

EVALUATION OF UNICEF STRATEGIC POSITIONING IN INDIA

unicef 
unite for children



Evaluation conducted by



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Acronyms and Abbreviations

AACP	Adolescent Anaemia Control Program
ABL	Activity Based Learning
ANC	Ante Natal Care
ANM	Auxiliary Nurse and Midwives
AP	Andhra Pradesh
ASHA	Accredited Social Health Activists
AWW	Anganwadi Workers
BCC	Behaviour Change and Communication
BGVS	Bharat Gyan Vigyan Samiti
BLTF	Block Level Task Force
CCMP	Centre for Community Managed Programming
CD	Capacity Development
CDN	Child Development and Nutrition
CEDAW	Convention on the Elimination of All Forms of Discrimination Against Women
CFVP	Child Friendly Village Planning
CPAP	Country Programme Action Plan
CPD	Country Programme Document
CRC	Convention on the Rights of the Child
CRD	Centre for Research and Documentation
CSO	Civil Society Organization
CSR	Child Sex Ratio
DAC	Development Assistance Committee
DISE	District Information System for Education
DFID	Department for International Development (of Government of UK)
DLHS	District Level Household Survey
DLT	District Level Task Force
DoE	Department of Education
DPMU	District Planning and Monitoring Unit
DPC	District Planning Committee
DPMC	District Planning Managing Committees

DPT	Diphtheria, Pertussis and Tetanus vaccine
DTSC	District Total Sanitation Cell
DVA	Domestic Violence Act
DWDC	Department of Women and Children's Development
FBNCU	Facility Based Newborn Care Unit
FO	Field Office
GGI	Goss Gilroy Inc
GoI	Government of India
GP	Gram Panchayat
GSDA	Ground Water Surveys and Development Agency
HQ	Headquarters
ICDS	Integrated Child Development Services
ICO	India Country Office (UNICEF)
ICT	Information Communication Technology
ID	Integrated District
IDA	Integrated District Approach
IFA	Iron Folic Acid
IR	Intermediate Result
IMNCI	Integrated Management of Neonatal and Childhood Illnesses
IMR	Infant Mortality Rate
IYCF	Infant and Young Child Feeding
KM	Knowledge Management
LEHAR	Learning Enhancement Activity in Rajasthan
LRPs	Local Resource Persons
MDG	Millennium Development Goal
MIS	Management Information Systems
MLE	Monitoring Learning and Evaluation
MMR	Maternal Mortality Rate
MP	Madhya Pradesh
MTR	Mid-Term Review
NCPCR	National Commission for Protection of Child Rights
NFHS	National Family and Health Survey
NGO	Non-Governmental Organization
NNF	National Neonatal Forum
NRHM	National Rural Health Mission
NSSO	National Sample Survey Organization
OBCs	Other Backward Classes
OECD	Organization for Economic Cooperation and Development
OPM	Oxford Policy Management Group
PIP	Programme Implementation Plans
PLCC	Panchayat Level Convergence Committee
PRI	Panchayat Raj Institutions

RFP	Request for Proposal
RTE	Right to Education
SC	Scheduled Caste
SHG	Self Help Groups
SNCU	Special Newborn Care Unit
SPPME	Social Policy, Planning, Monitoring & Evaluation
SS	Systems Strengthening
SSA	Sarva Shiksha Abhiyan
ST	Scheduled Tribe
ToC	Theory of Change
U5MR	Under-Five Mortality Rate
UNDAF	UN Development Assistance Framework
UNFPA	UN Population Fund
UP	Uttar Pradesh
VHNDS	Village Health and Nutrition Days
WASH	Water, Sanitation and Hygiene
WHO	World Health Organization
WFFC	World Fit for Children Declaration
WSSD	World Summit on Social Development

Executive Summary

This report presents the findings, conclusions, recommendations and lessons learned of an evaluation of UNICEF's Strategic Positioning in India. The evaluation focused on whether UNICEF's strategic approach has contributed to better positioning UNICEF in the national development agenda of India. As well, a primary focus of the evaluation was to assess the UNICEF India Country Office (ICO) strategy with respect to the Theory of Change and the extent to which the UNICEF strategic approach has helped to accelerate and strengthen the achievement of higher level results. The evaluation was undertaken between June and October 2011 by a team of five consultants, three Canadian and two Indian. Field visits were undertaken in India from August 8-28.

The objectives of the evaluation were to:

- Determine to what extent, and how, the UNICEF overarching strategies outlined in the 2008-12 Country Programme Action Plan (CPAP), have contributed to better positioning UNICEF in the national development agenda of India;
- Measure the extent to which the key strategies accelerated and strengthened the achievement of higher level results, beyond the sum of the various sector results of the programme sections;
- Provide findings, conclusions, and recommendations to inform the 2013-2017 UNICEF CPAP, particularly in the strategies to be set forth in the new CPAP; and
- Provide findings, conclusions, and recommendations that can be shared with other

parts of UNICEF, national, state, and district partners, and other counterparts who share UNICEF's values and mission.

The findings, conclusions, and recommendations presented below are based on three primary methods: i) a desk review of documents, ii) structured interviews with UNICEF staff, government officials, NGOs and civil society in Delhi, Bihar, Tamil Nadu, Maharashtra, and Rajasthan, and iii) eight case studies in four states and two at the national level.

The evaluation findings are organized in accordance with the evaluation issues of relevance, effectiveness, efficiency and sustainability, preceded by an assessment of the Theory of Change, which underpins how UNICEF supports the pilot and scaling-up of innovations in India. These issues conform to the OECD DAC standards for evaluation.

Theory Of Change

A primary purpose for this evaluation was to test the Theory of Change model. The model indicates that piloted interventions should be evaluated and that the knowledge gained through research and evaluation be documented to assist scale-up in other jurisdictions. Once evaluated, the model indicates that UNICEF should focus on advocacy, with emphasis on the need for partnerships to support its advocacy efforts. The study indicated

that this is indeed a critical component of the process. UNICEF staff indicated that in most cases advocacy is an ongoing process that must start early in the cycle if it is to be effective. In many cases UNICEF engages partners to help with the piloting, evaluation, and advocacy requirements of the process.

The model then identifies a need to leverage resources before replication and scale-up. In all of the cases reviewed, successful scale-up was dependent on the government leveraging resources through one of the national schemes.

Overall, the evaluation team came to the following conclusions with respect to the components of the Theory of Change.

Knowledge Management

With respect to knowledge management, the UNICEF ICO has not developed its knowledge management capacity to the extent required. UNICEF's execution of its knowledge management strategy is generally felt to be weak by both UNICEF staff and outside observers. This contributes to UNICEF still being seen by government officials, particularly at the national level, as a technical organization as opposed to a policy organization. Although efforts are made to document and share knowledge on new innovations that are piloted, few are adequately evaluated before being scaled-up.

Often the experience gained in the piloting process has not been adequately documented and made available through an accessible website. In addition, the evaluation team came across only one example where the costs and benefits of the innovation were adequately analyzed. The implication of this finding is that the innovation being tested may not always be the most effective use of scarce government resources with respect to a particular issue. Given the number of innovations that have been initiated with UNICEF's help, there may not be sufficient resources available from UNICEF to adequately support the evaluation and analysis of the costs and benefits required for individual innovations.

Partnerships

UNICEF has been successful in implementing its key strategy with respect to partnerships. In addition to its partnership with governments at the national, state and district levels, UNICEF has focused on the development of partnerships with research institutes, community based organizations, NGOs, and the private sector. The evaluation concluded that one of the strengths of UNICEF in India has been its ability to work with partnerships at all levels. Civil society and community partnerships help lever the advocacy efforts of UNICEF in its attempt to achieve social change and improve government accountability. These partnerships help to build sustainability into UNICEF efforts to support the government to implement innovative pilots, and scale-up innovations. An increasingly important aspect of the partnerships has been the increasing trend to engagement with private sector partners, both domestic and international. The evaluation noted that these partners provide resources for UNICEF-led initiatives, help achieve its advocacy objectives, and through their corporate social responsibility initiatives can, in some instances also help bring about social change and change in the situation for women and children.

Intensifying and strengthening private sector partnerships is already an area that the UNICEF Country Office has indicated as an area of importance. Investigating how these private sector partnerships, especially with large corporate sponsors such as TATA, IKEA, etc. can be even better leveraged to effect social change could be a useful line of research for UNICEF to pursue in the future.

Replication of Innovations in Integrated Districts

UNICEF has also been successful in its key strategy of helping to introduce innovations and assisting the government in their scaling-up. A number of examples are provided in the report of situations where UNICEF has assisted state governments to scale-up innovations that have been pilot tested. Examples include the Facility Based Newborn Care Units, implementing Activity Based Learning, and

the Anaemia Control Programme. The evaluation concluded that one of the strengths of UNICEF at the field level is the ability to introduce and support piloting and the scaling-up of innovations. However, as noted above, the evaluation concluded that there are a number of areas that should be strengthened in the future, these include: a need for clearer guidelines on managing the piloting and scaling-up of innovations; monitoring and evaluation of pilots; and coordination between UNICEF state field offices and headquarters with respect to the planning and evaluation of piloting of innovations throughout the country.

Integrated District Approach

The evaluation team found that the Integrated District Approach (IDA) is effective in involving local populations in planning, making connections between citizens and government functionaries and encouraging convergence among sectors. The evaluation team also observed that the IDA appears to lead to better results and greater accountability of service providers and the district administration. However, integration of the IDA principles (e.g., sector convergence, micro planning, etc.) within the districts' plans continues to be a challenge, including resources. Government officials at both the state and national levels expressed concern about the resources required to replicate the IDA.

UNICEF has successfully utilized the IDA to pilot community-based planning and to achieve convergence at least at the district level. The state governments have appreciated the fact that the IDA provides a good testing ground for pilot innovations and permits UNICEF to play a role in assisting them to monitor their programmes.

Unfortunately, there does not seem to be universal support or buy-in to this approach within the UNICEF India country team, partly due to the organizational reporting relationship of the IDA initiative to Social Policy, Planning, Monitoring & Evaluation (SPPME), as well as to the fact that the sector staff at ICO in New Delhi are focused on national sectors, and are more concerned about overall national sector initiatives and supporting national schemes.

Strengthening Systems and Capacity Development

UNICEF has been successful in its key strategy of contributing to systems strengthening and capacity development. The evaluation demonstrated a number of examples where UNICEF has assisted state governments with developing their systems and capacities. This has been particularly the case where UNICEF has supported pilot innovations that have been scaled-up. The evaluation concluded that this has also been one of the strengths of UNICEF, and that UNICEF is well regarded for its ability to support governments in capacity development, development of policies and procedures and systems strengthening. An area that the Government of India (GoI) indicated as in need of strengthening is that of evaluation and research. The evaluation team noted that many of the government schemes are neither adequately monitored nor evaluated. This also means increased research into the determinants of behaviour. UNICEF can play an increased role in this area in the future.

Social Inclusion

A priority area of the GoI in its 11th Five Year plan, as well as for UNICEF in the 2008-2012 Country Programme, is to promote social inclusion (using a rights based approach and with a focus on gender equity as well). The evaluation found that although this is a primary objective of UNICEF and that concept papers have been written about the processes that should be followed, individual sector and state workplans do not explicitly address social inclusion or define specific strategies to enable it.

In the 17 Integrated Districts in the 14 states, social inclusion has been primarily based on geographic targeting with a focus on improving services to marginalized populations and less upon ensuring that disadvantaged groups are consulted and made aware of their rights to access the GoI and state programmes and initiatives. To date, there has not been any evaluation of the extent to which these efforts have resulted in improved access to services and facilities by the marginalized or disadvantaged groups, including women, or contributed to their empowerment.

UNICEF has supported studies by institutions such as the Center for Dalit Studies to assess the impact of social inclusion initiatives of the Gol. This appears to be an area that could use increased support and focus by UNICEF.

UNICEF has also played a key role in the past in assessing gaps in the Gol and state strategies and programmes in terms of socially excluded populations. This role was assessed as very useful by the Gol and appears to influence national and state policies with respect to social inclusion, often through the demonstration of gaps and poor performance relative to the Millennium Development Goals. Continuation and intensification of this type of activity would be a useful direction for UNICEF India to take in the future. However, there needs to be an increased emphasis on empowering marginalized populations to effectively claim their rights.

Findings – Relevance

Alignment with Government Priorities

With respect to the UNICEF alignment with the Gol priorities, the evaluation found that the UNICEF Country Programme aligns well with the national 11th Five Year Plan as well as with the priorities of the states in which UNICEF is active. UNICEF is seen as flexible and responsive to the Gol needs and to the Gol changing priorities as annual reviews with national and state governments allow adjustments to UNICEF support as needed.

In addition, UNICEF state level programmes were also found to align well with the priorities of individual states. This is based on interviews with state officials, as the states are aligned with the Gol Five Year Plan, but also have their own priorities, which are dependent on the specific situation in each state.

However, UNICEF's responsiveness to the Gol and the Indian states' requests for assistance has resulted in a multiplication in the number of districts in which UNICEF is active, much beyond the 17 focus districts in the CPAP. This is partly due to the

fact that some of UNICEF's 17 districts of focus are not aligned with the central government and state government priority districts as a result of the different criteria used to prioritize districts in the various sectors. In addition, the evaluation noted that UNICEF's need to also align its programming with UNICEF global priorities and timelines can cause it to focus on areas that may not be the highest Gol priorities.

Addressing capacity gaps at national and state levels

The evaluation found that a major component of the UNICEF approach is addressing gaps at the national and state levels and assisting the government to reduce or eliminate these gaps. A strength of UNICEF is that it can bring models from other states and/or countries to implement Gol policies at different levels.

Much of UNICEF's approach focuses on:

- Identifying gaps in flagship programs and schemes and in service delivery at all levels and both policy and implementation gaps at the national, state, district, block, panchayat, and village level;
- Discerning and addressing gaps in capacity. UNICEF is highly involved in capacity development and systems strengthening (processes, systems, skills, data analysis) at all levels of government, with a focus on service delivery, and communication for behaviour change e.g. developing protocols and procedures, strengthening monitoring systems, offering training, providing technical assistance, etc. to address gaps;
- Piloting innovations which address gaps in government programmes and schemes. UNICEF can then assist the government to upscale or replicate innovations to address these gaps;
- Addressing capacity gaps in civil society by developing the capacity development needs of civil society organizations (e.g. panchayat raj institutions (PRIs), self help groups (SHGs), gram sabas, research/think tanks, and Non-Governmental Organizations (NGOs) at various levels); and

- Providing guidance to the private sector on social corporate responsibility initiatives.

Relevance of UNICEF's approach to social inclusion

The evaluation determined that, consistent with the Gol Five Year Plan, UNICEF's programming (as per the CPAP) focuses on social inclusion using a rights-based approach, with an emphasis on gender equality. Addressing issues of social inclusion in UNICEF programming is accomplished through geographic targeting of the disadvantaged groups such as Scheduled Castes and Scheduled Tribes, and improving their access to schemes and programmes available from national and state governments. Additionally, UNICEF supports initiatives such as micro planning and the empowerment of communities and individuals to access government resources and programmes. Although UNICEF has developed a general approach to social inclusion, specific strategies for social inclusion and linkages to rights, including the promotion of gender equality, are not clearly articulated in UNICEF programmes. UNICEF has not adequately evaluated the extent to which these activities are actually influencing the government agenda and improving quality and access of services to the socially excluded populations. It appears that influencing the government agenda is accomplished indirectly through demonstrating gaps in government services, as well as underperformance with respect to the MDGs on the socially excluded populations.

Findings – Effectiveness

The Contribution of the CPAP (strategies) to positioning UNICEF as a key player in the national/state/district level development agenda and the appropriateness of the strategies to achieve development results.

The UNICEF partners in India at all levels of government, civil society and the private sector, recognize that UNICEF's strength as an agency is based on a number of factors including its long history in India, its international brand and credibility as a technical organization in issues dealing with children, its presence at all levels of government,

from the national to the local, and its network of 14 state field offices. In the current environment in India, the various levels of government are more interested in technical expertise and assistance in capacity development and support rather than in funding support.

The state field office network provides an important advantage. As a result UNICEF is considered a trusted partner - especially at the state level - and hence has become influential in the analysis of gaps in programs and services and in implementing new programs and initiatives. The access to UNICEF staff in the UNICEF field offices and the ability to engage with UNICEF in a non-threatening and non-confrontational manner is seen by the state governments as a strength.

In evaluating the effectiveness of the CPAP strategies in positioning UNICEF, it is necessary to determine what strategic niche or space UNICEF India is trying to occupy. The interviews and documentation imply a shift to an upstream role for UNICEF, with a greater presence at the field level through decentralization of staff. Strategic positioning should fully define the value-added that UNICEF wishes to provide, what capacities it wishes to maintain, its areas of specialization, and what results it wishes to achieve. The strategies should then be designed to move the organization towards its desired "strategic position."

Given the implied strategic position that UNICEF wishes to occupy, the evaluation concluded that: the overarching strategy of shifting to upstream work has been more successful at the state level than at the national level. Strategies such as partnering with civil society, replication of innovations tested in the Integrated Districts, as well as systems strengthening and capacity development have worked better, overall, and have been more effective, at the state level, than at the national level.

A weakness that was broadly identified through the interviews both for this evaluation and for the recently released Partnership Study was that of improving knowledge management systems.

If UNICEF wants to reposition itself in the upstream, especially at the national level, then this is an area that will have to be rethought and strengthened considerably.

The recent UNICEF emphasis on working at the state level, with a strong focus in the 17 integrated districts, and its strategy of partnering extensively with communities and civil society organizations as well as the private sector, have contributed to increased grass-roots awareness and participation in addressing local gaps in services and local needs and for promoting government accountability. While local governance is not a traditional niche of UNICEF, its initiatives have been well received both by government and civil society partners. It also provides UNICEF with significant credibility with state and national government officials.

The Partnership Study indicated that UNICEF's strength and reputation is that of a well regarded technical agency, with strong brand image and the ability to bring knowledge of international best practices. It is less well known as an agency with strong policy analysis capacity. The key strategy of providing technical assistance and support has also contributed to the development of the technical and programming capacities of government staff at both the national and state levels, including the district level. However, as stated above, the impact is more visible at the state and district level than at the national level.

At the national level, the UNICEF overarching strategy is seen as less effective. Its ability to work in the upstream is not perceived to be a strength because of a perception of insufficient capacity in research, and policy analysis, and because it is not perceived as an organization that is always willing to push the government on controversial issues. The complex nature of the Indian national political structure and the existence of other development partners such as the World Bank also provide more competition to UNICEF in terms of its occupying its desired niche. However, in spite of this, Gol officials still recognize the important contribution of UNICEF in influencing policy, supporting new initiatives, and

assisting the government to identify and analyze trends and gaps in current policies and services, particularly compared to its UN sister agencies, given its sizeable presence at the state, district and community levels.

Integration of CPAP Strategies into the State and Sector Workplans, and the Adequacy of Planning, Implementation and Monitoring

The evaluation found that the two year rolling workplans are generally consistent with the CPAP. However, while the workplans are designed to achieve the MDGs, the evaluation also found that the state and sectoral workplans are mostly activity-based and not based on overall sectoral strategies which address long term goals. Therefore, there is a need for a more coherent planning process that also plans at the programme component or sectoral level with outcome indicators more clearly attributable to the UNICEF support.

The evaluation also found that convergence, which has been an objective of UNICEF over at least the last two programme cycles, has been difficult to achieve despite significant efforts in the 17 Integrated Districts. The IDA strategy provides a good mechanism to increase sector convergence at the village, panchayat and district levels; however, there is no mechanism to take convergence beyond the district level. The top-down budgeting and programme management apparent in many states and the well-known "stove-piping" of many of the Gol and state departments, programmes and schemes makes achievement of convergent programming objectives difficult.

Finally, although annual monitoring of workplan implementation is transparent and well documented in the integrated districts (IDA), overall reporting outside of the integrated districts or at the sectoral and state levels is relatively weak. Much of the reporting is done through the annual Country Office reports. Information about results achieved contained in the annual reports for each sector is activity and output oriented, fragmented and not comprehensive.

Clarity of the ICO Strategies to Key Partners

Although the partners at all levels, including other donors, civil society, private sector and government officials interviewed are aware of the ICO strategies, there is still demand for programme delivery support, particularly at the district level.

Extent to which CPAP strategies have contributed to achieving programme results, including improved performance, and changes in behavior

In spite of a lack of documented evidence on effectiveness, the evaluation found areas where the CPAP strategies have contributed to improved performance by government. There are important examples of the contribution of UNICEF's strategies at the district and panchayat levels in the Integrated Districts. There are many other examples in various sectors where the Strategies have resulted in improved government performance as well.

For instance:

- There are some examples of changes in partner level behaviour as a result of UNICEF support; and
- There are examples of behavior changes that have occurred in the wider population and indications that UNICEF contributed to them. These are more difficult to assess in the absence of a UNICEF evaluation of these changes, and to attribute to the UNICEF strategies. Changes can be most easily discerned in the Integrated Districts because of the strong UNICEF presence in these districts and because changes in the district administration and population behaviour have been more closely monitored and documented.

Findings – Efficiency

Are the resources (funds, expertise, and time) allocated by the ICO appropriate to support the strategies and activities?

The evaluation found that, in general terms, UNICEF funding is adequate to carry out its programme and, generally the Gol has sufficient internal budgetary resources to undertake new programs and schemes and to upscale promising pilot innovations.

UNICEF gaps are in human resources. In particular, turnover is an issue. Turnover causes a discontinuity

in programming and makes engaging the government more difficult. The needs for upstream work require technically strong section chiefs and supporting staff able to engage government counterparts in a non-threatening way.

Findings – Sustainability

To what extent are the strategies contributing to or likely to contribute to overall (Gol – UNICEF) programme sustainability? What are the contributing or constraining factors to making a durable change?

The key UNICEF strategies such as providing technical assistance, helping to leverage Gol resources and partnering at all levels are contributing to programme sustainability within the Gol. In addition, involving the government in the entire process of innovation, including the piloting phase, the demonstration and evaluation of effectiveness, and the scaling-up also contributes to sustainability.

As well, partnering with others, including civil society, private sector, communities and state governments, also supports sustainability. And, finally, the IDA approach which focuses on improving district capacities and empowering communities was also found to contribute to sustainability.

To what extent has the government created an enabling environment for the replicated innovations to be sustained?

Generally the Gol has been good at passing appropriate legislation and policy directives to provide the enabling environment for new progressive measures and initiatives; (e.g. child labour, Right to Education (RTE), micro planning guidelines). However, where laws and regulations are passed, enforcement is most often weak and ineffective (e.g. child marriage). The evaluation team noted that the Government has adopted and is committed to achieving ambitious national targets for MDGs, which also helps to enable the achievement of results. The evaluation also found that the availability of budget funds through government schemes is a key enabler for the

sustainability of many UNICEF supported piloted initiatives; however, a lack of human resources, particularly at the district level and a slow and inflexible bureaucracy often impede sustainability.

To what extent has the government integrated the innovations in its own system?

The evaluation found several examples where the state governments have adopted UNICEF piloted initiatives into their programmes. However, in spite of the fact that UNICEF supports the scaling-up of pilot initiatives in many states, very few formal and comprehensive evaluations of the pilots and the costs and benefits of scaling-up were done before the state governments proceeded to scale-up the initiatives with UNICEF's assistance. As well, few of the pilot initiatives were adequately documented.

