for implementation
Description	3	Brief description of case and what are the key elements that make this a good case for documentation? 5 bullets
Location	4	Name the key locations where this has been implemented
Recommendations for conducting field work	5	Where would this initiative be best researched in implementation? What are your recommendations for organising field work?
Key contacts	6	List key contacts in state/field offices and others for information gathering
Documentation	7	List of existing documentation and where this can be found
Verifiable results and impact (for good practice)	8.1	Has an evaluation been conducted with verifiable results? Y/N
	8.2	What are the demonstrable results with qualitative and quantitative evidence of impact?
	8.3	Is there evidence of an adoption-diffusion process?
	8.4	How is sustainability of these results being addressed?

Monitored progress and initial results (for innovation)	9.1	If not is the practice clearly demonstrating initial results with strong potential for impact? (innovation).
	9.2	Is it in a pilot stage or has it been scaled up?
	9.3	Has it been assessed with some qualitative and quantitative measures to be successful in reaching targets and making an impact? Describe
	9.4	If relates to policy and advocacy, is there an analysis justifying the advocacy position and evidence of impact on decision-making, even if this evidence is largely qualitative in early stages. Describe
Other success factors	10.1	Does it relate clearly to ICOs work on equity/ gender and link with strategies of system strengthening, convergence and leveraging funds? How?
	10.2	What is the relevance of the practice to government at a state and national level?
	10.3	How has it added value?
Application and Replication	11.1	What is its current application beyond its original scope?
	11.2	Recommendations for how this can be replicated and scaled up further. Are there considerations and lessons from current practice that need to be addressed in an upscaled model?
Resources	12	Breakdown of resources (per unit, if possible) for this initiative - we want an accurate picture of how much this costs in ideal circumstances including human resources.

Annex 4

Terms of Reference

Title of Study, Survey or Evaluation

Date of TOR Preparation

- Study *(an investigation designed to improve knowledge on a particular topic)*
- Survey *(an assessment of the conditions of a particular group at a point in time)*
- Evaluation *(an assessment of an on-going or completed project, programme or policy)*

Result: *IR# and description*

1 Background	Describe the overall context of the programme/issue to be researched
2 Rationale for the Research Activity	<p>Explain purpose and objectives of the study/survey/evaluation and describe:</p> <ol style="list-style-type: none"> 1 Why is it necessary? 2 What is it intended to answer? 3 Why now? Why at this point in time in the programme/project cycle?
3 Use of the findings	<p>Describe how the findings will be used from a strategic point of view, what process will they feed into and what is the expected outcome? Link with CPAP Results Framework.</p> <p>Describe how the findings will be disseminated, taking into account how they will/can be used by different parties (e.g.</p>

within UNICEF, in government and among other partners including donors)

4 Scope of the Research Activity

Describe the issues to be covered, time period, geographical coverage and target groups.

List the questions the research activity should answer: i.e. what specifically do you seek to find from this undertaking?

In the case of an evaluation, UN Evaluation Group **norms** and **standards** will need to be observed.

In addition, no evaluation is complete without questions against the **OECD DAC evaluation criteria**, namely:

1) *Relevance*:

- a) Whether the activities and outputs of the programme are consistent with the overall goal and the attainment of its objectives
- b) The extent to which the activity is suited to the target group

2) *Effectiveness*: the extent to which an aid activity attains its objectives

3) *Efficiency*: measures the outputs (benefits) in relation to the inputs (costs)

4) *Sustainability*: the extent to which an activity is sustainable; whether the benefits of an activity will continue after funding stops

5) *Impact*: positive or negative, intended or unintended consequences of a development intervention

- 6) In the case of an emergency, there should also be questions related to coherence, coverage (population groups reached) and connectedness (whether short term humanitarian actions also take longer-term problems into account)

5 Methodology

To the extent possible, detail out the nature of the research activity including:

- 1 Do you need quantitative data, qualitative information or both?
- 2 Describe how sampling should be done - What sample size should your research activity cover? Geographic coverage/disaggregation?
- 3 Are there any ethical considerations that should be noted?