Lessons Learned

The following are the key lessons learned from the evaluation:

Since the focus of the evaluation was on the Theory of Change and the positioning of UNICEF within the Indian context, the evaluation methodology was heavily oriented to reviewing UNICEF-supported innovations in the Integrated Districts in four key states given that IDA is a key theme in the CPAP. The lessons learned, therefore, also focused on what can be learned about the innovation process, to a great degree in the context of the Integrated Districts.

Theory of Change

A key lesson learned is that the Theory of Change Model is an appropriate model for introducing major innovations into the national and state government programmes. However, it cannot be applied sequentially and the application of each step may vary depending on the partners involved and the history and source of the innovation. The specific history and environment surrounding each innovation will determine the applicability, intensity and timing of different steps within the cycle.

Ensuring full engagement of the government in the problem analysis, and the design and planning of

a pilot initiative and its scaling-up helps to ensure government buy-in, and the successful adoption or scaling-up of the innovation, if it is demonstrated or deemed to be effective.

Scaling-up Innovations

Prior to scaling-up an innovation it is critical to examine the costs and benefits of the innovation if the innovation is to be scaled-up, as the availability of government resources for implementation may be limited. For instance, UNICEF embarked on micro planning without a clear idea of the costs and capacity/adequacy of human resources, and the capabilities of the districts to implement the plans.

Technical innovations are easier to replicate than those related to improving governance, on account of the former being more structured, and the relative ease in imparting skills and training for technical interventions. Improving governance, on the other hand, calls for changes at all levels of knowledge, attitude and practice, and is often a matter of collective motivation, which cannot be easily replicated.

The Integrated District Approach (IDA) and Microplanning

A lesson learned is that the IDA is an effective approach to involving local populations in planning, making connections between citizens and government functionaries, and encouraging convergence among sectors. The IDA leads to better results and greater accountability of service providers and the district administration. However, integration of the IDA within the district plans continues to be a challenge.

For UNICEF to be able to support the IDA optimally, it needs to be accepted and supported as an overall strategy of UNICEF, with appropriate mechanisms being established within UNICEF for inter-sectoral planning, coordination, implementation and monitoring of plans. In addition, for the results to be sustained, it is important that the state provides a conducive policy and programme environment. IDA outcomes are constrained in the absence of political will and commitment to decentralization, including the devolution of funds and decision-making authority.

Micro planning is resource intensive and requires budgets at the district level to allow for implementation of the plans. Yet the planning processes at all levels are still top down, which makes local level planning very challenging. It is important to know the context and what can be realistically achieved given the planning environment at the state level.

Recommendations

Recommendation 1

Continue to emphasize the strategy of focusing on the upstream level. If impact on policy is desired, UNICEF should increase senior staff capacities in order to better meet the needs of engaging in policy issues. UNICEF should endeavor to change the image of UNICEF as a technical organization to one with strong research and policy analysis capacity.

For credibility and impact, it is important for UNICEF to continue working to support governments at all levels with respect to policy development, system strengthening and service delivery development. However, if UNICEF is to focus on the upstream policy development level, then it is necessary, given the general perception of many of UNICEF as a technical organization, to ensure that there is appropriate staffing of persons with strong policy backgrounds. Therefore, UNICEF ICO must ensure that ICO and state office staff have adequate capacity in high-end policy analysis and advocacy with government counterparts and decision-makers at both state and national level. Further, UNICEF should ensure systematic and consistent engagement with the national managers of flagship programs and should ensure that the ICO engages in high level policy discussions with government counterparts.

Another critical input would be to continue strengthening national capacities in undertaking policy analysis work, and supporting evidence-based decision-making at the highest levels of planning and governance.

Recommendation 2

UNICEF should improve its management of the Innovation Cycle.

A finding of this evaluation is that the introduction and support of pilot innovations, as depicted in the Theory of Change, is not well managed by UNICEF. This indicates a number of areas where improvements are required:

- The innovation cycle, as it is applied by UNICEF, should be better documented. The various steps of the innovation cycle should be delineated in a concept note that will provide a standardized approach to the various stages of the cycle, but also describe the different possible originations of innovations and the flexibility required in managing the cycle.
- A comprehensive ICO-wide plan for piloting innovations should be developed every one or two years. The purpose of an integrated plan is to ensure that all of the state level field offices are fully aware of what is being done in other states and at the national level. The plan will provide a mechanism for sharing work, ensuring consistency in approach to the innovation cycle, and optimizing the use of results obtained in each state interested in scaling-up an innovation. It should also reduce overlap and duplication while ensuring that the results of piloting and evaluation are available and coordinated. The plan should also include strategies to scale-up and replicate innovations across states.
- Guidelines should be developed on the evaluation and effective documentation of pilot innovations.
- The evaluations and documentation of pilots should be made accessible on a UNICEF website to ensure easy access for both UNICEF and government officials as well as for anyone interested in the process, results and lessons learned of piloted innovations.
- Key innovations supported by UNICEF should be evaluated for cost and cost-effectiveness before they are scaled-up. A methodology for evaluating the costs and benefits of scaling-up of pilots and projecting the resources required for scale-up should be developed and disseminated.

The availability of human resources and capacities of partners should be assessed carefully, including the costs associated with developing capacity.

The above implies that the pilot innovations supported by UNICEF may have to be limited in number (through the planning process) to ensure that they can be managed in terms of monitoring, evaluation and documentation.

**Recommendation 3
Strengthen ICO research, evaluation and knowledge management practices.**

Further to the above recommendation, the ICO should strengthen its research, evaluation and knowledge management functions, to ensure that all key initiatives at the sector and state levels are appropriately evaluated and documented, and that the results are made available through an easily accessible website. This will help ensure that government schemes are assessed for their effectiveness and that they are achieving the desired impact.

This entails increasing UNICEF's support for social policy research to identify gaps in the implementation of major government policies and legislation. UNICEF should also review the role of the section staff in the Delhi office with respect to playing a greater role as knowledge management aggregators in their technical areas.

**Recommendation 4
Encourage early government involvement in the innovation process.**

In promoting innovations, UNICEF should ensure that government is involved in all phases of the innovation cycle. This means that UNICEF should engage government at the beginning of the cycle, so that government representatives are fully involved in the design and evaluation of the pilot phase.

**Recommendation 5
UNICEF should encourage and support the government in evaluating pilot innovations. As well, UNICEF should support capacity development of the national and state governments in evaluation.**

This evaluation established that few innovations are adequately evaluated by the government. This should include an assessment of the rationale for and effectiveness of the innovation, as well as the costs and benefits of scaling-up, the availability of resources and capacity for a scaled-up programme, and the comparative benefit of the innovation if scaled-up over alternative approaches.

The evaluation team found evidence of evaluations of only three innovations, the Activity Based Learning in Tamil Nadu, the Dular Strategy in Bihar and the Integrated District Approach. UNICEF should encourage the government to thoroughly evaluate pilot innovations before up-scaling.

Additionally, UNICEF should review how it can best support the government in terms of developing government evaluation capacity, and develop an initiative to support capacity building in government to undertake evaluations.

**Recommendation 6
UNICEF ICO should strengthen its planning and monitoring systems to ensure better coordination between the ICO and the state field offices.**

The evaluation noted that the linkages between the sector specialists and the state field offices could be improved to ensure better coordination and collaboration in planning, implementation and monitoring and evaluation. This could be accomplished through a broader based workplan at the ICO level that identifies the major activities, intended results, and roles and responsibilities for all of the UNICEF sectors at a programme component level.

Planning should be linked with outcome level results, preferably where UNICEF can demonstrate accountability for results. Finally, the UNICEF ICO should ensure that social inclusion, including gender, is mainstreamed into all programming.

**Recommendation 7
The ICO should improve its results framework.**

UNICEF India should develop a detailed results framework for its component programmes.

The results framework should include indicators which focus on UNICEF contributions to component outcomes. The results framework should also emphasize the need to report on results that highlight UNICEF's contribution and that can be at least be partially attributable to the UNICEF support or initiative.

Annual reporting should be improved and be more detailed, in order to provide a better overall picture of what has been accomplished for each sector, and in each state, against key objectives of the five year program both for the latest year and cumulatively over the five year cycle.

Recommendation 8
UNICEF should investigate the value of increased emphasis on partnering with the private sector and civil society.

Partnership with the private sector helps build awareness of the private sector's role in

helping to achieve the MDGs. It also helps to support UNICEF's need for funding. The private sector can also help promote the achievement of the MDGs through corporate social responsibility initiatives.

Strategic, long-term partnerships with civil society, including community-based organizations working on specific themes needs, to be strengthened as well to lend continuity and stability to issues of importance, and create resource centers for their continued support. Such engagement would not only contribute to building strengths of civil society actors, but also pave the way for long-term and effective work on accountability of government and policy matters, particularly social inclusion. Through supporting CSO research and advocacy initiatives across a wide cross-section of issues, UNICEF could play a significant role in evidence-based policy analysis and influencing government priorities for change.

1.0 Introduction



This report presents the findings, conclusions, recommendations and lessons learned of an evaluation of UNICEF's Strategic Positioning in India. The evaluation focused on whether UNICEF's strategic approach has contributed to better positioning UNICEF in the national development agenda of India. As well, a primary focus of the evaluation was to assess the UNICEF India Country Office (ICO) strategic approach with respect to the Theory of Change and the extent to which the UNICEF strategic approach has helped to accelerate and strengthen the achievement of higher level results. The evaluation was undertaken between June and October 2011 by a team of five consultants, three Canadian and two Indian.

1.1 Evaluation Objectives

The aims of this strategic level formative evaluation were to:

- Determine to what extent, and how, the key strategies, employed by UNICEF have contributed to better positioning UNICEF in the national development agenda of India;
- Measure the extent to which, the key strategies accelerated and strengthened the achievement of higher level results, beyond

the sum of the various sector results of the programme sections;

- Provide findings, conclusions, and recommendations to inform the 2013-2017 UNICEF Country Programme, particularly in the strategies to be set forth in the new Country Programme; and
- Provide findings, conclusions, and recommendations that can be shared with other parts of UNICEF, national, state, and district partners, and other counterparts who share UNICEF's values and mission.

This evaluation covers the first three years of the 2008-2012 programme cycle. The evaluation is at a strategic level and is focused on whether the strategic approach and the component five key strategies support UNICEF's efforts to foster and promote the piloting and scale-up of innovations as proposed in the Theory of Change. Important elements of UNICEF's five key strategies include:

1. Knowledge management for policy and programme influencing;
2. Partnership;
3. Replication of innovations in Integrated Districts;
4. Strengthening of systems and capacity development; and

5. Social Inclusion (As per the United Nations Development Assistance Framework (UNDAF) for India, an overarching objective is promoting social, economic and political inclusion.)

The evaluation did not collect primary data on the achievements of UNICEF's work in India. Rather, it focused on how the successes, challenges, and learning from implementation work have been used to produce systemic outcomes at the district, state, and national levels.

1.2 Methodology

The findings, conclusions, and recommendations presented below are based on three primary methods: i) a desk review of documents, ii) structured interviews with key informants (UNICEF staff, government officials, non-governmental organizations (NGOs) and civil society) in Delhi, Bihar, Tamil Nadu, Maharashtra, and Rajasthan, and iii) ten case studies of innovations: eight of which were carried out in four states and two at the national level.

The evaluation work was undertaken in India from August 8-28. During the evaluation, interviews and group discussions were completed with:

- UNICEF ICO staff;
- UNICEF Field Office staff and UNICEF district/ state-level consultants;
- Government of India officials;
- State Government Officials from relevant Line Departments and flagship programmes (e.g., Sarva Shiksha Abhiyaan);
- District Collectors, District Line Department representatives and Block level officials;
- Other donors (e.g. DFID, IKEA) and UN agencies (e.g. UNDP, UN Women) and civil society organizations (e.g. key research institutes, NGOs) at the national, state and district levels,

- UNICEF Consultants who undertook documentation and evaluation studies, and
- Community groups, panchayat raj institutes (PRI) representatives and village volunteers.

In each state/district where case studies were completed, the focus was placed on studying the sampled innovations using the model proposed in the Theory of Change as a benchmark. This was done through a review of documentation and through interviews with government officials, civil society and community participants at the district level to obtain a better understanding as to why the innovation was attempted, and how it was piloted, evaluated and documented. An important aspect of the review of each innovation was assessing whether the innovation had been scaled-up or was likely to be scaled-up.

The selection of innovation case studies was based on purposively sampling eight of approximately 30 innovations that had been identified in a recent study of UNICEF innovations in India¹. The selection was made to ensure that four of the case studies were in less advanced states which have a higher concentration of UNICEF support (Bihar and Rajasthan) and four were in the more advanced states of Maharashtra and Tamil Nadu, which, according to the Country Programme Action Plan (CPAP), were to receive less intensive UNICEF support.

In addition the selection ensured that the eight case studies in four districts highlighted a variety of sectors. As a preliminary review of the available ICO documentation indicated that the integrated district approach (IDA) districts were better documented, the evaluation team selected four IDA districts and one non-IDA district thereby assuring that there was adequate documentation of the case studies. The evaluation focused on the following States and Districts:

1. It should be noted that although the sample was derived to provide sectoral and regional coverage, there was no knowledge at the time of sample selection as to whether the innovation had been successfully adopted and scaled up by each state, with assistance and support of UNICEF.

State	District	Whether IDA?	Intensity ²
Rajasthan	Tonk	Yes	High
Bihar	Vaishali	Yes	High
Tamil Nadu	Krishnagiri	Yes	Low
Maharashtra	Chandrapur	Yes	Low
	Nagpur	No	N/A

In the early stages of the evaluation, a preliminary review of documents helped the evaluators gain familiarity with UNICEF’s key strategies and the Theory of Change as outlined in the UNICEF CPAP. Preliminary work indicated that many studies, assessments and frameworks had been completed. The evaluation drew from these documents for evidence and to avoid duplication of efforts. A full list of documents reviewed can be found in Appendix C and the template used for the document review is included in Appendix D.

The case studies of innovations were benchmarked against the model proposed in the Theory of Change to assess whether attempts at introducing, piloting and scaling-up innovations

actually followed the cycle proposed in the Theory of Change.

The evaluation team examined the case studies to determine how they were introduced, whether they were piloted, whether the pilots were adequately evaluated, whether the innovations were successfully scaled-up (or were likely to be scaled-up), and what role UNICEF played in the process. The team also assessed whether knowledge gained and lessons learned were adequately documented, and are being used. Wherever possible, the extent to which the planned implementation of the innovation emphasized social inequities and exclusion (including issues of gender), was also noted.

1.3 Challenges and Limitations

The following describes some of the challenges and limitations of the evaluation.

Limited baseline data or reporting outside of IDA districts

There is little, if any, baseline data available to benchmark progress and assess achievement

Exhibit 1.1: Case Studies

State	Innovations
Tamil Nadu	<ol style="list-style-type: none"> Activity Based Learning Panchayat Level Convergence Committee
Rajasthan	<ol style="list-style-type: none"> Facility Based Newborn Care Unit Adolescent Anaemia Control
Maharashtra	<ol style="list-style-type: none"> Gram Panchayat Micro-Planning Bio-Village
Bihar	<ol style="list-style-type: none"> Dular strategy District Planning and Monitoring Cell
National Level (India-wide)	<ol style="list-style-type: none"> Right to Education Act Integrated District Approach

2. The level of intensity refers to the extent to which UNICEF is engaged in activities in the IDA districts; those with a high level of intensity receive programming, policy and advocacy resourcing while in districts considered to be low-intensity, UNICEF focuses on advocacy and policy-influencing activities with limited-scale programming.

of results of UNICEF interventions, except in the IDA districts. Even for the initiatives in IDA districts, there is limited counter-factual data available to make comparisons between intervention and non-intervention areas; thus, attribution of results to many of the UNICEF supported innovations was problematic.

Absence of well-defined outcome indicators

UNICEF reporting indicators are mostly at the activity and intermediate result level, while the impact indicators are at the national level and often cannot be attributed directly to UNICEF. The lack of outcome level indicators (e.g. change in performance, change in quality of services, change in coverage of marginalized populations, behavior change, improved sectoral coordination at district level, etc.) made it difficult to attribute or demonstrate the contribution of the higher level outcomes to UNICEF.

Limited number of evaluations

With a few exceptions in the areas of health and nutrition, there are hardly any evaluations or studies that evaluated the intermediate results of the UNICEF-supported activities or innovations. Under the circumstances, the observations made in this report are mostly of an anecdotal nature, and the findings are derived from UNICEF documents and interviews with stakeholders.

Constraints of time and geographic coverage

On account of constraints of time and resources, this evaluation had a limited geographic coverage – the findings are based on a visit to 4 of the 17 UNICEF IDA districts (in 14 states) and only

one non-IDA district. The justification for the skew in favour of IDA districts is explained by the purpose of the evaluation, which was to assess the application of the theory of change, and the relative availability of documents for these districts. However, focusing on a sample of innovations and case studies across a number of sectors provided sufficient information to make some observations on the effectiveness of the strategies which was the purpose of the evaluation.

Limited access to national and state government officials

In some cases, it was difficult to access pertinent national and state level officials for interviews due to their schedules. Other officials could provide only limited time for an interview. This impaired the quality of the interview results in some cases. A recently completed UNICEF partnership study did partly fill this gap, as it complemented the findings from face-to-face interviews.

UNICEF was in the process of completing a partnership study at the time of the evaluation, and to avoid duplication of effort and minimize the response burden the evaluation team utilized the results of that study to supplement the interviews carried out for the evaluation.

Confounding factors

Finally, while the evaluation scope covered the Country Programme 2008-2012, many initiatives and strategies reviewed started prior to 2008 and were built on previous programme cycles, or originated from organizations other than UNICEF. This sometimes made it difficult to determine which results could be attributed to the current CPAP.

2.0 Profile of UNICEF's Work in India



2.1 Background to the Evaluation

2.1.1 Context to the Evaluation

More than 60 years after first beginning to work in India, UNICEF has continued to play an active role in addressing issues pertaining to children and women. Despite a strong economy which has grown significantly in recent years, and marginal improvement on the human development index, India still faces a number of challenges when addressing poverty, inequality, gender, and social exclusion. With a population of more than 1 billion, these challenges are not uniform across the country and are noticeably different from state to state, among social groups, across income levels, and between genders. In addition to the diversity of issues and challenges, the multiple layers of deprivation and discrimination faced by certain groups and in some regions, make the country a study in contrasts.

Working alongside other UN agencies, voluntary organizations, corporate donors, and at various levels of governance (national, state and district), UNICEF is currently implementing its 2008-2012 country programme which was designed to complement the Government of India's (GoI) efforts

to attain not only the Millennium Development Goals (MDGs) by 2015, but also the more ambitious National Development Targets, including reducing by 2012 the poverty ratio by 15 percentage points and reducing the infant mortality rate (IMR) to 28 per 1,000 live births.

At present, the UNICEF ICO has a network of field offices in 14 states, allowing the agency to more effectively reach disadvantaged communities in remote locations, and advocate on their behalf to the state and national governments. According to UNICEF staff, during the last few years, UNICEF has increased its presence at the state and district levels, while reducing the number of staff in the Delhi ICO.

2.1.2 UNICEF: Past Programme Strategies and the Current Country Programme Action Plan (CPAP)

During the last 20 years, UNICEF has moved away from a project-level approach towards a more concentrated and strategic upstream approach. Emphasis on upstream work coupled with a programming approach at the grassroots level (Integrated District Approach), are the key elements of the UNICEF India Country Programme Plan of Action (CPAP) 2008-2012. The Integrated

District Approach (IDA) is a model for convergent programming in 17 focus districts in the 14 states where UNICEF has a presence.

The upstream work at the national and state levels focuses on influencing policy discourse, mainstreaming social inclusion into government policy and programmes, and strengthening of systems and capacity development in the ongoing flagship programmes of the GoI. This new focus represents a major strategic shift from the earlier programming efforts of UNICEF, which focused largely on supporting the actual implementation of programmes through supplies, trainings etc., inputs that were more of a service delivery nature. This shift has also led to redefining strategies for achieving the overall and thematic goals, as seen in Exhibit 2.1.

As indicated previously, the UNICEF Country Programmes in India have been in sync with the GoI's Five Year Plans to ensure synergy with the government's national priorities. In addition, these plans have been developed against a backdrop of the situation of children and women in the various states of the country. International proceedings and development milestones such as the Convention on the Rights of the Child (CRC), Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), World Summit on Social Development (WSSD), World Fit for Children (WFFC)

declaration, UNICEF's global shifts and priorities, Millennium Development Goals and United Nations Development Assistance Framework (UNDAF) have informed priorities and measurement of development outcomes from time to time.

UNICEF has historically supported the geographic and thematic priorities of national concern: Child Development and Nutrition; Child Environment; Child Protection; Child Survival and Safe Motherhood; Education; Advocacy for Child Rights; Community Based Convergence Services; Urban Basic Services (1991-95); Development Communication/Behavior Change Communication; Children and HIV/AIDS (since 2003); and Social Policy (since 2008).

The CPAP for 2008-2012, was developed giving cognizance to:

- (i) The situation of women and children in India;
- (ii) The Government of India's thematic priorities and commitment to inclusive growth to address issues of social exclusion and inequitable growth; and
- (iii) Progress made against the MDGs and lessons learnt while implementing 2003-2007 Country Plan.

The key thematic priorities of the 2008-2012 CPAP addressed issues of national concern for:

- Reproductive and Child Health;
- Child Development and Nutrition;

Exhibit 2.1: Overview of UNICEF Strategies (1991-2012)

Year	Strategies
1991-1998	<ol style="list-style-type: none"> 1. Community based convergent services 2. Innovations that may have the potential of replication
1999-2002	<ol style="list-style-type: none"> 1. Convergent Community Action (considered essential for rights alliance), 2. Decentralisation (in line with the 73rd and 74th amendment of the Indian Constitution of 1993) 3. Centrality of women's and gender relationships.
2003-2007	<ol style="list-style-type: none"> 1. Community convergence (Integrated District Approach) 2. Decentralization 3. Partnerships and advocacy 4. Women's and gender relations 5. Knowledge management support
2008-2012	<ol style="list-style-type: none"> 1. Replication of innovations in Integrated Districts 2. Strengthening of systems and capacity development 3. Advocacy and partnerships 4. Knowledge management for policy and programme influencing 5. Social Exclusion (as an approach and in sector programmes)

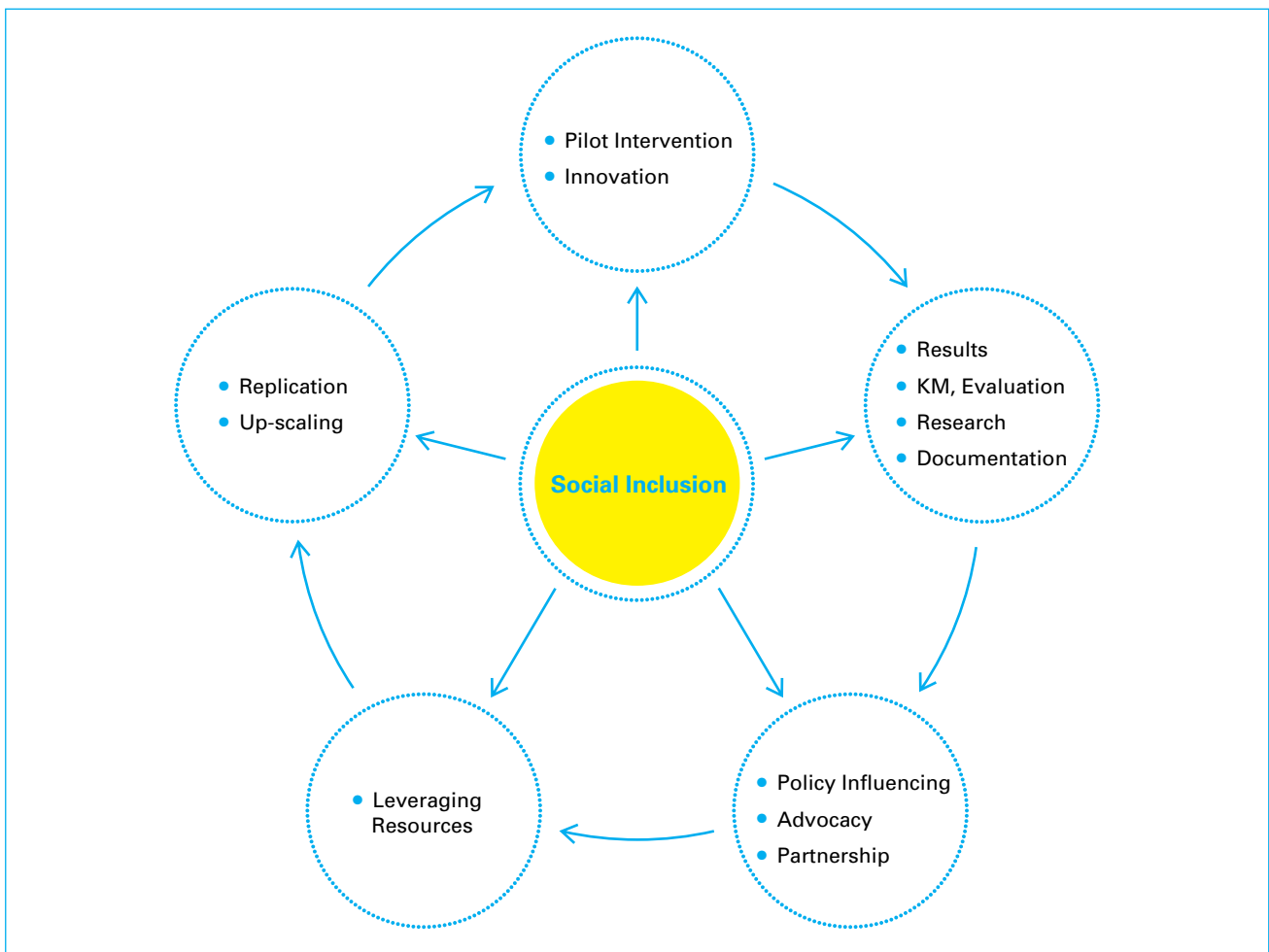
Evaluation of UNICEF Strategic Positioning in India

- Child Environment (Water, Sanitation and Hygiene);
- Education;
- Child Protection;
- Children and AIDS;
- Social Policy, Advocacy and Partnerships and Behaviour Change Communication; and
- Emergency Preparedness and Response.

While the 2003-2007 CPAP was primarily guided by the UNDAF, the current programme was developed to also align more closely with the Gol’s objectives and priorities as outlined in the

Eleventh Five Year Plan of the Gol. Moreover, where the previous country programmes focused on the implementation of programmes to address children’s issues and promoted social mobilization to facilitate change, the current approach involves more policy work, strengthening capacity and systems, and knowledge management. Of particular note is the focus on reducing social inequities based on gender, ethnicity, caste and region and influencing government policies, strategies and programmes to be more socially inclusive³. By taking such an approach, UNICEF aims to more strategically address children’s

Exhibit 2.2: UNICEF Theory of Change CPAP 2008-2012



3. Regarding gender equity, a 2010 review of ICO programming concluded that ICO interventions are “well-designed and well-positioned to take advantage of the synergy and interconnections between women’s rights and children’s rights.” In 2010 the Country Management Team established a “‘Gender and Diversity’ working group which will address issues related to mainstreaming both the gender equality and social equity focus in programmes.” (UNICEF ICO [2010] “Country Office Annual Report”, accessed March 29 at http://www.UNICEF.org/india/UNICEF_India_COAR_2011_Final.pdf)

issues in the country in order to meet the MDGs by the 2015 deadline.

A critical component of the 2008-2012 Programme is the adoption of the Theory of Change (ToC) which represents the ICO's strategic approach to engage in policy advocacy for achieving sustainable results. UNICEF describes the ToC as a feedback loop that seeks to systematically review and evaluate intervention results to better inform advocacy work and influence policy changes. The model is depicted in Exhibit 2.2 on the opposite page.

2.2 Findings of Previous Studies

This section provides a brief overview of recent studies of the UNICEF programme in India.

2.2.1 Changing Gears: 2009-2010

The 2010 Changing Gears Study was conducted to gain an understanding of the status of UNICEF's upstream work arising from the 2008-2012 CPAP in support of the Gol and its flagship programmes at the national and state level. Three elements were the focus of the study: capacity development (CD) and systems strengthening (SS); social inclusion; and, programme influencing. Reviewers made visits to UNICEF offices in five states, examining work plans, the CPAP and other background documents. The study (which may be viewed as an internal document that was produced without any discussions with external stakeholders) found that despite the short period of time since the implementation of the CPAP, the overall UNICEF supported programming in India had advanced well, but more work needed to be done to accelerate progress.

With respect to capacity development and system strengthening, the study found that though these are priorities shared by UNICEF staff in India, there was a lack of a clear and shared understanding

of what CD and SS were within the UNICEF programme framework. Further, it was found that "there is limited evidence of analysis of institutional and capacity constraints" and "given the lack of analysis, it is not clear on what criteria the activities could be prioritized to have a more focused approach to SS/CD."⁴ The lack of a unified approach limited the ability of the review team to determine the extent to which activities led to SS/CD. The team did find, however, that there was a shift, though gradual, towards an upstream approach to activities, such as supporting the strengthening of government systems and improving monitoring systems⁵. As there was no evidence of systematic evaluations of initiatives, it was challenging to determine whether this strategic shift was having an impact on SS/CD.

The current CPAP, largely influenced by the Gol's 11th Five Year Plan, has social inclusion at its core. The review found variations across states and sectors in the prioritization of social inclusion and how the issue was addressed. At the time of the review, a systemic analysis was underway to help better address social inclusion⁶. Additionally, it was also found that annual work plans had insufficient indicators to monitor social inclusion, particularly for activities that are part of broader initiatives and do not focus on social inclusion explicitly. The ability to assess the impact of social inclusion activities was further compounded by the minimal number of evaluations and monitoring of activities⁷.

The third element of the study was programming influence. This presented challenges for reviewers as it was difficult to link together activities with outcomes and impacts. The review did find that UNICEF was well-positioned to influence programmes at state and national levels. This was largely due to UNICEF's involvement in committees and other forums such as workshops and strategic meetings. Part of the difficulty in determining

4. "Progress on Indicators On Changing Gears: 2009-2010", Geeta Unnikrishnan, May 2010, p. 8

5. Ibid, p. 8-9

6. Ibid, p. 9

7. Ibid, p. 9-10

attribution was the lack of documentation of such engagement. With respect to the scaling-up of interventions, reviewers found examples of the use of studies, data and assessments to successfully influence policy. A significant criticism, however, was the lack of an explicit overall strategy for programme influencing activities. The study noted that there was an opportunity to undertake policy and programme analyses to better understand the context in which UNICEF is working and better influence policy and programmes. Finally, it was found that more effort was needed in strengthening knowledge management. By addressing this area, UNICEF should be in a stronger position to influence policy and programmes.

Ultimately, the review recommended that UNICEF offices take steps to improve accountability activities, increase shared understanding of policies and priorities, engage in systematic assessments, and develop clearer indicators in annual work plans.

2.2.2 Government of India – UNICEF Country Programme 2008-2012: Mid-Term Review

The Mid-Term Review for the Government of India – UNICEF Country Programme of Cooperation 2008-2012 – was held in May 2010 with participation from government representatives from the state and national levels and other key stakeholders. The Review focused on the following issues: the situation of women and children; emerging issues; strategy review; assessment of programme results and achievements; and, a review of operations and recommendations⁸. To facilitate the mid-term review, programme reviews took place at the state level which then helped to inform national level reviews. Numerous discussions took place internally and with external partners in addition to reviewing relevant documents such as previous reviews, evaluations, and studies.

The review noted that the GoI adopted a number of key policies since 2008, including: Right of

Children to Free and Compulsory Education Act, Child Friendly Schools and Systems Framework, and Integrated Child Protection Scheme. The first of these is of particular note as the passing of this legislation resulted in a constitutional provision stating that all children have the right to quality primary education without any barriers.

The review focused on initiatives in the areas of reproductive and child health, polio eradication, child development and nutrition, child environment programme, child protection, children and HIV, and education. This was complemented by examining the decentralized approach taken by UNICEF with respect to programmes being facilitated at the district level. Finally, the review also looked at activities related to social policy, planning, monitoring and evaluation (SPPME), advocacy and partnership, behaviour change communication and emergency preparedness and response.

Overall, the reviewers noted that UNICEF India had progressed well in the first half of the 2008-2012 CPAP, gaining valuable experience with scaling-up programmes for young child survival and development, promoting coordination among the various initiatives and providing support in terms of communication and monitoring and evaluation. It highlighted achievements in child protection, the children and HIV programme, and education, particularly in relation to the advocacy work.

Despite the successes experienced in the first half of the programme, the review recognized constraints and challenges that affected the implementation and realization of results, including ongoing vacancies, staff turnover, and a focus on activities rather than results in the planning stages. It noted that the growing number of children living in urban areas and the number of children living in areas experiencing violence, two emerging issues, would require the attention of UNICEF in order to realize their rights⁹.

8. "Government of India-UNICEF Country Programme 2008-2012 Mid-Term Review", May 2010, p. 1

9. Ibid, p. 6

The report recommended that UNICEF focus on disparities, particularly with adolescent girls, prioritize young child survival and development interventions, establish protective environments for children, and take a more strategic approach to programming to achieve results¹⁰.

2.2.3 Formative Evaluation of the Integrated District Approach

The Formative Evaluation of the Integrated District Approach (IDA) was completed in 2008. The IDA was developed in the previous programme cycle to improve community participation in achieving UNICEF's objectives. The IDA is premised on the concept that the needs of children are indivisible and a holistic approach needs to be taken; community participation is critical to good governance; and convergence of activities is necessary¹¹. The evaluation focused on the efficiency and effectiveness of a variety of objectives, including: village planning, the behaviour change communications strategy, the convergence of plans of UNICEF sectors as well as at the district level, review the relevance of the approach with respect to addressing women's and children's issues, the monitoring system, as well as partnerships and budgets¹².

The evaluation found that the IDA had been effective, particularly with respect to engaging communities on women's and children's issues and there was great interest from communities in the approach. This had resulted in community members expecting greater accountability of those providing services, as well as making it challenging to maintain the momentum of the program¹³. Additionally, in villages where district officials were proactive and ownership encouraged, successful results were more likely. It also noted that village volunteers played a critical role in the IDA, though receiving support from NGOs, maintaining

interest, and ensuring quality training proved to be a challenge¹⁴. It further observed that overall, village information centres were not successful; monitoring activities of IDA largely depended on NGOs with volunteers receiving insufficient support, and that some states faced ongoing challenges in implementing decentralized planning¹⁵.

Despite these challenges, the evaluation found that there were improvements in indicators relating to education, immunization, institutional deliveries and breastfeeding, though these could not be attributed solely to IDA¹⁶. It noted further, that improvements could still be made, particularly with respect to ensuring that girls completed their education.

The recommendations made to UNICEF in the evaluation included using participatory tools, increasing interaction between village volunteers, improving shared understanding of social inclusion, engaging more in advocacy work, and strengthening monitoring systems¹⁷. Overall, however, the evaluation found the IDA is a beneficial approach to working with communities to help improve human development and encourage community members to demand accountability from service providers.

2.2.4 Advancing Women's Rights and Gender Equality: Strategic Opportunities for UNICEF India

The Gender Review was initiated by the UNICEF ICO as a follow-up to global evaluation of gender mainstreaming in UNICEF, to understand the national policy context in India and to identify areas in which gender equity could be promoted in national policies. The review undertook an analysis of the women's and children's rights policy framework in India and identified areas of social,

10. Ibid, p. 7-8

11. "Formative Evaluation of the Integrated District Approach", KPMG, November 2008, p. 10

12. Ibid, p. 11

13. Ibid, p. 12

14. Ibid, p. 14

15. Ibid, p. 14

16. Ibid, p. 15

17. Ibid, p. 15-16

economic and political vulnerability, helping to ascertain where women and children are particularly vulnerable with respect to violations of rights and/or their well-being. UNICEF has a number of programmes that involve women and children, including health and nutrition, water and sanitation, and education. As a critical component of effective gender mainstreaming is the coordination among programmes and interventions, the review applied a gender equity lens to determine if efforts to coordinate and mainstream gender equity have been effective.

The study concluded that while women are a target beneficiary group for UNICEF, given the inherent links between women's and children's rights, the CPAP does not overtly recognize this link. This implies a discontinuity between the goals of the CPAP and the accompanying results framework.

The analysis of a survey conducted for the review found that while respondents are knowledgeable about gender concepts and how to incorporate these concepts into their work, for some respondents, there is a gap between knowledge of gender concepts and their application to programmes/projects. Further, it was found that UNICEF's gender policy was not clearly understood by the respondents.

The review highlighted areas of vulnerability in India for women and children, noting in particular the problems of hunger, violence, and unpaid or underpaid work. It was recognized that there is a policy environment in India that can facilitate furthering the integration of gender mainstreaming into programmes.

Findings of the review include the recognition that UNICEF should ensure that its gender strategy is coherent and coordinated in order to provide a foundation from which to pursue initiatives that support gender equality. Further, a rights-based approach is ideal for its policy advocacy work.

To support these efforts, the reviewers recommended utilizing a conceptual framework that clearly connects efforts to change institutions in order to provide more services with projects that encourage women's empowerment.

2.2.5 Key Challenges Related to Positioning UNICEF in India

This sub-section is meant to provide some context to the issue of strategic positioning of UNICEF in India.

A conceptual framework for strategic positioning was advanced by Michael Porter¹⁸ in 1980. This framework is still accepted to this day and has been applied in evaluating UNICEF's strategic positioning in India. Porter recognizes six key elements to strategic positioning. The Porter framework has been applied to private sector organizations and subsequently to countries. In our view, with some modification, it can also be applied to public sector domestic and international organizations. The key elements in positioning:

- Defining a core philosophy (values);
- Focus on profitability (this can be applied in the context of results);
- Offer unique benefits;
- Establish a distinctive value chain;
- Specialize in a limited number of activities; and
- Ensure that all activities reinforce the strategy.

The Porter framework implies that defining a strategic position follows after the organization decides on its goals and desired market position. Applying this to UNICEF ICO would mean that the key strategies for the ICO can best be evaluated against a set of organizational goals and against a vision that UNICEF has developed for itself in terms of its desired niche in the international development space.

As described earlier in this chapter, India is in the midst of a process of fast economic growth. A product of this growth has been to increase the revenues available to the government significantly, thereby lessening government dependence on

18. M.E Porter, *Competitive Strategy: Techniques for Analyzing Industries and Competitors*, New York, Free Press, Republished 1998.

external aid. According to UNICEF staff, the national government has indicated that its needs are primarily for technical assistance, and not for financial assistance. This has increased the pressure on UNICEF to provide a different focus in its attempt to add value in its programming.

Other considerations in positioning the UNICEF programme are described in subsequent sections and include:

- The diversity of Indian states in both managerial capacity and resources;
- The perception of UNICEF staff (and Indian public servants) that the need and demand for technical assistance is greater at the state level, as opposed to the national level;
- The fact that the political environment at the national level is arguably complex and more

difficult to deal with than the situation at the state level;

- The security environment in some states makes programming difficult;
- The existence of sometimes hard to reach segments of the population that are of greatest need;
- The states are responsible for implementing many programmes that follow under their constitutional areas of competency;
- Increasing importance of indigenous Indian foundations and corporations in alleviating poverty and in attacking the many needs of the population.

The above factors are an important component in the shaping of UNICEF's strategic position in India.

3.0 Findings



3.1 Theory of Change

A primary purpose for this evaluation was to test the Theory of Change model. As a result, this section provides the evaluation findings regarding the Theory of Change. The findings and lessons learned in this section derive from interviews as well as the ten case studies conducted for this evaluation. The Theory of Change model was adopted as a result of the 2008-2012 CPAP and represents the ICO's strategic approach to engage in policy advocacy in order to achieve sustainable results. UNICEF describes the model as a feedback loop, where systematic reviews and evaluations of interventions will help to inform advocacy work and influence policy change.

The model postulates, consistent with the current CPAP, that UNICEF supported innovations will follow a cycle that begins with piloting the innovation, evaluating the effectiveness of the pilot, and documenting and sharing the information, carrying out advocacy with the government and then supporting the government in its efforts to scale-up the innovation.

The key components of the Theory of Change generally derive from the overarching strategies

of the CPAP, i.e., knowledge management for policy and programme influencing, partnership, replication of innovations in Integrated Districts tested to a large extent in the Integrated Districts, and systems strengthening and capacity development. The Theory of Change structures the individual strategies into a consistent overall model. To test the Theory of Change model and to determine the strengths and weaknesses of the model, the evaluation team sampled ten (10) case studies of piloted innovations in four states (two per state) as well as two cases at the national level (see section 1.1 for a list of the case studies, and Appendix A for a complete description of the case studies).

The findings below have been based on the findings of the case studies.

Evaluation Findings:

Following are the key findings regarding the Theory of Change model:

- The evaluation determined that although the model generally describes the process UNICEF follows in supporting the introduction of an innovation, the local situation may lead to different sequencing (and sometimes the omission) of the steps called for in the model.

- The model indicates that piloted interventions should be evaluated and that the knowledge gained through research and evaluation should be documented to assist scale-up in other jurisdictions. The study found that this is not carried out systematically. Only three of the ten case study innovations piloted were evaluated. Overall, the documentation for knowledge management purposes was inadequate, other than for integrated districts (ID).
- Once evaluated, the model indicates the necessity of policy influencing and advocacy, with emphasis on the need for partnerships. The study indicated that this is indeed a critical component of the process. State government officials and UNICEF staff indicated that in most cases advocacy should be an ongoing process that must start early in the cycle if it is to be effective. In many cases UNICEF engages partners to help with the piloting, evaluation and advocacy requirements of the process.
- The model indicates a need to leverage resources before replication and scale-up. In all of the cases reviewed, successful scale-up was dependent on the government leveraging resources through one or other national schemes.

The following discussion provides more detail on the findings as per the Theory of Change.

As indicated, ten (10) case studies were completed: eight (8) in the four states of Bihar, Maharashtra, Rajasthan and Tamil Nadu, and two at the national level. The IDA is a major pillar of the UNICEF program, with a view to strengthening bottom-up planning and sectoral convergence at the district level. The Right to Education (RTE) is a recent legislation enacted by the government of India. UNICEF is assisting the government at the national level, as well as at the state level, to develop policies and plans to implement the RTE.

Piloting Innovations

Regardless of the origin of the initiative, UNICEF has been supportive of the government efforts to pilot and the approach taken has focused on capacity development, working closely with the department and district involved.

The RTE and activity based learning (ABL) are examples where UNICEF supported a government led initiative by providing technical support and back-up to a government driven strategy. UNICEF provided support to the RTE in its early stages by providing capacity development from the Education Section to education institutions and states for years to build up support and help facilitate the passage of the legislation. With the ABL, UNICEF provided support to the teaching staff, educators and administrators to help develop the human capacity to undertake the programme. This was done through the sponsoring of a Master's level English programme for educators in addition to providing support with the development of learning materials and curriculum development.

UNICEF also used the technical assistance approach at the district and local authorities in developing local governance mechanisms for bottom-up planning during the pilot stage for initiatives such as the Panchayat Level Convergence Committee, the District Planning and Monitoring Cell and Community-based planning.

Results, Knowledge Management, Research and Documentation

The Theory of Change proposes that once a pilot initiative has been implemented it should be evaluated, and the approach, methodology, and results of the evaluation should then be documented as part of an overall knowledge management strategy. The purpose of doing this is to facilitate the scaling-up of the initiative at the district, state, national or even at the international levels in addition to supporting evidence-based advocacy work.

In addition, systematically planned and rigorously implemented third party evaluations or research studies or initiatives are necessary before scaling-up, to ensure that the desired outcomes are achieved and the initiative is the most cost-effective approach available. This includes collecting and analyzing data on socially excluded groups.

The evaluation found that this is perhaps the weakest part of the process as compared to what

is envisaged in the Theory of Change (with the exception of the IDA initiative in 14 states):

- There are no specific guidelines on the planning and management of pilots or their scaling-up. As a result, there is little consistency in the approaches used by different UNICEF state offices.
- Whereas some pilot projects being supported are Gol initiatives, others are UNICEF initiatives, which may already have been scaled-up in other states or other countries. As there are no guidelines on pilots, and there are still weaknesses in the formal knowledge management system, there may not be consistency in the approaches taken on the various pilots.
- Documentation is inconsistent, not catalogued, and not always available in a central location or website. According to several staff, there is scope for improvement in the way the ICO uses interns to gather documentation on initiatives.
- Some interviewees also pointed out that the national section programme staff were in a unique position to act as aggregators, disseminators with respect to knowledge and lessons learned in a more systematic fashion to support the work of state offices in the various areas of intervention (Water, Sanitation and Hygiene (WASH), education, nutrition, etc.) instead of putting responsibility largely on the SPPME.
- Few UNICEF initiatives (including the ten case studies) have been evaluated prior to scaling-up. Only two of the ten case studies reviewed (Dular Strategy, and Activity Based Learning were fully evaluated independently).

The evaluation did find that the UNICEF state offices undertake research studies to assess the value of an initiative. For instance, all the Integrated Districts have been the object of assessments. However, the studies on innovations are often not robust, and are not based on adequate baseline information to measure impacts and changes

in population behaviors. This was observed in the Facility Based Newborn Care Unit (FBNCU) and Special Newborn Care Unit (SNCU), where follow-on studies are now being done, as well as in the Anaemia Initiative in Tonk. While it can be argued that some initiatives such as the Right to Education did not need to be evaluated prior to scaling-up, this evaluation found that only three of the ten initiatives (Dular, IDA, and ABL) have been adequately evaluated.

According to interviews with UNICEF in each of the four states visited during the evaluation, decisions taken by a state government on scaling-up are often based on the experience in another jurisdiction, or based solely on the observations and judgment of key officials in the state. In these cases, the decision to scale-up is made by the government with UNICEF being requested to provide technical capacity development support. The Gol and state governments noted that evaluation is not strong in India, and hence very few of their initiatives are properly evaluated.