In the case the bidders are expected to propose detailed methodology, you still need to describe an overall approach to the study, survey or evaluation. Also it is recommended that a reference/management group be formed to jointly evaluate the technical bids for quality and rigor and the group include a member from Peer Review Group.

****Methods are guided by research/evaluation questions so alternatively, sections 4 and 5 can be combined in the table below*

Research/Evaluation Question	Methods

6 Schedule of Tasks & Timeline

Specify the tasks the contractor/evaluator is responsible to carry out and a preliminary schedule of when they should be done. It is possible that the study may have several phases e.g. briefing / inception meeting, desk review, literature review, inception report, interviews, data collection, report writing.

Task	Anticipated Timeline (e.g. # of weeks)

7 Estimated duration of contract

Start date to end date, keep in mind that bidding process can take about 6 weeks

8 Deliverables

List specific products to be delivered and by when (e.g. inception report, draft report, final report, presentation). Specify length of written reports and presentations.

Note any other deliverables e.g. raw data in electronic medium (especially for surveys), data collection instruments in electronic medium, completed data sets etc.

9 Qualifications & Experience required

Indicate the number of team members and the specific skills and experience required to carry out the activity (e.g., years of relevant experiences, proven professional skills and experience, knowledge of the subject and project area and language proficiency).

You can distinguish between desired and mandatory skills, or stipulate that certain conditions be met by at least one team member.

In the case of evaluation, it is recommended that the proposed team leader submits two most recent evaluation reports led by him/her.

10 Duty Station	Note where the consultant/agency conducting the research will be based.
11 Official travel involved	Note any travel required out of the duty station.
12 Amount budgeted in RWP for this activity (US \$)	Estimate the cost of the research activity.
13 PIDB code	Please select one of the following Generic Intervention Codes: <input type="checkbox"/> 60: Analysis, research, and studies <input type="checkbox"/> 61: Data, data bases, surveys and statistics <input type="checkbox"/> 63: Evaluations
14 Supervisor:	Note who the day-to-day supervisor of the research activity will be.
15 Submitted to Peer Review Group by:	<p>1 Name of P.O.:</p> <p>Signature of PO: Date:</p> <p>2 Signature of the CFO: Date:</p> <p>3 Signature of the Section Chief: Date:</p> <p>Once clearance from CFO and Section Chief is granted, submit to Peer Review Group (PRG) Secretariat for review.</p>

Once the minutes of the PRG meeting is sent to you, please take the following steps:

- 1 If your TOR was **recommended for approval** → Attach the PRG minutes to the TOR and send to Deputy Representative-Programmes for approval
- 2 If your TOR was **recommended for approval subject to changes suggested by PRG** → Make the changes, fill out the subsequent section (confirmation of amendments), attach the original TOR and PRG minutes, and submit to Deputy Representative for approval.
- 3 If your TOR was **not recommended for approval or recommended for resubmission** → Make the changes and resubmit to PRG.

A. Confirmation of amendments:

Undersigned confirm that PRG comments have been incorporated in the TOR.

Name of P.O.:

Signature of PO:

Date:

Signature of the CFO:

Date:

Signature of the Section Chief:

Date:

B. TOR approved by:

Deputy Representative, Programme:

Annex 5

Advocacy Strategy Template⁴⁷

Objectives	<p>What change needs to happen? Break overall goal down into concrete objectives with a specific timeframe and quantifiable targets.</p> <p>Objective 1 Objective 2 Objective 3 Etc.</p>
Data	<p>What data and information is needed to support advocacy efforts? Think about data that can be used from on-going monitoring of the pilot and additional information that may be needed specifically for advocacy purposes.</p>
Target Audiences	<p>Who can make the change happen? Break audiences down into primary and secondary audiences; or decision-makers and those who influence decision-makers. Clarify what target audiences are required to do and what motivates or triggers them to support change.</p>
Approaches	<p>Who will act as the messenger(s)? Will an inside (cooperation) or an outside track (pressure) be the most effective approach? Will decision makers respond best to an advisory or a lobbying approach?⁴⁸</p>
Messages	<p>Messages for each target audience – primary and secondary. What does each audience need to hear to convince them to make the necessary change?</p>
Presentation	<p>What is the most effective way of presenting the evidence for change? Will regular written reports and presentations</p>

⁴⁷ Adapted from UNICEF (2010), *Advocacy Toolkit: A guide to influencing decisions that improve children's lives*.