The IDA initiatives in the 14 states have generally incorporated a baseline study, often based on socio-economic surveys (e.g. village level survey for micro planning). For example, the Panchayat Level Convergence Committee (PLCC) and District Planning and Monitoring Unit (DPMU) planning initiatives in the IDAs in Tamil Nadu and Bihar have not been evaluated but baseline surveys for the IDA and a future evaluation of the IDA planned for 2012 should provide information on the success of these pilots.

The findings of this evaluation are consistent with the results of a recent Internal UNICEF audit that concluded that: "The majority of the (pilot initiatives) reviewed did not clearly state what they were to achieve, or the hypothesis or action to be tested. Less than 25 per cent included a baseline study or control against which their results could be assessed."¹⁹

19. Audit Report on the Management of Pilot Initiatives in Country Offices (2009/32), UNICEF Directorate of Internal Audit, October 2009.

Policy Influencing, Advocacy and Partnership

The Theory of Change model implies a sequence to the steps that comprise the process of adopting an innovation, with the piloting and evaluation of the results of an innovation followed by the task of advocacy (policy influencing), leveraging resources and scale-up. In the 2008-2012 CPAP, UNICEF describes the advocacy and partnership programme as one that works in collaboration with all sectors and aims to contribute to the reaching of all MDGs by bringing about national action on issues related to children, including rights, gender, and social inclusion. The programme would work to bring about informed public discourse on children, influence a policy and legal framework that would support children and the realization of the MDGs as well as the implementation of national flagship schemes. This would also include advocating for government resources to support such initiatives²⁰.

The evaluation found that conducting and supporting advocacy is one of the strengths of UNICEF. Generally, UNICEF and government (state and national level) interviewees said that UNICEF supports advocacy efforts or directly carries out its advocacy activities through the sharing of information and analysis of issues at annual meetings with national and state government officials, and lobbying and negotiation through periodic visits to state government departments. This was clearly seen in the case of the RTE where UNICEF actively engaged in advocacy activities in addition to building awareness and momentum amongst civil society organizations (CSOs) and NGOs in support of the legislation. The evaluation also found that in the four states visited there was strong UNICEF advocacy for convergent planning at the district level, which was well received and good reception for it in at least three of the four IDA districts.

The study also found, through interviews with UNICEF and government staff, that UNICEF field offices consider it important to engage government

officials in the early stages of a pilot. (In fact, government officials usually discuss and approve new pilot innovations with the UNICEF state office prior to initiation through the annual workplanning process, but often request UNICEF support to carry out the pilot.)

As indicated previously, in most of the cases reviewed, the government was aware of the pilot initiative and was committed to following up on it to assess the benefits of scaling it up. Notably, the Integrated District Approach, a key UNICEF strategy, may be more difficult to scale-up. Although many of the concepts and activities are being adopted, the overall approach of the IDA, particularly micro-planning, represents a significant commitment in state resources in both money and human resources, which the state governments may have difficulty mustering.

Partnering

Engaging partners is identified in the Theory of Change as an important component of the policy influencing and advocacy function. The 2008-2012 CPAP, which details the partnership strategy, states that the desired aims “can only be achieved by using extensive and mutually beneficial partnerships at all levels to leverage technical and professional resources available nationally.”²¹ UNICEF endeavours to work in partnership with other UN agencies, the World Bank, bilateral partners, international and national NGOs, and civil society organizations at both district and village levels.

The case studies indicated that it would be expected that partnering with state and district governments as well as civil society early on in the pilot phase helps to build support and interest in the initiative. All case studies provided examples of this. The following examples show how UNICEF has successfully partnered with civil society and the private sector for advocacy:

- As described above, the RTE used partnerships with a wide variety of stakeholders, including

20. Country Programme Plan of Action, 2008-2012, Government of India and UNICEF, p 44.

21. Country Programme Plan of Action, 2008-2012, Government of India and UNICEF, p 52

teachers associations, NGOs, universities and education research institutes to successfully advocate for the adoption of the Right to Education Legislation.

- The Bio-Village initiative in Maharashtra involved partnerships with numerous organizations. The project engaged 11 NGOs, as well as the government through the District Total Sanitation Cell (DTSC) and the Ground Water Surveys and Development Agency (GSDA). The scaling-up of bio village to the government sponsored Eco-village will rely even more heavily on the network of NGOs of which UNICEF helped build capacity and PriMove, a private consulting firm for technical support that UNICEF introduced to the government to put in place the structure for implementing the scheme across Maharashtra.
- In the case of Microplanning, UNICEF teamed up with YASHADA. Since 2004, UNICEF and YASHADA, the apex training, research and advocacy institute of the Government of Maharashtra, agreed to jointly push decentralization in Maharashtra. The partnership between YASHADA and UNICEF was strengthened with the establishment of a well-equipped Centre for Research and Documentation (CRD) in YASHADA in 2004. CRD provided opportunities for consistent dialoguing between YASHADA and UNICEF and was committed to undertake applied and policy oriented research, documentation, monitoring, and evaluation, etc. in various spheres of development governance set-up to support policy reforms in the state and to ensure greater convergence in development administration across various departments. In 2008, with UNICEF's support, a Centre for Community Managed Programming (CCMP) was set-up in YASHADA.
- A partnership was also developed for the FBNCU in Rajasthan, as well as SNCUs in other states with the National Neonatal Forum (NNF). Technical assistance through the National Neonatal Forum was provided for the initiative, with funding support from UNICEF.

The study concluded that UNICEF, given its long history in India and its reputation, has been able to form important partnerships in the pilot initiatives

and for subsequent scale-up. The partnerships not only support advocacy and buy-in by the state and local governments, they also promote sustainability – as many of the partners are committed local governments and civil society organizations.

Interviews with UNICEF staff as well as private sector partners indicated that private sector partnerships provide an important opportunity for UNICEF in the future both as a source of potential funding as well as another channel for effecting social change, as private sector entities such as TATA and IKEA are very interested in corporate social responsibility initiatives. Further, investigating how UNICEF can capitalize on this interest would be a worthwhile effort for UNICEF.

Leveraging Resources, Replication and Scale-up

According to the Theory of Change Model, successful advocacy and policy influencing should result in the government scaling-up an initiative, provided that the funds are available through an existing scheme or programme and the initiative can be included in the state Programme Implementation Plans (PIPs). The model implies that leveraging of resources must be accomplished before scaling-up can occur. The evaluation indicated that, at least in India, the government at the state or local level has generally taken responsibility for leveraging resources. Generally, resources have been accessed through key national programs or schemes. Examples follow:

- For the ABL initiative in Tamil Nadu, resources were leveraged through the Sarva Shiksha Abhiyan (SSA), a national flagship programme of the government of India; this included, among other things, funding for training, developing ABL teaching-learning kits, and telecommunications;
- The Dular Strategy (Bihar) was funded by the state government and the World Bank;
- Anaemia Control in Rajasthan was scaled-up with the cooperation of the Chief Minister of Rajasthan who requested and received funding from the National Rural Health Mission (NRHM); and
- The FBNCU in Rajasthan was also scaled-up with funds from the NRHM.

However, in the case of RTE, it was felt that the legislation should be passed even though it was

unclear how the central and state government would fund its implementation across the nation. At the time of the evaluation, this remained an important issue.

The availability of funds from the various GoI Departments, schemes and programmes facilitates scaling-up. Generally UNICEF supports the state government in accessing funds from the appropriate source, which are then inserted into the state PIP (budget allocation). Once the funds are secured, UNICEF assists the state with the process of scaling-up by supporting training, providing technical support, and in some cases securing the appropriate human resources.

Social Inclusion

Social Inclusion is both a cross-cutting and central issue in all of UNICEF programming. In the 2008-2012, UNICEF aims to assist the government to reduce the gap between the general population and excluded groups (based on religion, caste, gender and other exclusionary factors). This evaluation confirmed the conclusions reached in the Changing Gears study, that social inclusion is increasingly addressed but not in a systematic or comprehensive manner.

The evaluation found that social exclusion was considered in the majority of the case studies, particularly on the supply side (government as service provider). For instance, to be effective, social inclusion should include support to excluded groups to claim their rights (demand side).

This feature was more clearly discernible in the microplanning initiatives, an important part of the IDA but not as clear the other case studies, which focused more on improving government reach to excluded population.

Below are a few examples of how social exclusion was addressed in other case studies:

- A thrust of RTE was universality and shifting the burden on the state and community to provide education to ensure that excluded children would have access to compulsory education. No evidence was available at the time of the evaluation to confirm whether there has been an increase in attendance of excluded children in the states where implementation has begun.
- In the DPMC (Bihar) UNICEF used data from the government to show gaps in access to water, education and health facilities and services for excluded populations. At the time of this evaluation, no significant measures to address these gaps had been taken by the government. However, the government indicated its intention to address the findings.

Though not part of the case studies, the evaluation team was exposed to the Deepshikha programme, launched by UNICEF in 2008 in partnership with the Government of Maharashtra and local NGOs. The programme provides an interesting example of addressing exclusion based on gender by focusing on adolescent girls and empowering them to claim their rights (e.g. right to education, refusing early marriage, addressing sexual violence). There are now more than 2,200 Deepshikha groups in four districts of the state, reaching more than 50,000 adolescent girls. This is an example of an initiative that seems quite successful but has not been formally evaluated.

At the time of the evaluation, the UNICEF state office of Bihar had plans to leverage a state government Mahadalit Commission to train representatives of excluded communities to effectively play a role at the Panchayat level.

The issue of social inclusion is further discussed in section 3.2.3.

In reviewing the Theory of Change and its application, the evaluation team concluded that the model provides an accurate abstract of the process for implementing and scaling-up an innovation. The evaluation found that although the model generally describes the process UNICEF follows in supporting the introduction of an innovation, the local situation may lead to different sequencing (and sometimes the omission) of the steps called for in the model. This was clearly seen in implementation of the Panchayat Level Convergence Committee which did not follow the Theory of Change model components (piloting, knowledge management, policy advocacy, and replication and up-scaling) in sequence; rather, each of these components entered into the scenario during its trajectory of growth from idea to

a full-fledged network of institutions. This indicates that instead of following the model in a sequential series of steps, the Theory of Change components may be integrated out of sequence, at a time and in a context where it is deemed appropriate.

However, other issues remain that are outside the model. These include ensuring coordination among a number of states that are all piloting and then scaling-up similar innovations, ensuring that the processes followed are planned nationally (from the UNICEF side) in a systematic and integrated manner across all of the UNICEF state offices.

The evaluation concluded that the weakness in the innovation process supported by UNICEF is in the lack of evaluation and documentation of the processes and lessons learned in testing and scaling-up an innovation.

3.2 Relevance

The relevance section addresses the following issues:

- To what extent are the ICO's strategies aligned with those of the Gol as identified in the Gol 11th Development Plan?
- Do the ICO CPAP strategies address institutional, organizational and individual capacity gaps in the country?
- How relevant is ICO's strategic approach to social inclusion to the equity challenges and to influence the national agenda on these topics in India?
- Were the ICO CPAP strategies adequately planned and implemented/monitored?
- Which capacities is UNICEF strengthening and to what end (purpose) in the context of the theory of change? Whose capacity is being developed? To what extent are beneficiaries' needs taken into account?

The sources of evidence used to address these issues included:

- A review of key documents such as the Gol 11th Five Year Plan, the Gol-UNICEF Country Programme (2008-2012), the Mid-Term Review (MTR), and the Partnership Survey;²²
- Interviews with Gol representatives and UNICEF staff at the national and state levels;
- Interviews with other partners such as other UN agencies, bilateral donors and NGOs at the national a state level; and
- Interviews and case studies of innovations in five districts in the four states of Bihar, Maharashtra, Rajasthan and Tamil Nadu.

3.2.1 Alignment with Government Priorities

Key Findings:

- The UNICEF Country Programme aligns well with the national 11th Five Year Plan;
- As well, the UNICEF CPAP aligns well with the priorities of the state governments;
- UNICEF is seen as flexible and responsive to the Gol needs as well as its changing priorities. However, in accommodating the government priorities and demands in different sectors of UNICEF work, there has been a significant increase in the number of districts in which UNICEF intervenes, much beyond the 17 focus districts identified in the CPAP. A closer look at the issue reveals that some of UNICEF's districts are not necessarily aligned with the central and state government priority districts, as a result of the different criteria used by different states and sectors to prioritize districts for development intervention purposes.

The evaluation found that the goals and priorities of the UNICEF programme and its strategies and approaches have been appropriately aligned to the priorities of the Gol Five Year Plans as well as to UNICEF's international development goals that are established from time to time. To ensure that UNICEF

22. Evaluating the Quality of Existing India-wide UNICEF Partnerships, UNICEF, India 2011.

contributes effectively to realizing India's national development targets and the MDGs, it has regularly reviewed and assessed its own programming, strategies and approaches and ensured organizational realignment to meet these goals.

This finding is based on a review of key planning documents and was corroborated by interviews with UNICEF and Gol staff. According to interviews with UNICEF staff members, and Gol managers, in its effort to align its programming with that of the Gol, UNICEF works closely with the central government to ensure that children's rights and issues are well integrated into Gol policies and programmes and that they receive the necessary resources.

Although overall policy is set at the national level (in areas which fall under the jurisdiction of the national government), states still have the ability to implement their own strategies and plans within the context of the national policy. However, on issues such as education and health (which are the prerogative of the states), UNICEF has shifted its approach to one that is more appropriate for its activities at the state level. This has included focusing on programming, policy and advocacy, and resourcing in the states of Bihar, Uttar Pradesh, Rajasthan, Orissa, Madhya Pradesh, Jharkhand and Chhattisgarh while balancing advocacy and policy influencing activities with limited-scale programming in Assam, West Bengal, Maharashtra, Gujarat, Andhra Pradesh, Karnataka, Tamil Nadu and Kerala. Further, UNICEF works at the district level to support community empowerment, behaviour change and programming.

The evaluation found that the UNICEF programme aligns well with the priorities of the states within which UNICEF is working. This results from a process that is less formal than that at the national level and is generally done through joint planning each year, in which the annual workplans are reviewed and agreed to between UNICEF and state officials. It is a responsibility of the Gol national

staff to ensure that the state plans and priorities are consistent with the Gol Five Year Plan.

The fact that the CPAP was developed through a process of consultation with the national government and that annual work planning is done collaboratively with national and state government officials helps to ensure that the UNICEF programme aligns both with the Gol Five Year Plan and state priorities. In fact, both national and state level work plans are reviewed annually with the respective governments/relevant sectors.

This finding was supported in the MTR completed and reviewed with the Gol in May 2010. As noted in the Mid-Term Review²³, much of the UNICEF activity involves supporting the various government programmes and schemes at the national and state levels. In the Minutes of the MTR meeting of May 2010, the Secretary of Women and Child Development noted that: "Broadly, the UNICEF India country programme and the 11th Five Year Plan are in tune with each other, and the focus of both is on inclusive growth."

In the area of decentralized planning, the Gol 11th Five Year Plan recognized that many central development programmes and schemes, put in place for the rapid eradication of poverty and delivery of various services, are mostly in the realm of local government functions, and deal with areas which are in the realm of the states. It indicated that "in spite of a massive flow of funds, there is widely shared concern that the results have not been commensurate with the investments. A comprehensive reform of how these schemes are implemented is necessary."²⁴

The UNICEF country programme addresses the issue of decentralized planning through its IDA, which includes convergent district planning, as well as support for village and PRI planning functions, with the objective of improving service delivery, accountability, and reducing social exclusion.

23. Government of India –UNICEF Country Programme 2008-2012 Mid-Term Review.

24. Gol 11th Five year Plan 2007-2011, p.225.

The evaluation also noted that there is a geographic element to alignment. With the current CPAP, UNICEF has tried to focus its efforts in 14 states and 17 districts through the IDA. However, the various Gol departments at the state and national levels have a number of priority districts within a sector which do not necessarily correspond with UNICEF's priority districts. At the state level, there is also pressure for UNICEF to work in as many districts as possible, given the deficiencies of the public sector and the government's desire to achieve its socio-economic goals, including the MDGs, as quickly as possible. As a result, the different UNICEF sections are asked to work in a number of districts, in addition to the 17 districts selected for the IDA. This has led to a multiplication of districts in which UNICEF has programming, which may have implications for the overall effectiveness of the programme, as discussed in the effectiveness sub-section. This was also confirmed in the recent partnership survey which found that some of the UNICEF partners as well as UNICEF staff feel that UNICEF is spread too thin, across sectors, programmes, and geographic areas.²⁵

As noted in the MTR, there has been much turnover of government staff at the national and state levels. As a result of the changeover in staff there have been instances where there have been some disagreements with the direction that UNICEF wishes to take on specific projects. One senior national government official felt that the UNICEF global priorities also have some influence on the direction of the UNICEF programme in India and this is sometimes different than the desired direction of the Gol in specific areas.

A respondent from UNICEF noted the same, indicating that it is not always easy to fit the results of the India programme neatly into the UNICEF global result framework. This respondent also noted that the planning cycle of UNICEF lacks flexibility and, as a result, UNICEF has to decide on its priorities for its next five-year cycle several months before the government finalizes its Five Year Plan. While this is not absolutely critical, as UNICEF and

the Gol maintain an ongoing dialogue, it could lead to some misalignment, given the rapidly changing socio-economic environment in India.

Following on the results of the interviews and document review the evaluation team concluded that the UNICEF programme in India is well-aligned with national and state government key social sector priorities in areas such as education, maternal and infant health, water and sanitation, etc. The ICO programme also focuses on decentralized planning and convergence, areas the country has been grappling with for nearly two decades.

3.2.2 Addressing Capacity Gaps at National and State Levels: Which Capacities and to What End?

Key Findings:

- This is a key strength of UNICEF that contributes to its reputation as a strong technical agency, as its approach focuses on:
 - Identifying gaps in flagship programs and schemes and in service delivery at all levels (policy at national level; and both policy and implementation at state, district, block, Panchayat, and village level);
 - Capacity development and systems strengthening (processes, systems, skills, data analysis) at all levels of government, service delivery, and communication for behaviour change e.g. developing protocols and procedures, strengthening monitoring systems, offering training, providing technical assistance, etc. to address gaps;
 - Building the capacity of civil society organizations, PRIs and community based organizations (e.g. self-help groups (SHGs), gram sabhas, research/think tanks, and NGOs at various levels).
- One of the strengths of UNICEF is that it can bring models from other states and/or countries to inform national and state policies and programmes. The main objective of UNICEF capacity development efforts

25. Evaluating the Quality of Existing India-wide UNICEF Partnerships, UNICEF 2011.

is to enhance access, improve the quality of services, and foster the accountability of service providers, to achieve better outcomes for women and children, particularly those from marginalized populations.

A major pillar of the 2008-2012 CPAP is capacity development: “Strengthening the systems for delivery of services at the state level, with an emphasis on enhanced capacities, accountability and effective implementation of government programmes related to children.” Capacity development is generally seen as part of systems strengthening and is included in virtually all sectors of intervention at the national, state and local levels. According to UNICEF interviewees and GoI staff, capacity development targets government officials at all levels, focusing particularly on those at the cutting edge of service delivery, PRIs, as well as civil society actors, including NGOs, self-help groups, community groups and individuals (e.g. community volunteers in water and sanitation, women volunteers, also called local resource persons (LRPs) in the Dular nutrition initiative, accredited social health activists (ASHAs), village level committees, etc.).

The issue of capacity development was addressed in a 2009 “Framework on Capacity Development” authored by the Oxford Policy Management (OPM) group.²⁶ The paper first defined capacity development as including an extensive range of interventions currently undertaken by UNICEF in support of capacity development in India. It includes information dissemination, training, technical advice, management support, material and/or financial support, knowledge creation, facilitation, enabling processes and advocacy.

The OPM paper also noted that training, technical and financial assistance and demonstration through pilot projects could be considered the traditional ways of building skills and transferring knowledge among key stakeholders. Newer ways in which UNICEF promotes capacity development include the creation and/or strengthening of institutional

structures, and mechanisms for facilitating relationships among key stakeholders, and for changing public attitudes in favour of the rights of children.

The OPM report highlighted that:

- UNICEF continues to facilitate training of government functionaries or key people in the delivery of government programs in all its programme areas.
- Various training programs are geared towards developing the capacities of frontline workers who play a major role in the implementation of activities of various flagship programmes at the field level. They include: auxiliary nurse midwives (ANMs) and the accredited social health activists (ASHA) who have been introduced by the National Rural Health Mission (NRHM), anganwadi workers (AWWs) who run the anganwadi centres and provide health and nutrition services.
- Because a large number of grassroots level functionaries need to be trained, a ‘cascade’ or “train the trainers” model of hierarchical training pyramids is being followed. Under this approach, master trainers are trained and they undertake wider dissemination with the help of training modules and tailored materials. Medical colleges are important in this process because they serve as resource centres for technical, quality assurance and monitoring support for integrated management of neonatal and childhood illnesses (IMNCI) training (and implementation), and for other training related to maternal and child health.

The study further noted that a large number of UNICEF programme staff provides technical assistance, working closely with government counterparts in the central and state governments and district administrations as well as NGOs and other partners. In addition to staff that offers their own technical expertise and brings to bear UNICEF’s global experience, support is also extended to partners through hiring advisors and consultants with technical expertise in critical areas.

26. Formulation of Capacity Development Framework, Inception Report and Baseline, Oxford Policy Management Group, June 2009.

However, the OPM study commented that capacity development initiatives do not clearly focus on results and were often focused on activities. Baseline information was often missing and indicators of success lacking.

UNICEF also builds capacity through partnerships with NGOs and the private sector. For instance, in the education sector, UNICEF supported Bharat Gyan Vigyan Samiti (BGVS),²⁷ which works with the Government of Madhya Pradesh School Education department, more than 10 NGOs, and the private sector to help achieve universal access to quality primary education in the state by building the capacity of teachers, school administrators and the community.²⁸

In Rajasthan, UNICEF is partnering with the Bodh Shiksha Samiti for development of a framework and methodologies for continuous comprehensive assessment of students enrolled in schools using the ABL methodology (LEHAR – Learning Enhancement Activity in Rajasthan). The partnership has existed from the stage of conceptualization, through training and hand-holding support, to developing materials and packages of evaluation, and fine-tuning the processes involved therein. It is also bringing ICT pilots into the classroom through partnerships with corporate sponsors with the view of scaling them up.

UNICEF has also developed strategic partnerships with network(s) of apex training institutions of government functionaries across the country, as well as with universities and sector specific institutes for training large number of government employees and front line workers. Interviews completed for the recent UNICEF Partnership Study²⁹ emphasized the importance of capacity development at the state level. For example, in Gujarat, interviewees noted that UNICEF technical support to departments has greatly improved the departments' capacity in just a two-year timeframe. This was corroborated in interviews done for the Partnership study in at least four other states.

In summary, based on interviews and a review of documents the evaluation team found that UNICEF efforts in capacity development cover a range of target groups, in terms of training, provision of technical support and assistance in providing guidelines, policies and protocols. Many of the examples noted occurred in the context of up scaling of innovations – a major component of the current country programme.

Despite the abundance of examples that the evaluation came across, it did not find a lot of documented evidence of the actual outcomes of UNICEF's capacity development efforts. As noted in the Changing Gears Study, "although the activities are aimed at capacity development, the extent to which the activities will actually lead to system strengthening is not clear." The current focus on reporting on activities and outputs on an annual basis, as opposed to the cumulative effects of capacity development and systems strengthening of government services, is clearly an impediment.

3.2.3 Relevance of UNICEF's Approach to Social Inclusion to the Equity Challenges and to Influence the National Agenda

Key Findings:

- Social inclusion, particularly targeting the Scheduled Castes (SCs), Scheduled Tribes (STs) and women, is a government priority. UNICEF's programming as per the CPAP focuses on social and gender inclusion.
- Addressing issues of social inclusion in UNICEF programming is accomplished mainly through geographic targeting, and supporting and advising on specific government initiatives such as microplanning.
- However, the impact of geographic targeting in improving access and improving the quality of services available to the socially excluded populations is unclear as the approaches have not been adequately evaluated.

27. Indian Organization for Learning and Science.

28. on initiative at: <http://www.ssa.mp.gov.in/partners.htm>.

29. Evaluating the Quality of Existing India-wide UNICEF Partnerships, UNICEF India, 2011, p 22.

- The evaluation found that although the UNICEF strategic approach to social inclusion is supportive of the GoI policies and programmes on social inclusion there was no evidence that it specifically influenced the national agenda.
- UNICEF influence on the national agenda, with respect to social inclusion results mainly from its analytical studies, and advocacy in which it highlights underserved groups, problem areas in health and social indicators in socially excluded communities, poor performance of government programmes targeted at improving social inclusion.

The 11th Five Year Plan of the GoI placed emphasis on inclusive growth and broad based improvement in the living standards of all Indians.³⁰

“Rapid growth is essential for this outcome because it provides the basis for expanding incomes and employment and also provides the resources needed to finance programs for social uplift. However, it is not by itself sufficient. We also need to ensure that growth is widely spread so that its benefits, in terms of income and employment, are adequately shared by the poor and weaker sections of our society, especially the Scheduled Castes (SCs) and the Scheduled Tribes (STs), Other Backward Classes (OBCs) and minorities.”³¹

UNICEF is partnering with the Indian Institute of Dalit Studies and forging new partnerships with institutions such as the Deshkal Society in education and the Institute of Human Development to promote social inclusion. In addition, Dalit community-based organizations networks are being developed in five states (Bihar, MP, Rajasthan, UP and Chhattisgarh) and directories of these network members are under preparation. Studies carried out by the Center for Dalit Studies have come to the conclusion, that in spite of constitutional safeguards, laws and special

schemes to reverse social exclusion, advances are being made only slowly in many areas.

Social inclusion is highlighted as an important component of the UNICEF CPAP:

“A central lesson learned during the 2003-07 [CPAP] has been that it is not possible to reach all children as required by a human rights-based approach without mainstreaming social inclusion: – i.e., specific strategies for promoting equity, with particular reference to marginalized groups. This is in keeping with the objectives of the 11th Five Year Plan and the UNDAF. The 2008-12 [CPAP] will therefore seek to contribute to innovations to address social exclusion, better knowledge management thereof, and enhanced partnerships with civil society organizations representing marginalized Groups.”³²

Specific strategies for social inclusion were to be developed at the sectoral level by the UNICEF ICO, specifically by SPPME. SPPME was to take the lead in mainstreaming social inclusion internally; efforts were to include identifying and disseminating best practices; collaborating with the emergency section to make sure preparedness and response initiatives are socially inclusive; and publishing the Planners’ and Programmers’ Guide to Social Inclusion. The Delhi Office sectoral specialists and the UNICEF State offices were to support the effort by taking forward the agenda on social inclusion.³³

As well, the CPAP noted that to advance social inclusion, partnerships with organizations such as Pratham, Read India, the National Cadet Corps, Tehelka Foundation and Room to Read were to be pursued. The ongoing partnership with the National University for Education Planning on the Mid-Decade Assessment of Education for All, as well as the District Information System for Education (DISE), were to be strengthened.

30. Eleventh Five Year Plan Volume 1 – Foreword.

31. Ibid.

32. Country Programme Plan of Action, 2008-2012, Government of India and UNICEF, p 24

33. Ibid, p 44.

Civil society partnerships in strategic areas such as monitoring, learning and evaluation (MLE), Teacher Codes of Conduct, and Mid-day Meals impact were considered critical to ensure credible standing with the SSA. For effective teacher mentoring, UNICEF was to also seek public-private partnerships, and to collaborate with unions, foundations, municipal corporations, among others. Civil society collaboration on developing social audits to monitor education programs is also being explored.

The UNICEF ICO has developed a number of policy and concept papers dealing with social inclusion. For example, in a Paper entitled **Mainstreaming Social Inclusion** into the IDA, UNICEF advocates: "In the context of the above outlined barriers to inclusion, the framework for inclusive programming in integrated districts rests on three broad pillars – strengthening the voice of the excluded; enabling effective access to services; and promoting an enabling policy and social environment for inclusion."³⁴

The concept paper advocates a number of strategic goals and objectives with respect to social inclusion. These include:

- Ensuring a common understanding of exclusion among all stakeholders;
- Ensuring empowerment and a voice for the excluded;
- Mainstreaming inclusion into the district planning and response system;
- Strengthening government services to better respond to excluded community through inclusive planning, implementation and monitoring of services;
- Introduce social protection measures that stimulate demand for services;
- Develop an inclusive behaviour change communication system; and
- Influence norms and policies such that they enable the inclusion of marginalized communities.

The ICO has also developed a number of additional concept papers on mainstreaming gender equity as well as on social inclusion. A review of internal UNICEF reports provided an overview of some of the actions taken by UNICEF on social inclusion.

This evaluation noted, from the documents, case study work, and interviews with national, state and local officials, that social inclusion is a priority in UNICEF programme support to the Gol at the national and state levels. This is especially true in the IDAs which have prioritized the most marginalized districts and blocks in targeted interventions. However, while the IDA sustainability and replicability assessments indicate that social inclusion, through geographic targeting especially, is inherent in the planning of the IDA, no information on social exclusion was found in the IDA roadmaps for the four districts visited. Further, the Changing Gears report found that annual work plans had few indicators focused on social inclusion and that there was limited evaluation and impact monitoring of interventions which promote social inclusion.³⁵

Our review of the IDA assessment documents indicated that during the IDA village planning phase, special efforts were made in many IDA districts to engage the most marginalized communities. The evaluation site visits also noted that in districts such as Krishnagiri (Tamil Nadu) and Tonk (Rajasthan), the poorest and most marginalized groups – such as SCs and STs were given priority for support. Also in Krishnagiri district, a special plan for development of the most backward Block (Thally) was prepared, and resources and inputs leveraged for implementation of the plan.

The issues and interventions prioritized for support by UNICEF clearly have a strong dimension of gender equity and inclusion, such as the campaign against child marriage in Rajasthan, support for control of anaemia among adolescent girls, both school-

34. UNICEF India, Mainstreaming Inclusion in the Integrated District Approach, 2010, P 7.

35. Geeta Unni krishnan, Progress on Indicators on Changing Gears 2009-2010 May 2010, P 9-10.

going and out-of-school, and the Dular initiative in Bihar. Further, monitoring through collection and analysis of social and gender-disaggregated data in its programmes is also an indicator of the agency's commitment to social inclusion.

From internal documents such as the MTR, the Changing Gears Study and interviews, the evaluation found the following approaches were evident across the work of the programme sections and state offices:

- Strengthening the knowledge base on, and deepening the understanding of, social exclusion in order to identify the specific constraints that prevent all children from enjoying their guaranteed rights;
- Adopting strategies for the empowerment, representation, and inclusion of excluded communities to ensure that the perspectives, needs and voices of excluded communities are taken into account and validated through responsive planning;
- Supporting responsive government services to ensure that expansion of coverage is matched by non-discriminatory, inclusive services delivery;
- Increasing the outreach of services to, and access of, excluded groups to ensure that demand side factors that arise from geography or other constraints are addressed by services;
- Engaging in institutional strengthening, to improve routine monitoring, impact assessment and planning processes to reflect the development needs of different social groups in plans;
- Engaging in inclusive communication to ensure that the methods and outreach of communications for behaviour change extend to different excluded groups and they are able to both be aware of their entitlements and also know how to fully utilize different services that they are entitled to; and
- Engaging in advocacy to highlight the costs of social exclusion of different groups, and the

consequences when services do not reach these groups in a meaningful way, and to highlight lessons from successful initiatives that have helped reduce disparities.

- Engaging in activities across the states to enhance capacity for generating disaggregated data by sex and social groups.

The evaluation found that although the MTR determined that UNICEF had also prioritized gender for inclusive programming, supported by several examples from the Changing Gears Study and the case studies, the UNICEF review of gender³⁶ noted weaknesses in the UNICEF approach:

- "effective gender mainstreaming demands a more coordinated effort across programmes and levels of intervention in order to ensure that the goal of the Country Programme Document (CPD) – advancing women's and children's rights through addressing exclusions – is achieved."³⁷
- "a considerable gap between knowledge and awareness on gender concepts and tools, and their translation into actions on the ground. While several well conceptualised and strategic initiatives have been identified, the possibility must be considered that these are isolated "islands of excellence" and do not represent the norm."³⁸

The evaluation team noted that because of the centrality of women in UNICEF's work, women (girls and mothers in particular) are a major "beneficiary" of the programmes. However, the focus of UNICEF's activities continues to be on addressing the practical gender needs, often completely overlooking the strategic needs that have the potential to bring about gender equality in the long run. Further, although gender-disaggregated data is often collected, this remains underutilized. For example, at the FBNCU in Tonk district (Rajasthan), it was observed that of the total cases admitted, two thirds were males and one

36. Kalyani Menon Sen, Ranjani K Murthy Advancing Women's Rights and Gender Equality Strategic Opportunities for UNICEF India, New Delhi, January 2010, P.6-7.

37. Kalyani Menon Sen, Ranjani K Murthy Advancing Women's Rights and Gender Equality Strategic Opportunities for UNICEF India, New Delhi, January 2010, P.6-7.

38. Ibid, P 6.

third females. This should have raised questions about the reasons for the skewed sex ratio among the care recipients, but that was not the case.

The evidence concerning whether the UNICEF approach to social inclusion is appropriate to influence the national agenda was more difficult to obtain. The interviewees noted that much of UNICEF's influence derives from pointing out underserved groups, poor performance in health and social indicators to the governments at all levels, and through its advocacy. For example, the Partnership Study Interviews³⁹ indicated that the consensus of over 40 interviews was that it is through technical support, including pilots that UNICEF influences policy. There is no specific mention of social inclusion, but it would have to be surmised that any influence on the government agenda on social inclusion would derive from its technical inputs, pilot innovations, and work in the IDA districts. An example of this is the recent publication "Of Growth, Gains and Gaps."⁴⁰

The evaluation found that although UNICEF prioritizes social inclusion in its planning, there has been limited research of its effectiveness in terms of impact of the UNICEF supported initiatives in reaching marginalized groups. This was also corroborated in the Changing Gears Study⁴¹ that also noted that programme interventions often address multiple dimensions of social exclusion and there are examples of targeted approaches across sectors. However, systemic analysis is not yet an integral part of programming. As well, the evaluation team found that although UNICEF promotion of social inclusion as a key strategy is supportive of Gol policy and its 11th Five Year Plan, it is difficult to determine the influence on the national agenda. As with other areas of UNICEF programming, limited systematic evaluation and documentation is a constraint in understanding the effectiveness of approaches that are being implemented in tackling social exclusion.

3.3 Effectiveness

The effectiveness section addresses the following issues:

- Have the CPAP strategies contributed to positioning the ICO as a key player in the national/state/district development agenda?
- Have the strategies proved to be effective in contributing to the achievement of programme results (within the context of the Theory of Change)?
- To what extent have the strategies (implicit/explicit) been integrated into sector as well as state plans and actions? What have been the effects of such integration?
- To what extent has the government integrated innovations arising from UNICEF interventions, i.e. integration in government's Programme Implementation Plan and/or leveraging resources for replication?
- Were the CPAP strategies appropriate for achieving results?
- Is ICO's adoption of these strategies well-recognized and clear to key partners?
- Have the strategies contributed to improving the performance of government institutions, service providers, systems, mechanisms, policies, and/or strategies?
- Is there evidence of changes in the way individuals at partner level behave (if relevant)? Is there evidence of changes at the institutional/organizational level and enabling environment?
- Is there evidence to show the ultimate effects of these changes on the GOI and/or partner organization or wider population within selected case studies?
- How does the ICO make use of its comparative advantage for strategic positioning?

39. Evaluating the Quality of Existing India-wide UNICEF Partnerships, UNICEF 2011, p 20.

40. Of Growth, Gains and Gaps, UNICEF 2011.

41. Progress on Indicators on Changing Gears 2009-2010, May 2010.

The evidence to support the findings for this part of the study was obtained from interviews of UNICEF staff as well as Gol and state government officials, a review of documents, and from the case studies.

3.3.1 The Contribution of the CPAP (strategies) to Positioning UNICEF as a Key Player in the National/State/District Level Development Agenda and the Appropriateness of the Strategies to Achieve Development Results

Evaluation Findings:

- UNICEF's advantage in its positioning as a key player in the Indian development agenda derives from number of factors including: its long history in India; its global brand; its credibility and track record as a technical organization in issues dealing with children; its presence and support in India at all levels of government, from the national to the local; and its network of 14 state field offices.
- The CPAP strategy of working in 17 integrated districts, and partnering extensively with communities and civil society organizations as well as the private sector, has contributed to strong grass-roots awareness, and participation in addressing gaps in services and needs at the local level, and promoting government accountability.
- The strategy of providing technical assistance and support and capacity development support provided to the states during recent years has also enhanced its positioning as a key development partner. According to the Partnership Survey recently completed for UNICEF ICO, this positioning does not include a reputation in policy development support as much as in the provision of technical advice and capacity development support for programming.
- The CPAP strategy of improving knowledge management for policy and programme influencing has generally been less effective at the national level.
- Overall, the CPAP strategies from the current cycle have not materially contributed to positioning UNICEF at the national level because of the nature of the Indian political

and governance structures and a perception at the national level that the Gol has sufficient resources and technical expertise. The CPAP strategies have contributed to some extent at the national level with respect to assisting the Gol analyze trends, and identify and address the existing gaps in current policies and services.

- The CPAP strategies have significantly contributed to positioning UNICEF at the state level, especially through the IDA strategy, and the strategy of systems strengthening and providing technical support.

Interviews with UNICEF staff as well as a review of documents underlined the fact that UNICEF has a long history in India. Interviews with Gol and state government officials also indicated that UNICEF as an organization is respected because of this. UNICEF staff is also considered by government officials to be knowledgeable of the Indian political, social and cultural norms and trends.

In addition to the credibility that UNICEF enjoys due to its global brand image and the aforementioned history in India, the ICO presence at the state and district level provides it with credibility with both the state and national governments. The UNICEF field offices work closely with the state department officials and state office annual plans which are prepared through a consultative process. Further, UNICEF field office staff also participate in the state planning process and provides technical as well as advisory inputs to the state government. By working within the government's overall planning and monitoring framework, as opposed to a project-mode of functioning, UNICEF has created a special place for itself in shaping the state development agenda and priorities.

The state field office network uniquely positions UNICEF as an important player at the state and national level as there are no other international development partners that have this type of extensive field presence. Evaluation interviewees at a senior level in the state governments in Tamil Nadu and in Rajasthan indicated that the UNICEF field presence (strategy of the Integrated District Approach), provides UNICEF with a lot of credibility.

UNICEF staff at ICO in New Delhi and senior Gol officials also echoed this perspective, i.e. the strategy of maintaining a field presence is an important component in its strategic positioning, as it provides the organization significant credibility.

Both levels of government rely on UNICEF for monitoring of progress of their programmes/ schemes, assessing and identifying lacunae, providing technical advice on improving the quality of services in government schemes, capacity development, piloting and upscaling innovations. The combined effect of its historical association and current approach is that UNICEF is seen as a development partner and not as a donor at the state level. These factors have helped to uniquely position UNICEF in the country. UNICEF is therefore perceived as a trusted development partner, and hence has become influential in the analysis of gaps in programmes and services, and in implementing new ones.

The five key UNICEF strategies, as presented in the CPAP, build on the aforementioned strengths. In particular, interviewees at both the national and the state level confirmed that UNICEF has a strong advantage over other development partners such as other UN Agencies, and the World Bank at the state level, but much less of an advantage at the national level.

According to senior state government officials interviewed:

- The CPAP key strategies, building on UNICEF's existing reputation, have contributed to positioning UNICEF as a key player (in terms of technical support, piloting and scaling-up innovations, capacity development and systems strengthening, and to a lesser degree policy development), particularly at the state and district level. This is also confirmed by the fact that many state level initiatives initiated with UNICEF support have been scaled-up;
- One key mechanism used effectively to advocate for change in government systems and processes is through identifying gaps in social and health programs affecting women and children and jointly identifying solutions and

demonstrating successful initiatives to address these issues (e.g. the FBNCU and anaemia control programmes in Rajasthan). Both levels of government noted that UNICEF can identify gaps in policies, systems and services in a sensitive and constructive manner. Involving the government right from the onset is also critical to create buy-in and ultimately achieve the results sought;

- Interviews with Gol officials indicated that in their opinion, UNICEF has more limited influence, at the national level, but that it still provides important policy input and high level expertise in specific areas (e.g. Right to Education Act; adoption of WHO growth standards);
- At both the national and state levels, UNICEF staff are often invited to sit on key technical committees, where it can influence policy decisions, and provide important advice to government.

Government officials also noted that UNICEF, given its extensive field network, is often asked to help the state governments monitor programs at the local level (e.g., pilot testing of growth monitoring indices was done in 11 districts in Rajasthan on behalf of the government). Interviewees remarked that one of UNICEF's strengths is its capability to monitor projects in the field. In fact in Tamil Nadu, a senior government official indicated that the state government relies to some extent on UNICEF monitoring of its own programme and schemes as a way of finding out what is going on in the districts where UNICEF has a presence. In Rajasthan, until the development of the management information system (MIS) with UNICEF assistance last year, the office of the Rajasthan Education Initiative used to rely upon the UNICEF field office for provision and analysis of data.

UNICEF's strong field presence as described above and its reputation technically helps it to attract donor funding and support – both from sovereign governments as well as from private sector corporations and foundations. For example, IKEA indicated that the strong field presence of UNICEF, its technical capacity and its reputation has made it

one of the key implementing organizations for IKEA Foundation funding in India. The IKEA spokesperson also noted that UNICEF has helped to change the organization's philosophy towards a more integrated and holistic approach to development, in comparison to the strong focus primarily on child labour that they possessed when they started supporting UNICEF projects in India.

The evaluation concluded that the current key CPAP strategies have built on the UNICEF reputation and history in India and have contributed to strengthening the strategic position of UNICEF primarily at the state level. The positioning of UNICEF at the national level is not considered to be as strong as it is at the state level, although UNICEF does influence emerging national policies and helps to identify gaps in programmes. This is in part due to the fact that there are a number of other agencies working at the national level, and UNICEF is only one of the many. As a result, the unique position it enjoys at the state level is diluted at the central level. This was corroborated in the recently completed Partnership Study⁴² which found that UNICEF's brand, backed by international and technical expertise is recognized throughout India, including at the village level.

Providing technical assistance and support to improve knowledge management systems and sharing of lessons learned help to influence policy and programme management. This was also the conclusion reached by other studies commissioned by UNICEF, notably the Changing Gears and Partnership Studies. For instance, the Changing Gears Study developed a matrix providing evidence that the number of policies 'influenced' has been roughly the same across the states and that this was achieved mostly by improving the implementation of the flagship programmes.⁴³

The recently completed Partnership Study⁴⁴ also concluded that UNICEF is best able to

influence GOI policy through its technical inputs, up-to-date evidence and best practices, and its international perspective. The study noted that: "For all participants in both the national and state governments, the technical inputs are considered UNICEF's most valuable contribution to India. On the national level seventeen participants from HIV, C4D, Education, Health, SPPME, Nutrition, Polio, Emergency, Nutrition and Water and Sanitation felt that the main role of UNICEF is to provide technical inputs."⁴⁵

The Partnership Study also noted that:

- Technical inputs are essential at the state level and twenty-four participants in six states stated that plugging gaps, helping with planning and training and capacity building were key technical inputs.
- Pilots and innovation, provision of consultants, publications and monitoring and evaluation were key state technical inputs also important on the National level.
- Both National and State level GOI participants felt that UNICEF's ability to influence policy was through technical inputs.

The Partnership Study interviewed a number of state representatives who confirmed the importance of UNICEF technical support at the state level. This includes planning. At least six participants in Bihar, Maharashtra, Andhra Pradesh and Assam indicated a need for UNICEF support in planning. Interviewees for that study also confirmed the importance of UNICEF support at the state level for capacity development.

Finally, the study also cited interviews in which it was noted that UNICEF has been less effective in directly influencing policy, especially at the national level. This could be due to the reluctance of Indian policy makers to accept policy advice from international or bilateral development agencies. For example, the study quoted one interviewee

42. Evaluating the Quality of Existing UNICEF Indian-wide Partnerships, UNICEF, 2011.

43. Progress on Indicators on Changing Gears 2009-2010, May 2010.

44. Evaluating the Quality of Existing UNICEF Indian-wide Partnerships, UNICEF, 2011.

45. Ibid P18.

as stating that “UNICEF cannot influence at the policy level. The kinds of resources brought to the table are not large enough to influence policy... UNICEF is in a supportive role.”⁴⁶ The study went on to quote another interviewee in a nodal ministry who suggested that for UNICEF to influence policy at the national level would require UNICEF to realign itself and to work more closely with policy makers.

3.3.2 Integration of CPAP Strategies into the State and Sector Workplans, and the Adequacy of Planning, Implementation and Monitoring

Key Findings:

- The evaluation found that the two-year rolling workplans of field (state) offices are generally consistent with the CPAP. However, the evaluation also found that although the state and sectoral workplans are focused on achieving the MDG targets, they are mostly activity-based, and not based on overall sectoral strategies which address long term goals;
- Although rolling work plans are made every two years by the field offices, there is little, if any convergence or coordination within UNICEF's sectors of work at the planning stage;
- Convergence, which has been an objective of UNICEF over at least the last two programme cycles, has been difficult to achieve;
- The evaluation found that although annual monitoring of plan implementation is transparent and well documented in IDA districts, overall reporting outside of the IDA districts or at the sectoral and national levels is relatively weak. Much of the reporting done was through the annual Country Office reports so information about achievement in each sector is fragmented and incomplete. At the state level there too appears to be no comprehensive annual reporting; instead, reports are available sector-wise.

Planning and Implementation

The ICO country programme (CPAP) is the basis for the India Office five-year plan. This plan was

formally agreed to by the GoI, and was reviewed in 2010 in the MTR. As well, there are annual reviews with the GoI of sectoral workplans. The ICO produces annual reports of progress, but these are largely activity-based. The ICO sectors and UNICEF State Office sectors also conduct annual planning and review exercises with their relevant counterparts in the government. There are no Five Year Plans that link state plans to the CPAP.