⁴⁸ Start, D. and Hovland, I. (2004) *Tools for Policy Impact. A Handbook for Researchers*, London: Overseas Development Institute.

	on pilot progress convince decision makers of the value of scaling up interventions? What other opportunities are there to convince target audiences eg. project visits?
Action Plan	How to get started - what advocacy activities can get started immediately and what action is needed to achieve longer-term advocacy goals? Provide concrete actions with deadlines and clear allocation of responsibility. What are the costs of advocacy-related activities?
Monitoring	How will the team know whether the advocacy objectives are being achieved? How often will this strategy be revisited? Who will take responsibility for monitoring the achievement of advocacy goals?

Annex 6

Capacity Mapping and Analysis Tools

Extracted from UNICEF ICO's *Guidance note for mainstreaming Capacity Development in the formulation of Rolling Work Plans (RWP) 2012*, 31 October 2011

Table 1 Steps for capacity analysis

Step	Step Activity Details
1 Select the IR:	Identify a specific Intermediate Result as a starting point.
2 Prioritise stakeholders	<p>Using the Stakeholder Analysis (Figure 1), list out and prioritise key stakeholders (people or institutions) who in some way or the other can influence the result you wish to achieve. Assess the:</p> <ol style="list-style-type: none"> 1 importance of the issue to the stakeholder. 2 influence of the stakeholder over the issue. 3 actual attitude of the stakeholder to the issue. <p style="text-align: center;"><i>Now for each stakeholder separately...</i></p>
3 Define role of stakeholder	Define the role of the each priority stakeholder in the context of the result they are supposed to be influencing.
4 Analyse capacity gaps	<p>For the role defined, populate the Capacity Analysis Matrix (Figure 2) by conducting a Force Field analysis to identifying the following key constraints to achieving the role:</p> <ol style="list-style-type: none"> 1 Individual 2 Organisational 3 Institutional or enabling environment to which organisation reports <p>Bear in mind the HRBAP, OPM capacity development framework and associated examples of constraints while doing this.</p>

While conducting the analysis, keep a record of the assumptions and risks around the realisation of the result.

Define a response to the incapacity...

5 Define response

Having assessed the individual, organisational and institutional capacity gaps to achieving an IR, identify appropriate strategies or interventions to address them. The capacity development framework will be useful here, in particular in suggesting eight levels of capacity development.

Try to identify at least one new sustainable and verifiable activity to be included in the RWP.

6 Define indicators

For each new activity identify a clear indicator – this is what will be used by the programme staff to track progress of the intervention.