The evaluation observed that, with the exception of IDA planning, most of the plans are activity-based and focus on the 140 approved Intermediate Results (IRs). In many cases:

- The overall plan and strategic approach at the sectoral level is not clearly delineated;
- The intermediate results lack specific targets; and
- Results are often general to the sector and are not clearly attributable to UNICEF, although UNICEF is likely contributing to results achieved in the sector.

UNICEF has been promoting convergence and while there are several examples of convergence in UNICEF initiatives (e.g. village nutrition and health day, education and adolescent girls' nutrition, etc.) and through the IDA, UNICEF programming is not generally implemented in a coordinated fashion across sectors or between the national level and field offices. The evaluation noted a lack of convergent planning of sectors, except at the IDA level; within the IDA district too, there are no institutional coordination mechanisms – bringing about inter-sectoral convergence of UNICEF initiatives is usually the (sole) responsibility of the IDA Consultant at the district level. A benefit attributed to UNICEF, by government officials, is that UNICEF brings multiple actors together through its integrated district approach.

As well, the sector level workplans are not well linked to the field offices and IDA (which is a major pillar of the CPAP) and the IDA is the prime mechanism for convergent planning.

46. Ibid P22.

Because the states have not developed overall Five Year Plans, it is difficult to see where they are trying to attain convergence or specifically how their activities actually link to the CPAP. The IDA Plans and Roadmaps provide an important exception to the above comments, as in the IDA districts the plans focus on sectoral convergence and coherence at the district, block and village levels.

Monitoring and Reporting

Pilot projects and follow-up are captured in the annual reports through the IRs, but this does not provide a coherent overview of the process. Documentation of the process and evaluation of results for the piloted initiatives is generally weak. Not all pilots are systematically evaluated and baseline data is not always available.

Another difficulty is reporting on results actually attributable to UNICEF or the extent of UNICEF's contribution to results at the outcome level. As noted in other sections, reporting is very limited and primarily based on outputs. There are no independent reports at the sectoral and/or state levels to track progress with respect to targeted results. This issue was also raised by private sector donors during the evaluation. At present, the ICO and the state offices report results at the IR level, however the IRs are quite general and are aggregated at a high level (MDGs). Although UNICEF is likely contributing to results at the MDG level, it is difficult to ascertain the importance of the UNICEF contribution in many cases. Without a clear strategy and measurable outcome level results by programme component, it is difficult to demonstrate results attributable to UNICEF.

The piloting of initiatives in the IDA districts is an exception to this. The evaluation found that a baseline and control groups are more often established at the outset in these districts and there is tracking of key performance indicators (MDGs). This should help in the attribution of results to UNICEF's interventions. The advent of programme component plans in the next CPD will partly address these weaknesses.

At the time of this evaluation, UNICEF was in the process of readjusting its planning process. UNICEF was in the process of shifting from a process based on two-year annual rolling workplans which are based on the inclusion of intermediate results, as the main vehicle for planning, to a process which includes programme component results as well as intermediate results to form the basis of the planning process.

3.3.3 Clarity of the ICO Strategies to Key Partners

Evaluation Finding:

- Although the partners at all levels, including other donors, civil society, private sector and government officials interviewed are aware of the key CPAP strategies, there is still demand for programme delivery support, particularly at the district and state levels.

The evaluation found that UNICEF partners at all levels are aware of the key strategies of the CPAP. However, the refocusing of UNICEF on the upstream level, especially in the less advanced states, may still not be fully understood, as these states still request support from UNICEF that is closely related to service delivery. A number of respondents within UNICEF also noted that there is still an attachment to service delivery by UNICEF staff, possibly because many staff are more familiar with that way of working and because it may be easier to show visible and immediate results than with work oriented towards the upstream policy level.

The national and state governments recognize that UNICEF is primarily focusing increasingly on piloting and assessment of new initiatives, assessing the initiatives and then assisting the government to upscale them initiative.

There is a continuing need in government for strengthening systems and building technical capacity. The national and state government officials interviewed recognize the need for support from UNICEF in this area.

3.3.4 Extent to Which CPAP Strategies Have Contributed to Achieving Programme Results, Including Improved Performance, and Change in Behaviour

This section examines how the CPAP strategies have contributed to programme results in terms of improved government performance, systems, mechanisms, policies and strategies. It also looks at evidence of changes in behavior at the partner level, and in the organizational and enabling environment. Since the focus of the evaluation was not on evaluating all of the results of the 2008-2012 Programme, the section only provides examples, and is based on evidence derived from the ten (10) case studies completed for the evaluation, the Roadmaps provided for the Integrated Districts visited by the evaluation team, and the interviews.

It should be noted that the results reported below are influenced by a combination of the key strategies. For example, the provision of technical and capacity development support as well as the Integrated District Approach have combined to influence many of the results reported below.

Evaluation Findings:

- In spite of a lack of documented evidence on effectiveness, the evaluation found areas where the ICO CPAP strategies have contributed to improved performance by government.
- A key area where improved performance was noted was in district and panchayat level governance in the Integrated Districts.
- Data management and MIS are other areas where UNICEF technical and financial assistance has resulted in improved performance of government planning and monitoring systems (e.g., in Rajasthan).

The discussion below provides primarily anecdotal evidence of the types of contributions that UNICEF has made to improved government performance and improved programme results based on the implementation of its key strategies. In this

context improved government performance means improved effectiveness in achieving the desired results, as well as improved efficiency (lower cost). Since there are many factors that contribute to improved government performance, direct attribution of improvements to UNICEF is not generally realistic. The study basically notes areas where overall government performance has improved and where government staff noted that UNICEF's contribution played a role.

The section provides examples from the sectors that are the focus of UNICEF support and from the districts where UNICEF support is concentrated. The information has been derived from the case studies and internal UNICEF documentation.

Improved Government Performance in Children's Health

UNICEF has contributed to a number of improvements in the Health sector. An area where UNICEF has been active in helping the Indian states innovate is in neonatal care. A review of the area, mainly through a review of the FBNCU/SNCU innovations has indicated that the UNICEF support has helped to improve government performance in reducing mortality rates of newborns.

An important initiative implemented with NRHM funds is improved neonatal care through the implementation of Special Neonatal Care Units (SNCUs).⁴⁷ UNICEF has supported: (i) roll-out of the Integrated Management of Neonatal and Childhood Illnesses (IMNCI) programme and, (ii) up-scaling of Special Neonatal Care Units (SNCU) at first referral and district hospital level where advanced neonatal care is accessible and available. According to interviews with UNICEF health sector staff at the state and national levels, both interventions have been adopted by all 14 states where UNICEF works but in almost all states of India.

According to the UNICEF India Annual Reports (2010), model intensive care units (SNCUs)

47. India Country Office Annual Reports, 2010 and 2011

were set up in about 60 district hospitals, with plans in place for more than 100 districts in high focus states. UNICEF, in partnership with the National Neonatal Forum (NNF), is conducting facility-based newborn care training workshops for staff of the SNCUs who are additionally offered internships in higher level units in medical colleges.

An example of this was the FBNCU in Tonk, which was reviewed as part of the evaluation. The Tonk FBNCU is a special cell established within the district hospital (in the case of Tonk, it was within the Women's section of the hospital). Equipped with 10-12 baby beds, the FBNCU is supported by trained staff and equipment for monitoring patient condition and providing specialist care. The FBNCU provides a whole new range of facilities and personalized care for newborn babies, which was not available earlier. UNICEF supported all activities for the establishment and operationalization of the unit in Tonk, including renovation of the rooms, procurement and supply of equipment, provision of nursing staff on a contractual basis, and training.

With respect to improved government performance, according to internal UNICEF documents, since the start of this initiative in 2008, over 5,700 newborns have received specialized care through the FBNCU/SNCUs, of which over 93 per cent have survived. This includes cases born both within and outside of the district hospital.

With respect to the UNICEF contribution to improved neonatal care, the MTR reported that: "There are several instances where surveys, rights-based need assessments, and first pilots are tested and implemented in close collaboration with the other programmes in these districts, and a data comparison from district level health survey (DLHS) 3 and DLHS 2 show the following noteworthy achievements:

- Proportions of mothers who had at least three ANC visits during the last pregnancy increased in six integrated districts and decreased in 10 integrated districts.

- Institutional deliveries increased in 15 integrated districts.
- Coverage of DPT3, measles vaccination and full immunization among 12-23 month old children increased in 12, 15 and 13 integrated districts, respectively.
- Coverage of at least one dose of vitamin A to 9 to 35 month old children ranged from 34 per cent to 91 per cent in 14 integrated districts.
- Breastfeeding prevalence within one hour of birth ranged from 32 per cent to 88 per cent in 17 integrated districts. [As per survey conducted by SPPME in the IDs]⁴⁸

Improved Government Performance in District Governance

The evaluation also observed, as reported in the Integrated District Roadmaps, that the concentration of UNICEF support in these districts has led to a number of improvements in panchayat and district level performance in terms of improved coordination between these two levels of government, and improved ability to influence district and state expenditures for remediation of known problems at the local level. This was supported by interviews with the district collectors and district staff in the four districts visited during the evaluation as well as two case studies.

Changes can be most easily discerned in the Integrated Districts because of the strong UNICEF presence in these districts and because changes in the district administration and population behaviour have been more closely monitored and documented.

The **Panchayat Level Convergence Committee (PLCC), in Tamil Nadu** (PLCC) is an institutional mechanism for addressing local issues through better coordination and convergence of different service providers/functionaries at the Panchayat level. A committee under the chairmanship of the Panchayat President is established, comprising representatives from various line departments, the village administrative officer, the village nurse, tahsildar, school headmaster/s, and village

48. Ibid, p 58.

volunteers. The committee convenes on the first Friday of every month to discuss issues and problems with the functioning of local health, nutrition, education and sanitation facilities; at the same time, the government functionaries use the forum for raising any concerns that they may have regarding the work environment/facilities made available to them by the Panchayat. This platform for direct interaction between the elected representatives and the government functionaries enables quick resolution of issues, recorded as an "action-taken" or "action-to-be-taken" report, which is shared with the concerned officials. Issues that are beyond the jurisdiction of the participating officials are sent upwards for resolution by the Block Level Task Force (BLTF), and a monthly report is also shared with the office of the district collector.

The direct impact of the intervention is seen in the improved functioning of the government supported health, education, water and sanitation, and other facilities that are under the supervision of the Gram Panchayat (GP). As of 2010, of the 6643 issues for which data is available with UNICEF (for Krishnagiri district), 74 per cent of the cases (4883 in number) were resolved at the GP level, a small fraction (0.7 per cent) required the direct intervention of the district level task force (DLTF) and 20 per cent of the cases were pending; pending cases included vacancies, infrastructure development requests and so on, issues which were beyond the jurisdiction of the concerned PRIs and district administration.

An indirect impact of the initiative is an improvement in Panchayat level governance, attributable at least in part to the mobilization of elected Panchayat representatives to participate in PLCC meetings; the mobilization of government functionaries and volunteers has also resulted in greater awareness of local issues in the communities.

In Bihar, UNICEF has supported integrated village planning process in Vaishali district since 2005 with an initial objective to achieve better results for women and children by adopting a convergent approach. The convergent approach entails working with (i) district administration and strengthening systems to ensure better service delivery and

(ii) community on behaviour change communication (BCC) to generate demand for services.

In 2009, DPMC supported the district administration in demonstrating decentralized planning process in accordance with the guidelines of Planning Commission, GoI. Decentralised planning was rolled out in all 291 Gram Panchayats in 16 blocks and three urban areas in the district. The rural and urban plans were integrated into a district level plan which was ratified by DPMC as well as by all bodies responsible for planning at different levels (Gram Sabha, Panchayat Samiti, Zilla Parishad and Nagar Parishad). The sectoral plans were culled out from the district plan and shared with the departments to plan sectoral interventions as per community needs.

Although no evaluation of results has been done, the DPMC initiative shows promise in improving the ability of local government officials to deliver and target their programmes and services.

- In the Krishnagiri District of Tamil Nadu, water quality testing was limited or non-existent before the IDA initiative. The water quality improvement programme was supported by UNICEF through training of volunteers and payment of honoraria. This resulted in much better systematic testing of water quality and taking of remedial action (such as increased chlorination) where water quality results were not acceptable. (Prior to the UNICEF intervention, water quality issues were not widely addressed.) After the withdrawal of UNICEF support, the volunteers continued to collect samples to test water quality and ensured remedial action was taken if water quality testing results showed deterioration. They are now supported through Panchayat funds (provided by the district administration). This is an example of an improvement in the provision of a government service at the local level, which was primarily due to the UNICEF IDA.

Improved Government Performance in Nutrition

UNICEF has contributed to improved government performance in nutrition. An example drawn from

the case studies illustrates the improvements that were gained through a UNICEF supported initiative in Rajasthan. Recognizing the far reaching impacts of anaemia on long-term health and well-being of the mother and her child, and alarmed by the results of the National Family and Health Survey (NFHS) (2005-06) which indicated that 53 per cent of adolescent girls in Rajasthan were anaemic, it was decided to target adolescent girls for the prevention and/or control of anaemia. The key strategy involves supervised administration of a weekly dose of iron folic acid (IFA) tablet to all adolescent girls – both school going and out-of school. The strategy is complemented with nutrition education and counseling, and implemented with participation of the Departments of Education (DoE) and Women and Child Development (DWCD). Also involved in the state-wide up-scaling is the Department of Health and Family Welfare, with supplies of IFA tablets being provided through the NRHM.

The Adolescent Anaemia Control Programme (AACP) was initiated in 2007 by the Department of Education in Tonk district (IDA) with the support of UNICEF. At that time, the focus was only on school-going girls.

Based on reports received, during the period January-March 2011, 83 per cent school-going girls and 71 per cent out-of-school girls had consumed at least 3 IFA tablets/month. This represented an improvement in performance of Rajasthan in reducing anaemia in adolescent girls.

Improved Government Performance in Education

A good example of UNICEF support to systems strengthening and capacity development is in the education sector. An example of this is the support provided for the implementation of Activity Based Learning (ABL):

- On 4 August 2009, the Right of Children to Free and Compulsory Education Act (RTE) was granted Presidential assent and since that time, UNICEF has focused on working with the government and the National Commission for Protection of Child Rights (NCPCR) to mobilize

support for the Act. This has been done through media advocacy at national and state levels and high level, inter-learning environment, school environment, improved learning outcomes through teacher development and support system, community/civil society partnerships, policy/systems departmental consultations in Assam, Orissa, Jharkhand, Kerala, Uttar Pradesh (UP), West Bengal, Bihar, Rajasthan, and Madhya Pradesh (MP), leading to its enactment on 1 April 2010.

- The evaluation reviewed the experience of Tamil Nadu in implementing (ABL). The ABL methodology has a very long history in the field of education, and the currently used methods have drawn upon several resources from within and outside the state. Nevertheless, it would not be incorrect to assert that Tamil Nadu is the forerunner in re-inventing, improving on and promoting the methodology across government schools in the state.

ABL is a system of education for primary levels (Grades I to IV), based on assisted and individualized self- and peer-learning; the core tenet of the system is to keep children motivated and fully occupied as they master the fundamentals of, and gain competencies in, languages (Tamil and English), Mathematics, Science and Social Sciences. The objective is to make learning joyful, and the essence of the methodology is the trust reposed both in children and teachers, which allows them to function optimally in an enabling and stress free environment.

The ABL methodology was introduced in schools of the Chennai Municipal Corporation in the early 2000s. Initially this methodology was taken up as a pilot in a few Chennai Corporation schools. In the year 2003, the methodology was still being piloted in 13 schools of Chennai Corporation. In 2004, it was expanded to 215 schools. From all the corporation schools of Chennai, ABL was further expanded to 10 schools in every rural Block of Tamil Nadu. In the year 2005-06, ABL was being implemented in 4,000 schools across the state.

Following recommendations from the State Project Director of SSA and the Director of Elementary Education, the government issued a government order for adoption of the ABL methodology in all the primary schools in the state; from the 2007 academic year, it was scaled-up to some 37,000 government and government-aided schools. By the year 2008, the methodology had more or less been finalized and the state began to receive visitors from other states of the country. There followed a spate of replications, evidently with state-specific adaptations and linguistic modifications. As of now, the methodology is being implemented in at least 15 states around the country.

UNICEF has been active in supporting the government technically. UNICEF provided support with technical inputs and funding for exposure visits of teachers, Block Resource Trainers and Supervisors. A Master's level training programme in English was conducted in 2008-09 by resource persons from the British Council and was sponsored at the state level by UNICEF. Through a cascade approach, 950 teachers at the primary level were trained at 5 regional offices. The training consisted of two modules of 5 days' duration each.

3.4 Efficiency

The efficiency section addresses the following issue: The sources of evidence used to address these

- Are the resources (funds, expertise, and time) allocated by ICO appropriate to support the strategies and activities?

issues included:

- A review of key documents such as the Annual Reports, and the Mid-Term Review;
- Interviews with GoI staff at the national and state levels; and
- Case studies of innovations in 5 districts in the four states of Bihar, Maharashtra, Rajasthan, and Tamil Nadu.

3.4.1 Are the resources (funds, expertise, and time) allocated by ICO appropriate to support the strategies and activities?

Evaluation Findings:

- The evaluation found that in general terms UNICEF funding is adequate to carry out its programme. Rather, resource gaps relate to insufficient staff with appropriate skills and experience for upstream work due to turnover and a refocusing of resources to the field offices.
- Generally the GoI has sufficient internal budgetary resources to undertake new programs and schemes and to upscale promising pilot innovations. UNICEF provides niche funding to ensure quality.
- UNICEF gaps are in human resources, particularly turnover is an issue. Turnover causes a discontinuity in programming and makes engaging the government more difficult. The needs for upstream work require technically strong section chiefs and supporting staff able to engage government counterparts in a non-threatening way.
- The wide coverage in terms of the number of districts that UNICEF supports and its assistance to government service delivery functions puts a strain on its resources, particularly its human resources.

According to UNICEF staff interviewees in the Delhi Office and in the state offices, as well as senior GoI officials, the GoI requirements from UNICEF are shifting from supporting service delivery to: the provision of upstream assistance in piloting innovative approaches; assisting the national and state governments to upscale the innovations; knowledge management and capacity building; and the provision of technical support in policy analysis and development, especially at the state and district levels. However, in the states which are less advanced, UNICEF staff indicated, and as documented in the CPAP, that there is still significant efforts directed towards supporting service delivery, which is more resource intensive.

In addition, UNICEF has tended to try to accommodate government's requests to support its

schemes in each sector in which UNICEF is active, which has led to a dispersion of UNICEF's its resources. The fact that the 17 UNICEF Integrated Districts, a key focus of the 2008-2012 ICO Country Programme, do not always match Gol and state sectoral priority districts illustrates this issue.

Interviewees noted that UNICEF has recently increased its decentralization of staff to the field office. This has also increased the emphasis on the need for staff with strong technical, analytical and communication skills to work with state governments. However, these skills are also necessary to successfully engage the government at the national level. Some interviewees in the UNICEF state offices indicated that UNICEF continues to need technically sound and mature section chiefs, knowledgeable about India and capable of engaging government partners in an assertive but non-threatening fashion.

Interviews conducted for the Partnership Study also indicated that international staff are effective at the policy level, but that local staff are often not adequately effective in trying to exert influence over policy, especially at the national level. The UNICEF staff pointed out that the shift to upstream work requires a shift in focus by UNICEF. Field staff has to develop skills in policy analysis, budget analysis, and assessing systems, e.g. health experts in the field should be able to also do policy work. Interviews also indicated that there may be reluctance by some staff to shift from providing technical assistance, where results are more easily visible to upstream work, where changes are less evident in the short term.

With regards to the issue of staffing, the MTR (2010) reported that:

“Acceleration of UNICEF coverage remains a challenge given serious human resource constraints in the form of vacancies, frequent staff turnovers in senior management positions and insufficient technical and social development training.”

The MTR went on to specify that:

“Numerous and persistent vacancies, combined with movement of staff between offices to ensure that staff skill sets were appropriately matched to the task at hand, led the continuous need for recruitment. This put significant demands on the time of the Human Resources section, as well as staff serving on the Appointments and Placement Committee and Selection Advisory Panels. Furthermore, the high turnover at senior management levels also impacted on internal checks and balances and overall guidance and direction for programme monitoring and oversight.”⁴⁹

It is the understanding of the evaluation team that the situation has improved since the MTR, but that staff turnover continues to provide a challenge.

One of the concerns raised by the UNICEF state office staff was the lack of adequate support from the ICO sector specialists. At present, the UNICEF sector specialists in Delhi work closely with national counterparts, and also manage the sectoral networks of field and headquarters staff. The networks meet periodically to share information. However, the staff at both UNICEF state offices, and some of the ICO Delhi staff, mentioned that believe there are insufficient linkages and collaboration between the UNICEF Delhi office and the FOs.

Finally, the Partnership Study also noted that interviewees for that study from the Gol believe that it takes international staff too long to fully understand the complexities of the Indian cultural and political situations, and that the relatively quick turnover of top UNICEF staff means a lack of continuity and experience in India. Furthermore turnover makes it difficult for international staff to impart their knowledge to Indian national staff. This may mean the need to staff some senior management positions in the ICO with national staff.

49. Gol –UNICEF Country Programme 2008-2012, Mid-Term Review, May 2010, p 111.

3.5 Sustainability

The sustainability section addresses the following issue:

- To what extent are the strategies contributing or likely to contribute to overall (Gol) programme sustainability?
- What are the contributing or constraining factors to make a durable change?
- To what extent has the government integrated the innovations in its own system?

The evidence for this issue was based on documents and interviews.

3.5.1 To what extent are the strategies contributing or likely to contribute to overall programme sustainability? What are the contributing or constraining factors to make a durable change?

Evaluation Findings:

- The key UNICEF strategies such as providing technical assistance and capacity building support, helping to leverage Gol resources and partnering at all levels, are contributing to some extent to programme sustainability within the Gol. The lack of adequate attention by both the government, as well as UNICEF to the improvement of knowledge management systems could, however, undermine the sustainability of these programmes.
- The process of testing innovations, demonstrating them to the government, and supporting the Gol in its efforts to scale-up the successful pilots also contributes to sustainability. Involving the government in the entire process also contributes to sustainability.
- Building capacities of other relevant stakeholders around the issue, and partnering with them, including with the civil society, the private sector, communities and state governments, also supports sustainability.
- Finally, the IDA approach which focuses on improving district capacities and empowering

communities was also found to contribute to sustainability.

- Formation and strengthening of democratic and community-led institutions, viz., the PLCC and DPMU, is likely to go a long way in ensuring sustainability in improved governance at the Panchayat and district levels.
- Building a cadre of local resource persons and volunteers trained in different aspects of health and sanitation, education and water management are all significant contributors to sustainability of the programme benefits.

One of the key elements of UNICEF India CPAP, 2008-2012 is the upstream work at the national and state levels in terms of knowledge management for policy and programme influencing, partnership, replication of innovations in IDs and strengthening of systems and capacity development in the ongoing flagship programmes.

As a result, to implement the key strategies, the emphasis in UNICEF's workplans has been towards supporting the piloting of innovations that are either entirely new to India, or that have been implemented elsewhere (either in other Indian states, or other countries) and have potential applicability at the national or state levels. The UNICEF modality is to support the government with implementing a pilot innovation and then assist/support the evaluation of the pilot, documenting the knowledge gained. According to the Theory of Change (ToC) the next step, once a concept is proven is to advocate for scale-up, and then scale-up the innovation leveraging available government (or external resources). The UNICEF role is meant to be supportive and contributory to the government efforts.

The evaluation found that the contribution of the CPAP strategies to sustainability is variable.

While UNICEF has been successful in supporting the government in its introduction of innovations through pilot testing, it has not been successful in encouraging evaluation and appropriate research on the costs and benefits of the piloted evaluations. The government often makes decisions to scale-up based on its own observations without adequate

analysis of the benefits, especially in terms of alternatives. This point was brought out by both UNICEF as well as state officials, who noted the lack of evaluation and adequate analysis of the benefits of piloted initiatives.

Interviews with UNICEF staff, which were also supported by interviews with government officials, also revealed that the focus of UNICEF is on innovation, which is considered a positive. However, staff went on to point out that neither the government nor UNICEF have adequate resources or skills to adequately evaluate the large numbers of initiatives being tested. The lack of country wide workplanning by UNICEF can also mean that initiatives are not well enough coordinated, in spite of periodic meetings of sector staff.

Other UNICEF key strategies to support sustainability have been more successful, these include:

- Supporting the government to institutionalize the initiative through establishing systems and procedures, developing training materials, and then supporting the first cycle of training.
- Ensuring that adequately trained human resources are available in the government to implement and sustain new initiatives.
- Helping the governments establish policies and procedures for new programs, assist in setting up information systems, and, finally, in monitoring and follow-up.
- Partnering with communities, the private sector and NGOs are mechanisms for contributing to sustainability.

The evaluation found that partnering, in particular with communities and civil society organizations, is an important factor contributing to sustainability. For example, in the 17 IDs, effort was made to partner with communities through voluntary organizations such as self-help groups and local panchayats. The involvement of these groups in implementing programs and monitoring progress helped to inculcate the need for these programs, and helped establish a tradition of citizen involvement. For example, during the field visits in Krishnagiri and Chandrapur the evaluation team observed village volunteers involved in water quality

monitoring. As this becomes established as a tradition in the village, it will help ensure ongoing interest by the villagers of the quality of their water. The level of understanding of water quality issues at the local level has clearly improved, as well as the villagers understanding as to whom in the government would be responsible for resolving issues that arise.

UNICEF's partnerships with NGOs also contribute to enhancing their capacities, thereby helping to ensure sustainability and continued work on the policy advocacy front (e.g. SPARSH, partnerships with government training institutes, e.g. YASHADA). The large field presence requires continuing mobilization of grassroots participation in planning and monitoring, which is not sustainable without grassroots level partners with local NGOs. The NGOs help achieve the mobilization objective and also help build local capacity thereby providing continuity to the ongoing interventions after UNICEF leaves.

Other examples of partnering and building the capacity of NGOs to ensure sustainability over the long term were found in the education, water and sanitation, HIV/AIDS, health, and nutrition sectors.

3.5.2 To what extent has the government created an enabling environment for the replicated innovations to be sustained?

Many of the initiatives piloted and then replicated with UNICEF support are in support of government legislation, or government schemes and initiatives. From this perspective UNICEF initiatives are in direct support of government policy, and are fully responsive to government priorities. Once an innovation has been tested and is being scaled-up, the enabling environment generally means that there is adequate government funding and human resources, and that legislation and government policies are supportive of the initiative.

Evaluation Findings:

- Generally the Indian state and local governments have been good at passing appropriate legislation and policy directives to provide the enabling environment for new progressive

measures and initiatives; (e.g. Child labour, Right to Education (RTE,) microplanning guidelines).

- However, where laws and regulations are passed, enforcement is often weak and ineffective (e.g. child marriage).
- Government has adopted and is committed to achieving ambitious national targets for MDGs, which also helps to enable the achievement of results.
- The availability of budget funds through government schemes is a key enabler for the sustainability of many UNICEF supported piloted initiatives.
- However, lack of human resources, particularly at the district level and a slow and inflexible bureaucracy often impede sustainability.

The evaluation noted through interviews with UNICEF staff, NGO key informants and government staff, as well as through a review of documents, that the Gol has developed numerous schemes and passed a number of laws to address many of the issues facing children. In addition, some of these laws are currently being strengthened. The problem that many of the interviewees noted is that the enforcement of the laws has historically been inadequate. The Gol has also been proactive in developing appropriate schemes to address its targets, especially with respect to the MDGs. The problem that the Gol has faced is ensuring effectiveness of the schemes at the field level.

For example, with respect to legislation supporting social inclusion, the Gol Mid-Term Appraisal of its 11th Five Year Plan noted that: "The SCs are subjected to various discriminations, social disabilities, exploitation, and exclusion causing deprivation and denial of opportunities as equals. Accordingly, in upholding the constitutional commitment of having all sections of society on par, specific legislations and programmes are being implemented specifically for SCs and STs. The implementation of the Protection of Civil Rights Act, 1955, and Scheduled Castes and Scheduled

Tribes (Prevention of Atrocities) Act, 1989, have to be enforced in letter and spirit to bring about speedy justice to the aggrieved. Action needs to be taken to clear the backlog in filling up SC reserved posts of various categories in the government."⁵⁰

The report goes on to remark with respect to the 11th Five Year Plan that: "The first half of the plan saw the introduction of some new schemes to tackle issues of declining sex ratio, trafficking, and child protection. Existing schemes were modified to plug the gaps identified by various organizations and experts. The past four years have seen path-breaking legislation like the Prohibition of Child Marriage Act, 2006, and Protection of Women from Domestic Violence Act, 2005, and Hindu Succession (Amendment) Act, 2005. While these steps are important and signify progress, there has been little visible change in the living realities of women and children. At the same time, many important schemes that were suggested in the Plan document have not taken off. For instance, a comprehensive scheme on single women, a national task force for women in conflict areas, a scheme for internally displaced women, and a high level committee to review SHG policies and programs have not taken off."⁵¹

"The Eleventh Plan has also moved towards the concept of a women's agency and child rights. For instance, Dhanalakshmi was introduced to address the issue of declining Child Sex Ratio (CSR). The Ujjwala and Integrated Child Protection schemes were started to protect and address the security needs of vulnerable women and children. The National Commission for Protection of Child Rights (NCPCR) was established as a statutory body to protect, promote, and defend child rights. To integrate the gender perspective into the budgeting process a scheme on Gender Budgeting was introduced. It was meant to give a gender perspective to planning, budget formulation, and implementation of schemes and programs.

50. Gol mid-term Appraisal of the 11th Five Year Plan, 2007-2012, Oxford University Press, p 166

51. Ibid, P234.

However, half way through the Eleventh Plan, the steps taken to attain inclusive growth as per the goals set out in the plan are clearly visible, albeit the progress is slow.”⁵²

The report mentions that with respect to Child Protection, which is also a key component of the UNICEF ICO, that the Integrated Child Protection Scheme was launched in 2009. The scheme includes three existing schemes: Programme for Juvenile Justice, Integrated Programme for Street Children, and Assistance to Homes for Children (Shishu Greha); it also has new interventions. The report goes on to note that: ... enforcement of laws for rape, sexual harassment, trafficking, domestic violence, and dowry are necessary to make the scheme effective on the ground.

One final example of legislation being passed, but the states being slow to implement the legislation pertains to child marriage. For example, “The World Fit for Children 2002 calls for an end to harmful traditional or customary practices of early and forced marriage, which violate the rights of the children and women. The right to ‘free and full’ consent to a marriage is recognized in the Universal Declaration of Human Rights. The Convention on the Elimination of all Forms of Discrimination against Women (CEDAW) mentions the right to protection from child marriage and calls for legislation to specify a minimum legal age of marriage. In India the minimum legal age at marriage is 18 years for girls and 21 years for boys. The Prohibition of Child Marriage Act, 2006 requires states and union territories to appoint Prohibition Officers and frame rules for implementation. So far ten states have framed Rules and the exercise is yet to be completed in other states. The Supreme Court in October 2007 ordered compulsory registration of marriages irrespective of religion. It directed the centre and all states and union territories to amend the rules to this effect within three months stating it would be of critical importance to prevent child marriage and ensure minimum age of marriage.”⁵³

The evaluation found, as indicated above that the government generally has created the enabling environment for resolution of many of the social issues that it has to deal with. It also has the financial resources to implement scaled-up programs, providing that the upscaled initiative has been integrated into the programme budgets. What it often lacks are the resources and systems to enforce the existing laws, as well as the best strategic approach to deal with issues which reflect cultural attitudes that have built up over lengthy periods of time.

The fact is that many issues require much more socio-cultural research in order to determine the best strategy for addressing specific social problems. This is an area of potential support for UNICEF as addressing long term ingrained social attitudes and practices are sometimes difficult for governments to address from a political perspective.

3.5.3 To what extent has the government integrated the innovations into its own systems?

Evaluation Findings:

- The evaluation found that in eight of the ten case studies reviewed the government has integrated UNICEF-supported pilot initiatives into its programs.
- In spite of the fact that UNICEF supports the scaling-up of pilot initiatives in many states, formal and comprehensive evaluations of the pilots were done before the governments proceeded to scale-up in only two cases. However, in virtually all other cases there has been monitoring of outcomes, and interim studies of results.
- As well, in most cases although the innovations were documented, and in a few cases experience in scaling-up the innovation was also documented, neither the government nor UNICEF has systematically inventoried and disseminated the available information.

52. Ibid P 234

53. Gol - UNICEF Country Programme 2008-2012, Mid-Term Review 2010, p 35.

The analysis in this section is based on the 10 case studies of innovations supported by UNICEF.

The 10 case studies, 6 of which were in the process of being scaled-up, are briefly outlined in Exhibit 3.1 below and described in Appendix A in detail. The two national case studies were not included for the following reasons: the IDA case has not gone through a full evaluation, and there has not been very limited ability to scale it up in the states that were visited by the project team. Two other innovation cases: Community Based Microplanning and the Panchayat Level Convergence Committee are being assessed by the state government, but have not been scaled-up as yet.

According to the evaluation field work, the following innovations have been or are currently being scaled-up:

- Dular Strategy in Bihar is currently being scaled-up, and integrated into the government systems;
- The District Planning and Monitoring cell in Bihar is in the early stages of scale-up and integration;
- The FBNCU has been scaled-up in 33 districts in Rajasthan and is currently being scaled-up in many other states. The UNICEF Annual Report 2011⁵⁴ reported that with Gol funds, the Special Newborn Care Units (SNCUs) were successfully scaled-up in nine states, resulting in more than 100 units operational and more than 150 planned in almost all states;
- The BioVillage project in Maharashtra which was supported as a pilot in 110 villages in 2 districts is now being scaled-up by the government Rural Development Department state-wide in over 12,000 gram panchayats;
- The AAC project in Rajasthan is currently being scaled-up to all 26 districts in the state; and
- The ABL methodology has been integrated into the school methodologies in 37,000 schools in Tamil Nadu. UNICEF provided technical support and training support.

In most cases of scaled-up initiatives, funding for the scaled-up innovation has either come from the state government (two cases), an institution such as the World Bank (one case), or a government scheme such as the NRHM or SSA (five cases).

With respect to knowledge management, in six (6) of the cases there was at least partial documentation of the processes used to deliver the programmes or initiatives. For example, both the UNICEF IDA and the ABL programme in Tamil Nadu are extensively documented; the former by UNICEF and the latter by various organizations that have been involved in the ABL scale-up. UNICEF sponsored a Study with respect to the RTE, "Status of Implementation of the Right of Children for Free and Compulsory Education Act, 2009: April 2010-2011." Other innovations such as the Dular Strategy and the District Planning and Monitoring Cell have been documented.

With respect to monitoring and evaluation, while most of the case study initiatives are monitored, there is quite a variation in the quality and extent of monitoring. For example, extensive data collection is done for the Dular strategy, the FBNCU, the BioVillage innovation, the Adolescent Anaemia, and the PLCC, which is part of the UNICEF IDA strategy. However, comprehensive evaluations were only completed for the Dular Strategy and the ABL initiative.

Therefore, as a result of the 10 case studies, the evaluation concluded that most of them have been adopted and scaled-up by the respective states and integrated into their systems. This seems to be attributable to the fact that the states have been involved in the development of the pilot at an early stage, and in fact in a few cases generated the idea themselves, requesting support from UNICEF. In most cases documentation has been developed by the proponents of the innovation, but the documentation is not always captured and disseminated centrally or by UNICEF.

54. UNICEF Country Office Annual Report for India 2010.

The evaluation team found that virtually all of the innovations were well monitored, and data is collected on the beneficiaries, however, only two of the innovations have been comprehensively evaluated. In the case of the IDA, a mid-term

evaluation has been completed and baseline data has been collected in the districts reviewed for the evaluation, however, this type of baseline data was only evident in a few other innovation case studies.

Exhibit 3.1 Summary of Case Study Results in Terms of Integration into Government Systems

Initiative	Location	Short description	Extent to which pilot was scaled-up and integrated into government system
Dular Strategy	Bihar – 4 districts	Strategy was initiated in 2000 (Phase I), in 4 districts and 100 villages. Dular strategy is a community based nutrition intervention focused on young children based on community mobilization, capacity development and systems strengthening, intersectoral coordination and periodic review and monitoring. UNICEF supported capacity development, setting up Dular cell.	Scaled-up in 2009-2011 period, based on early piloting in 4 districts and 100 villages to all 38 districts with UNICEF contribution to training systems, and IT. Government integrating Dular into its operations, but part of funding comes from external sources.
District Planning and Monitoring Cell	Bihar - Vaishali	UNICEF has supported integrated village planning process in Vashali since 2005 working with the district administrations to strengthen systems for improved delivery, and community behavior change communication to generate demand for services.	In 2011 will be scaled-up to 5 Districts.
Facility Based Newborn Care Units	Rajasthan - Tonk	UNICEF has supported all activities for the establishment and operationalization of the FBNCU in Tonk, including renovations, procurement and supply of equipment and staffing and training.	Based on the Tonk pilot the FBNCU has been replicated in all 33 districts in Rajasthan.
BioVillage	Maharashtra - Chandrapur/Latur	This project was started by UNICEF as a pilot in 2010 in 110 villages in 2 districts. Project is community based and aims at improved sanitation and health (no open defecation, proper treatment of biodegradable wastes, no stagnant water, prohibition of polyethylene bags, etc.	Rural Development Department has earmarked INR 4 Million (USD 80,000) for a state-wide project after seeing the bio-village model. The Eco village will be implemented in 33 Districts in over 12000 gram panchayats by the Government of Maharashtra.
Community Based Microplanning	Maharashtra - Chandrapur	This project started in 2000 as a pilot for community mobilization focused on self help groups, microplanning for village education planning in 3 districts of focus Chandrapur, Latur and Nandurbar to demonstrate holistic village level microplanning for health, nutrition, education, water and sanitation. UNICEF is supported by YASHADA a training institute of the Maharashtra state government and SPARSH – Centre for participatory learning.	The approach has been pilot tested and the Government is interested in scale-up and application of the approach with the assistance of NGOs. Full integration and scale-up has not yet occurred.
Activity Based Learning	Tamil Nadu	The ABL methodology was introduced in schools of the Chennai Municipal Corporation in the early 2000s. By 2003, all the Corporation schools had adopted the same. This is not a pilot intervention started or supported by UNICEF, rather UNICEF has supported methods development and training.	The ABL methodology has been integrated into the school methodologies in 37,000 schools in Tamil Nadu. UNICEF has supported the scale-up.

Evaluation of UNICEF Strategic Positioning in India

Initiative	Location	Short description	Extent to which pilot was scaled-up and integrated into government system
Adolescent Anaemia Control	Rajasthan - Tonk	Based on an NFHS survey that indicated that 53 per cent of adolescent girls in Rajasthan are anemic, a strategy to target girls with a weekly administered dose of iron folic acid (IF) was adopted as a pilot in Tonk in 2007 supported by UNICEF and involving the Departments of Education, and Women and Child Development. Supplies of tablets were funded by the NRHM.	Based on the successful approach in Tonk, the programme was scaled-up by the government with UNICEF support in 6 more districts in 2008-9, and to the rest of the 26 districts in the state in 2011.
Panchayat Level Convergence Committee	Maharashtra and Tamil Nadu	The PLCC is an institution for addressing local issues through better coordination and convergence of different service providers/functionaries at the Panchayat level. A committee under the chair of the Panchayat President is established, with representatives of the line departments, the village nurse, administration officer, tahsildar, school headmaster, and village volunteers. The committee meets the first Friday of every month. This allows direct interaction between government and elected representatives.	The PLCC is still being scaled-up by UNICEF in two other districts and has not been integrated into the government structure as yet.

4.0 Conclusions, Lessons Learned & Recommendations

The purpose of this evaluation was to:

- Determine whether, and how, the key strategies, employed by UNICEF, have contributed to better positioning UNICEF in the national development agenda of India;
- Measure the extent to which, the key strategies accelerated and strengthened the achievement of higher level results, beyond the sum of the various sector results of the programme sections;
- Provide findings, conclusions, and recommendations to inform the 2013-2017 UNICEF Country Programme, particularly in the strategies to be set forth in the new Country Programme; and
- Provide findings, conclusions, and recommendations that can be shared with other parts of UNICEF, national, state, and district partners, and other counterparts who share UNICEF's values and mission.

The focus of the evaluation was placed around the four overarching strategies of the CPAP (knowledge management, systems, strengthening/capacity development, replication of innovations from the IDA and partnerships) as well as the strategic area of social inclusion including gender mainstreaming, a cross cutting commitment of the current country programme.



The conclusions presented below build on the findings of the specific issues covered in the evaluation.

4.1 Conclusions

Relevance and appropriateness of the key strategies in terms of better positioning UNICEF in the national development agenda of India.

The key strategies for the CPAP were implemented in the context of continued decentralization of the UNICEF programme to the 14 State Field Offices, with greater emphasis placed on developing the UNICEF presence at the state level.

Strategic planning theory and practice generally suggests that a mission statement and desired strategic niche be articulated in an organization, prior to developing the key strategies of the organization, as strategies are considered to be the means by which an organization endeavours to achieve its strategic objectives and if necessary reposition itself. That said, the strategic repositioning UNICEF ICO is aiming at is working in the upstream, using knowledge management for policy influencing.

With respect to the effort to strategically reposition UNICEF, the evaluation concluded that efforts to

reposition UNICEF in the upstream have been more successful at the state level than at the national level. Interviews conducted for this evaluation as well as for the Partnership study found that UNICEF is still perceived as a technical organization, as opposed to a policy organization, especially at the national level. In addition, the evaluation concluded, based on the evidence collected, that national government officials are loathe to rely on external expertise for policy advice. The situation at the state level is somewhat different, as the state governments generally lack policy analysis and development capacity and hence appreciate UNICEF's policy as well as technical support especially with respect to the identification of gaps in programmes and how to fill them.

As is discussed below, the ICO CPAP key strategies are formulated around a Theory of Change, which visualizes a process of innovation through pilot testing and scale-up, once results are demonstrated. There is a need to strengthen parts of the cycle described in the model, specifically, to ensure adequate evaluation, analysis of the costs and benefits of the innovation, the feasibility of scale-up, and to improve documentation of the lessons learned in the pilot phase.

Overall, the evaluation team came to the following conclusions with respect to the Theory of Change.

Knowledge Management

With respect to knowledge management, the UNICEF ICO has not developed its knowledge management capacity to the extent required. UNICEF's execution of its knowledge management strategy is generally felt to be weak by outside observers. As a result, UNICEF is still seen by government observers, particularly at the national level, as a technical organization as opposed to a policy organization. Although efforts are made to document and share knowledge on new innovations that are piloted, few are adequately evaluated before being scaled-up. Often the experience gained in the piloting process has not been adequately documented and made available through an accessible website. In addition, the evaluation team could not find examples where the costs and

benefits of the innovation were adequately analyzed. The implication of this finding is that the innovation being tested may not always be the most effective use of scarce government resources with respect to a particular issue. Scaling-up of an innovation can be a costly and time consuming effort. Given the number of innovations that have been initiated with UNICEF's help, there are not sufficient resources available from UNICEF to adequately support the evaluation and analysis of the costs and benefits required for individual innovations.

Partnerships

UNICEF has been successful in implementing its key strategy with respect to partnerships. In addition to its partnership with governments from the National to the district levels, UNICEF has focused on the development of partnerships with community based organizations, NGOs, and the private sector. The evaluation concluded that one of the strengths of UNICEF in India has been its ability to work with partnerships at all levels. UNICEF has developed a number of partners in civil society, with communities and with the private sector. Civil society and community partnerships help leverage the advocacy efforts of UNICEF in its attempt to achieve social change. These partnerships help to build sustainability into UNICEF efforts to support the government to implement innovative pilots, and scale-up the innovations. An increasingly important aspect of the partnerships has been the increasing trend to engagement with private sector partners, both domestic and external. These partners provide resources for UNICEF led initiatives, help achieve its advocacy objectives, and through their corporate social responsibility initiatives can, in some instances, also help bring about social change and change in the situation for women and children.

Intensifying and strengthening private sector partnerships is already an area that the UNICEF Country Office has indicated as an area of importance. Investigating how these private sector partnerships, especially with large corporate sponsors such as TATA, IKEA, etc. can be even better leveraged to effect social change could be a useful line of research for UNICEF to pursue in the future.

Replication of Innovations in Integrated Districts

UNICEF has also been successful in its key strategy of helping to introduce innovations and assisting the government in their scaling-up. A number of examples were provided in the report of situations where UNICEF has assisted state governments scale-up innovations that have been pilot tested. Examples include the FBNCUs, implementing ABL, and the AACP. The evaluation concluded that one of the strengths of UNICEF at the field level is the ability to introduce and support piloting and the scale-up of innovations. The evaluation concluded that there are a number of areas that should be strengthened in the future. These include a need for clearer guidelines on managing the piloting and scaling-up of innovations, including their monitoring and evaluation, reinforcing the need for better coordination of the piloting and scaling-up of innovations nationally for all UNICEF state field offices and headquarters and the need to ensure that piloted innovations are appropriately evaluated and analyzed with respect to costs and benefits, and that lessons learned are well documented and disseminated. The study found that many of the innovations reviewed for this evaluation were adopted based on work done elsewhere or that had evolved over a period of time. UNICEF sometimes supports the innovations that have been initiated elsewhere, or by the government. This makes the sharing of information all the more important.

Integrated District Approach

This evaluation found that the UNICEF key strategy called the Integrated District Approach (IDA) was generally effective in achieving its objectives of promoting village and district level planning, convergence, and social inclusion, although scaling-up the IDA to other districts will pose resource problems for most of the state governments that opt to do the scaling-up. UNICEF has successfully utilized the IDA to pilot community-based planning and to achieve convergence at least at the district level. The state governments have appreciated the fact that the IDA provides a good testing ground for pilot innovations, and permits UNICEF to play a role in assisting the state governments monitor their state programmes. It is also useful for obtaining

convergence of government departments that are generally very stove-piped.