Specific tools

Figure 1 Stakeholder analysis

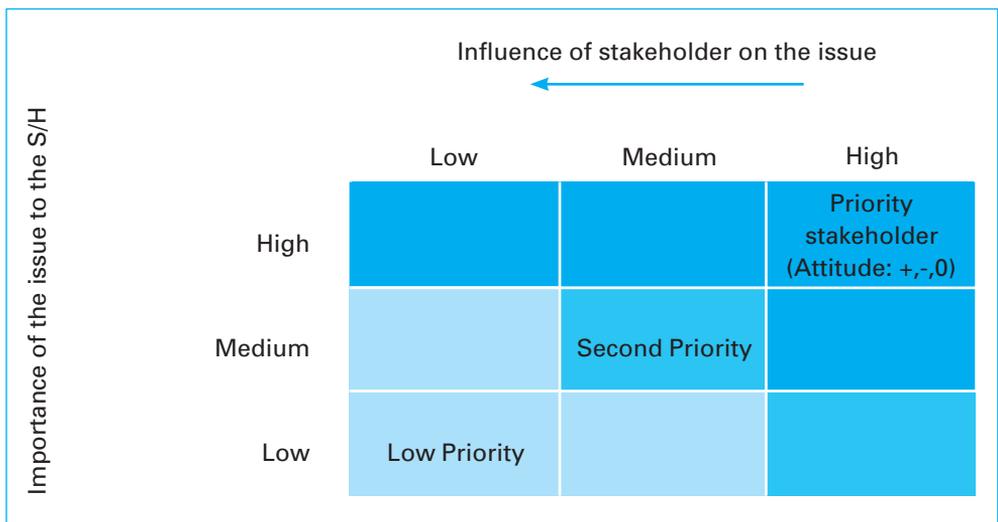


Figure 2 Capacity analysis for each stakeholder

<i>Enter IR, priority stakeholder (person or organisation) and role</i>					
Capacity	Constraints	Individual	Organisational	Institutional	Response
	Authority				
	Motivation/will/ ownership/ leadership/vision				
	Resources (financial, human, natural, etc.)				
	Decision-making				
	Communication/ influencing/ facilitating				

Figure 3 Steps for a force field analysis

1. On a sheet of paper, brainstorm all the factors **for** (pros/ promoting) and factors **against** (cons/ inhibiting) the desired goal. Include intangible, emotional or behavioural factors also.
2. List the pros under the favourable factors and the cons under bottlenecks
3. Is the analysis as expected? Do your heart and head agree? If not, review briefly the factors you listed? Are there any missing?

Annex 7

Terms of Reference for the ICO Task Force on the Piloting and Scaling up of Innovations and Good Practices

Mandate

An Evaluation of UNICEF’s Strategic Positioning in India in 2011 found that “the introduction and support of pilot innovations in not well-managed by ICO”. The evaluation recommended that ICO improve its management of the innovation cycle through a more systematic approach and better documentation of the results of pilot interventions. The Task Force will follow up on this recommendation by:

- 1 maintaining an overview of ICO innovations and good practices, and reviewing and advising on the design of specific pilot interventions to improve their potential for replication; and
- 2 providing incentives for ICO staff to work together to strengthen the overall quality of innovations and good practices.

Meeting frequency

The Innovations and Good Practices Task Force will meet quarterly.

Task Force review process

Task Force meetings will be structured as follows:

Objective 1

Maintaining an overview of ICO innovations and good practices

- 1 Section Chiefs will be responsible for submitting pilot concept notes and draft budgets to the Task Force (via PPE) ahead of each quarterly meeting.
- 2 Based on inputs from Section Chiefs, PPE will compile, circulate and present a

brief overview of the status of innovations and good practices across the ICO.

The Task Force will review and discuss the overview to consider whether a) there is a good balance of innovations/ good practices across States and programme areas; b) pilot initiatives are progressing as they should through the innovation cycle to replication and scale-up; and c) any action is needed to address bottlenecks.

Objective 2 Provide incentives for ICO staff to strengthen the overall quality of innovations and good practices

- 1 On an annual basis, all staff will be invited to nominate an individual or team within ICO who have performed particularly well in the area of piloting and scaling up innovations and good practices. The categories for outstanding performance might include: vision and leadership, advocacy, partnerships, capacity building, demonstrating results, social inclusion, and scaling up.
- 2 The Task Force will review nominations and select individuals and teams who will receive an award for outstanding performance.
- 3 The Task Force will discuss and decide on appropriate awards to be given.

Follow up After each quarterly meeting, a note of the main discussion and action points will be circulated to all ICO staff. PPE will ensure that feedback and suggestions on specific innovations and good practices are communicated directly to the relevant team. Every year, the Representative will e-mail all staff with a list of the individuals and teams selected to receive an award for outstanding performance in the area of innovations and good practice. An annual all staff meeting will be organised by PPE to share experiences and discuss

overall progress with implementation of the Guidelines on Piloting and Scaling up of Innovations and Good Practices.

Task Force Membership:

- 1 Chair: Deputy Representative, Programmes
- 2 Permanent Members: Chief of PPE, Chief of Field Operations, Manager of District Support, Chief of Advocacy and Communications
- 3 Member Secretary: Research and Evaluation Specialist, PPE

Concerned Chiefs of Programmes will be invited to specific Task Force meetings to present their case. The Innovations and Good Practices Task Force will report to the Country Management Team.



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