Through the key strategy of focusing on the Integrated Districts (Integrated District Approach) UNICEF has innovated in introducing community based planning and encouraging convergence at the panchayat and district level. This approach has generally been effective in these districts, where the evaluation team noted a greater concentration of UNICEF resources and technical support, better sectoral convergence, and overall, better ability to evaluate and report on results. Unfortunately, there does not seem to be universal support or buy-in to this approach within the UNICEF India country team, partly due to the organizational reporting relationship of the IDA initiative to SPPME, as well as to the fact that the sector staff at ICO in New Delhi are focused on national sectors, and are more concerned about overall national sector initiatives than initiatives that focus on individual states or districts. As well, government officials at both the state and national levels have expressed concern about the resources required to replicate the IDA.

Strengthening Systems and Capacity Development

UNICEF has been successful in its key strategy of contributing to systems strengthening and capacity development. The evaluation demonstrated a number of examples where UNICEF has assisted state governments with developing their systems and capacities. This has been particularly the case where UNICEF supported pilot innovations that have been scaled-up. The evaluation concluded that this has also been one of the strengths of UNICEF, and that UNICEF is known and well regarded for its ability to support governments in capacity development, development of policies and procedures and systems strengthening. An area that the GoI indicated as in need of strengthening is that of evaluation and research. The evaluation team noted that many of the government schemes are neither adequately monitored nor evaluated. This also means increased research into the determinants of behaviour. UNICEF can play an increased role in this area in the future.

Social Inclusion

A priority area of the Gol in its 11th Five Year plan, as well as for UNICEF in the 2008-2012 Country Programme, is to promote social inclusion (using a rights based approach and with a focus on gender equity as well). The evaluation found this is a primary objective of UNICEF and that concept papers have been written about the processes that should be followed on social inclusion, and many activities have been implemented, mostly at the state level across UNICEF's program areas taking social inclusion into account. Nonetheless, individual sector and state workplans do not explicitly address social inclusion or define a specific strategy to enable it.

It is primarily based on geographic targeting and upon ensuring that disadvantaged groups are consulted and made aware of their rights to access the Gol and state programmes and initiatives. To date, there has not been any evaluation of the extent to which these efforts have resulted in improved access to services and facilities by the marginalized or disadvantaged groups, or contributed to their empowerment.

UNICEF has supported studies by institutions such as the Center for Dalit Studies, to assess the impact of social inclusion initiatives of the Gol. This appears to be an area that could use increased support and focus by UNICEF.

UNICEF has also played a key role in the past in assessing gaps in the Gol and state strategies and programmes in terms of socially excluded populations. This role was assessed as very useful by the Gol. Continuation and intensification of this type of activity would be a useful direction for UNICEF India to take in the future.

4.2 Lessons Learned

The following are the key lessons learned from the evaluation:

Since the focus of the evaluation was on the Theory of Change and the positioning of UNICEF within the Indian context, the evaluation methodology was

heavily oriented to reviewing UNICEF-supported innovations in the IDs in four key states given that IDA is a key theme in the CPAP. The lessons learned are therefore also focused on what can be learned about the innovation process, to a great degree in the context of the IDs.

Theory of Change

A key lesson learned is that the Theory of Change Model cannot be applied sequentially and that the application of each step may vary depending on the partners involved and the history and source of the innovation. The specific history and environment surrounding each innovation will determine the applicability, intensity and timing of different steps within the cycle.

Ensuring full engagement of the government in the problem analysis, and the design and planning of a pilot initiative and its scaling-up helps to ensure government buy-in, and the successful adoption or scaling-up of the innovation, if it is demonstrated or deemed to be effective.

Scaling-Up Innovations

Prior to scaling-up an innovation it is critical to examine the costs and benefits of the innovation – if scaled-up – as the availability of government resources for implementation. For instance, UNICEF embarked on micro planning without a clear idea of the costs and capacity/adequacy of human resources, and the capabilities of the districts to implement the plans.

Technical innovations are easier to replicate than those related to improving governance, on account of the former being more structured, and the relative ease in imparting skills and training for technical interventions. Improving governance, on the other hand, calls for changes at all levels of knowledge, attitude and practice, and is often a matter of collective motivation, which cannot be easily replicated.

The Integrated District Approach (IDA) and Microplanning

Experience has demonstrated that the IDA is effective in involving local populations in planning, making connections between citizens

and government functionaries, and encouraging convergence among sectors. The IDA leads to better results and greater accountability of service providers and the district administration. However, integration of the IDA within the district plans continues to be a challenge.

For UNICEF to be able to support the IDA optimally, it needs to be accepted and supported as an overall strategy of UNICEF, with appropriate mechanisms being established within UNICEF for inter-sectoral planning, coordination, implementation and monitoring of plans. In addition, for the results to be sustained, it is important that the state provides a conducive policy and programme environment. IDA outcomes are constrained in the absence of political will and commitment to decentralization, including the devolution of funds and decision-making authority.

Microplanning is resource intensive and requires budgets at the district level to allow for implementation of the plans. Yet the planning processes at all levels are still top down, which makes local level planning very challenging. It is important to know the context and what can be realistically achieved given the planning environment at the state.

Partnerships

Partnership with NGOs and CSOs and building their capacity are an important activity with respect to promoting government action as well as accountability at the district, panchayat, and village levels. Partnerships also help to mobilize communities and to support long-term sustainability of initiatives. Moreover, partnerships with private sector entities can be a source of funding for initiatives and promoting corporate social responsibility (e.g. IKEA, H&M).

4.3 Recommendations

Recommendation 1

Continue to emphasize the strategy of focusing on the upstream level. If impact on policy is desired, UNICEF should increase senior staff

capacities in order to better meet the needs of engaging in policy issues. UNICEF should endeavor to change the image of UNICEF as a technical organization to one with strong research and policy analysis capacity.

For credibility and impact, it is important for UNICEF to continue working to support governments at all levels with respect to policy development, system strengthening and service delivery development. However, if UNICEF is to focus on the upstream policy development level, then it is necessary, given the general perception of many of UNICEF as a technical organization, to ensure that there is appropriate staffing of persons with strong policy backgrounds. Therefore, UNICEF ICO must ensure that ICO and state office staff have adequate capacity in high-end policy analysis and advocacy with government counterparts and decision-makers at both state and national level. Further, UNICEF should ensure systematic and consistent engagement with the national managers of flagship programs and should ensure that the ICO engages in high level policy discussions with government counterparts.

Another critical input would be to continue strengthening national capacities in undertaking policy analysis work, and supporting evidence-based decision-making at the highest levels of planning and governance.

Recommendation 2

UNICEF should improve its management of the Innovation Cycle.

A finding of this evaluation is that the introduction and support of pilot innovations, as depicted in the Theory of Change, is not well managed by UNICEF. This indicates a number of areas where improvements are required:

- The innovation cycle, as it is applied by UNICEF, should be better documented. The various steps of the innovation cycle should be delineated in a concept note that will provide a standardized approach to the various stages of the cycle, but also describe the different possible originations of innovations and the flexibility required in managing the cycle.
- A comprehensive ICO-wide plan for piloting innovations should be developed every one

or two years. The purpose of an integrated plan is to ensure that all of the state level field offices are fully aware of what is being done in other states and at the national level. The plan will provide a mechanism for sharing work, ensuring consistency in approach to the innovation cycle, and optimizing the use of results obtained in each state interested in scaling-up an innovation. It should also reduce overlap and duplication while ensuring that the results of piloting and evaluation are available and coordinated. The plan should also include strategies to scale-up and replicate innovations across states.

- Guidelines should be developed on the evaluation and effective documentation of pilot innovations.
- The evaluations and documentation of pilots should be made accessible on a UNICEF website to ensure easy access for both UNICEF and government officials as well as for anyone interested in the process, results and lessons learned of piloted innovations.
- Key innovations supported by UNICEF should be evaluated for cost and cost-effectiveness before they are scaled-up. A methodology for evaluating the costs and benefits of scaling-up of pilots and projecting the resources required for scale-up should be developed and disseminated. The availability of human resources and capacities of partners should be assessed carefully, including the costs associated with developing capacity.

The above implies that the pilot innovations supported by UNICEF may have to be limited in number (through the planning process) to ensure that they can be managed in terms of monitoring, evaluation and documentation.

Recommendation 3 Strengthen ICO research, evaluation and knowledge management Practices.

Further to the above recommendation, the ICO should strengthen its evaluation and knowledge management functions, to ensure that all key initiatives at the sector and state levels are appropriately evaluated and documented, and that the results are made available through an

easily accessible website. This will help ensure that government schemes are assessed for their effectiveness and that they are achieving the desired impact.

This entails increasing UNICEF's support for social policy research to identify gaps in the implementation of major government policies and legislation. UNICEF should also review the role of the section staff in the Delhi office with respect to playing a greater role as knowledge management aggregators in their technical areas.

Recommendation 4 Encourage early government involvement in the innovation process.

In promoting innovations, UNICEF should ensure that government is involved in all phases of the innovation cycle. This means that UNICEF should engage government at the beginning of the cycle, so that government representatives are fully involved in the design and evaluation of the pilot phase.

Recommendation 5 UNICEF should encourage and support the government in evaluating pilot innovations. As well, UNICEF should support capacity development of the national and state governments in evaluation.

This evaluation established that few innovations are adequately evaluated by the government. This should include an assessment of the rationale for and effectiveness of the innovation, as well as the costs and benefits of scaling-up, the availability of resources and capacity for a scaled-up programme, and the comparative benefit of the innovation if scaled-up over alternative approaches.

The evaluation team found evidence of evaluations of only three innovations, the ABL in Tamil Nadu, the Dular Strategy in Bihar and the IDA. UNICEF should encourage the government to thoroughly evaluate pilot innovations before up-scaling.

Additionally, UNICEF should review how it can best support the government in terms of developing government evaluation capacity, and develop an initiative to support capacity building in government to undertake evaluations.

Recommendation 6
UNICEF ICO should strengthen its planning and monitoring systems to ensure better coordination between the ICO and the State Field Offices.

The evaluation noted that the linkages between the sector specialists and the state field offices could be improved to ensure better coordination and collaboration in planning, implementation and monitoring and evaluation. This could be accomplished through a broader based workplan at the ICO level that identifies the major activities, intended results, and roles and responsibilities for all of the UNICEF sectors at a programme component level.

Planning should be linked with outcome level results, preferably where UNICEF can demonstrate accountability for results. Finally, the UNICEF ICO should ensure that social inclusion, including gender, is mainstreamed into all programming.

Recommendation 7
The ICO should improve its results framework.

UNICEF India should develop a detailed results framework for its component programmes. The results framework should include indicators which focus on UNICEF contributions to component outcomes. The results framework should also emphasize the need to report on results that highlight UNICEF's contribution and that can be at least be partially attributable to the UNICEF support or initiative.

Annual reporting should be improved and be more detailed, in order to provide a better overall picture of what has been accomplished for each sector, and in each state, against key objectives of the five year program both for the latest year and cumulatively over the five year cycle.

Recommendation 8
UNICEF should investigate the value of increased emphasis on partnering with the private sector and civil society.

Partnership with the private sector helps build awareness of the private sector's role in helping to achieve the MDGs. It also helps to support UNICEF's need for funding. The private sector can also help promote the achievement of the MDGs through corporate social responsibility initiatives.

Strategic, long-term partnerships with civil society, including community-based organizations working on specific themes needs, to be strengthened as well to lend continuity and stability to issues of importance, and create resource centers for their continued support. Such engagement would not only contribute to building strengths of civil society actors, but also pave the way for long-term and effective work on accountability of government and policy matters, particularly social inclusion. Through supporting CSO research and advocacy initiatives across a wide cross-section of issues, UNICEF could play a significant role in evidence-based policy analysis and influencing government priorities for change.

Appendix A: Case Studies

Case Study: Dular Strategy

Innovation Title	State and District of Origin (where did it start?)	State(s) where replicated or up scaled	District(s) in State where replicated or up scaled
Dular Strategy (Nutrition)	Bihar (Four Districts: Vaishali, Gaya, Nalanda and Muzaffarpur): 400 villages @ 100 villages per district (1999-2000)	State: Bihar	
		Phase 1 (2000)	4 districts (400 AWCs)
		Phase 2 (2005)	2 districts (2000 AWCs in 6 districts)
		Phase 3 (2006)	8 districts (10,000 AWCs in 14 districts)
		Phase 4 (2008) Implementation Period: 2009-2011	24 districts (All 38 Districts in the state covered)
		State 2	
Description of the Innovation or initiative	<p>The Integrated Child Development Scheme (ICDS) aims at holistic development of children through reduction in under-nutrition, under 5 mortality and maternal mortality. Dular, a community-based nutrition program that seeks to improve the impact of ICDS on young children, was initiated in 1999 (in undivided Bihar).</p> <p>Dular implementation comprises of four major components: community mobilization, capacity development and systems strengthening, inter-sectoral coordination and periodic review and monitoring. Interventions promote safe motherhood, infant feeding, care and illness management practices; ensure service utilization and counseling on key behavior changes essential for management of under nutrition in children under three years of age. Key initiatives under Dular strategy include:</p> <p>Intervention at the community level to ensure people participation: To ensure universal access and reach of ICDS services, women volunteers, also called local resource persons (LRPs), were identified and trained for community mobilisation and assisting the anganwadi worker (1 LRP for 15-25 households). Selected through a detailed social mobilisation process in each hamlet of the village, the LRPs represent all communities residing in a village (40 per cent LRPs represented the socially excluded groups, 2009). It was reported during discussions that the Child Development Project Officers (CDPO) were involved in the final selection of LRPs, with the assumption that this will ensure ownership by the government and help in coordination between the anganwadi workers (AWW) and LRPs.</p> <p>The LRPs assist the AWW with food preparation, household visits and identify households with pregnant and lactating women. They spend considerable time in talking to women in an effort to educate them on new practices and thereby increase contact between villagers and Dular program services as well as providing additional culturally appropriate nutrition education. In addition, village contact drives (VCD) are supported by LRPs, initially for safe motherhood practices and subsequently infant and young child feeding practices. The monthly Village Health and Nutrition Days (VHND) ensure convergent delivery of quality health, nutrition, safe water and sanitation services by multiple stakeholders accountable. The VHNDs address social exclusion by providing a collective community space, especially for women.</p>		

	<p>Program implementation: Sectoral coordination and convergence between the women and child care and health departments in the state, systematic planning and implementation, regular monitoring and review are key aspects considered while designing the implementation structure for Dular strategy.</p> <p>At the grassroots level, social mobilisation, awareness generation, access to services and monitoring is ensured through the LRPs, anganwadi workers and supervisors. At the block level, Block coordination committees (BCC) have been constituted to ensure delivery of nutrition and health services and undertake cluster level trainings of LRPs and anganwadi workers. In each district, the constituted district mobile monitoring and training teams (DMMTT), as the name suggests, are involved in training and monitoring activities while the district coordination committee is the forum for sectoral convergence (education, health, social welfare, local NGOs). At the state level, a state level consultation committee serves as the forum for sectoral convergence (education, health, ICDS and social welfare) while the constituted Dular cell informs the state government on how the Dular can be best implemented.</p> <p>Management of Information System: Design of beneficiary centred formats (as opposed to service related formats under ICDS program) and their use as community based monitoring system is an integral part of Dular. The implementation of MIS, capturing target beneficiaries and receipt of benefits by them, is overseen by an MIS coordinator at the state level. The Coordinator, appointed by UNICEF, coordinates with the district level coordinators to ensure roll out and timely collection of information from the districts through the CDPOs (at the block level) and anganwadi workers (at the village level). The MIS formats have been improved by UNICEF and capture information disaggregated by SC/ST population.</p>
<p>Stage 1 Theory of Change (ToC)</p> <p>Pilot Intervention Innovation</p>	<p>Community Mobilisation: Dular successfully created a team of women volunteers, starting in 1999, when Bihar was in much need of strengthened governance and delivery mechanisms and a resurgence of social and political system. The creation of a pool of LRPs augmented the implementation of a community based nutrition program, breaking social norms of acceptance, and access to services by SCs and dalits. Besides being an empowering journey for women, the intervention enhanced care and support for children, pregnant women, mothers and adolescent girls. In addition to supporting the anganwadi worker, since the LRPs are a key interface between the community and the AWW, they developed skills of collecting information in specified formats and became equipped to take on higher responsibilities.</p> <p>The VHNDs, as per the National Rural Health Mission guidelines, have followed outlined procedures and operations to ensure convergence of various services including health, water and sanitation and access to social welfare schemes and incentives.</p> <p>However, during the past 5-7 years, various government schemes and programmes envisage community based workers receiving honorariums (Auxiliary Nurse Midwives, Accredited Social Health Activist, Vikas Mitras etc.). The LRPs, on the contrary, are unpaid volunteers, and their long term engagement and commitment will need to consider financial and structural sustainability.</p> <p>There is a need to develop a separate strategy for increasing participation, social monitoring and accountability of institutions of local self governance (panchayati raj institutions) that perform functions and powers entrusted to it by the State legislature.</p> <p>Capacity Development and Systems Strengthening: The pilot phase of Dular entailed developing a capacity development plan with the Directorate of ICDS (state level) and was executed over a period of 8 months with technical support from UNICEF. The trainings mainly focused on the role of grassroots level workers in service delivery, counseling and follow-ups to ensure service utilization and behavior change.</p> <p>In terms of systems strengthening, UNICEF supported the setting up of a Dular Cell in the Directorate of ICDS to facilitate trainings and monitoring during the implementation process. With the increased coverage of AWCs implementing Dular strategy, the cell was upgraded in 2007 with additional technical assistance for IT based Management Information Systems, communication, supplies and logistics. Following the deputation of government personnel for the above, Dular Cell was withdrawn in 2009. However, UNICEF continues to work with the government both at the state and district level through the personnel deployed and its key staff.</p> <p>Considering the large vacancies that existed for supervisory cadre of Child Development Project Officers (CDPOs) and Lady Supervisors (70 per cent and 90 per cent respectively), UNICEF created a block level team of trainers-cum-monitors (four in each block) and all together formed the District Mobile Monitoring and Training Team (DMMTT) for the district. Their main role was to coordinate and support the trainings of ICDS and health functionaries in 35-40 AWCs by each DMMTT member. In all, 87-97 per cent of the implementation targets (VCD, BCC, DMMTT, DCC) were achieved, except for training of local resource persons, where the achievement was 42 per cent owing to late submission of utilization certificated for release of funds.</p> <p>Efforts were made to work with government in procurement of supplies, strengthening training, monitoring and putting in place systems for MIS. UNICEF arranged the procurement of supplies for growth promotion including weight equipment and reference growth charts for nutritional grading and monitoring growth. It also ensured skill training of all CDPOs and DMMTT members as Master Trainers on using of the scales in all districts.</p>

	<p>Over time, the gap in vacancies of CDPOs reduced from 70 per cent to 25 per cent and from 90 per cent to 70 per cent for lady supervisors. However, the process of orienting the new recruitments on Dular strategy and their primary roles as supervisors on the ICDS program is still being done by the Directorate of ICDS.</p> <p>During discussions with functionaries at the state and district level, it was opined that addressing social exclusion and gender inequities requires a separate strategy, including IEC materials and monitoring tools that focus on the reach of services to the socially excluded families.</p> <p>Enhanced Essential Interventions: Dular strategy also provided an opportunity to promote essential interventions of Infant and Young Child Nutrition (IYCN). Thus, counseling mothers under Dular was more focused on IYCN and, accordingly, the training program as well as counseling tools and materials was modified.</p>
<p>Stage 2 Results, KM, Evaluation, Research Documentation</p>	<p>Knowledge Management: During the course of implementation of Dular, all materials developed such as IEC materials, training modules and curriculum are well documented. The challenge is to operationalise these materials while upscaling and replicating, with key constraints being lack of human resources and functionaries with an adequate knowledge base to transact trainings in the government structures.</p> <p>Monitoring Data: While UNICEF supported collection of beneficiary related data, its further analysis, disaggregated by gender and social inclusion was transferred to the Department of Women and Child Development. In addition to its use in supporting implementation, sharing analysis of this data, is expected to empower the districts and states to make key decisions for improved implementation.</p> <p>One of the key initiatives of UNICEF in Vaishali has been to use satellite mapping and global positioning systems for ensuring physical access to services. This requires setting up of a data centre, technical expertise and human resources to manage and use information. UNICEF, Bihar will advocate for using this as a tool for planning across all 38 districts.</p> <p>UNICEF, Bihar also undertook some innovative initiatives for monitoring ICDS interventions at the insistence of the government: such as validation of the monitoring processes through (i) video documentation and (ii) SMSs (mobile phones). However, these methods are cost intensive and were not replicated by the government.</p> <p>Evaluations: Initiated in 1999, the first evaluation of Dular was conducted in the year 2003 by Tufts University. The results from the 2003 evaluation were presented and discussed among UNICEF and the government. Based on the need to have more in-depth evaluations, two additional evaluations were conducted in the consecutive years. Significant difference was seen in the prevalence of underweight (Dular villages: 55.5 per cent and non Dular: 65.4 per cent) and stunting (Dular: 36.5 per cent and non Dular: 47.4 per cent) in children served in Dular villages.</p> <p>In addition to specific evaluations in Dular and non Dular districts (2003-2005), comparisons to available secondary data (National Family Health Surveys) have been made to gauge performance against impact indicators.</p> <p>Functionaries at the district level suggested that analysis of data from secondary sources, evaluations, as well as routine monitoring should be disaggregated to gauge the status of key indicators amongst various socially excluded groups, gender and across economic strata.</p>
<p>Stage 3 Policy Influencing Advocacy</p>	<p>Advocacy: The findings from the three evaluations during 2003-2005 served as an advocacy tool for influencing government of Bihar to revisit the state's ICDS programme for improving its effectiveness. In 2005-2006, the programme was extended from 4 districts to 10 additional districts with joint funding from the World Bank (2 districts) and State Government (8 districts). The four districts in the pilot phase continued to receive technical and financial support from UNICEF.</p> <p>Following a review of processes and outcomes, the Government of Bihar considered the strategy to be worth universalizing under its ICDS program. The same was proposed in the 11th Five Year Plan Approach document of Government of Bihar, Department of Planning, 2006.</p> <p>At present, the Dular Strategy has expanded to harness on roll out of new WHO Reference Standards for growth under ICDS program.</p> <p>The learnings from Dular have been shared in various forums, such as in preparation of project implementation plans for ICDS IV/reform project (June 2008).</p>

<p>Stage 4 Leveraging of Resources and Partnerships</p>	<p>Leveraging Resources: While the pilot phase districts received technical and financial support from UNICEF, the additional 10 districts were jointly funded by World Bank and state government (INR 5.2 crore or USD 1.04 million).</p> <p>In 2008, UNICEF was requested to develop a proposal with budget estimates and timeline to upscale Dular in all 38 districts (60,000 anganwadi centres). The state wide expansion of Dular came into existence in 2008 in a phased manner for a total cost of INR 14.56 crore (USD 2.91 million) annually.</p> <p>Partnerships: The key partnership in Dular has been with the Government of Bihar. Other implementation partnerships include with World Bank (for implementation of Dular), WHO (growth monitoring) and local civil society organizations (implementation).</p>
<p>Stage 5 Replication and Up scaling</p>	<p>Dular is a human resource intensive initiative. In terms of cost, an additional amount of USD 2 per child per year is expected to be incurred with the implementation of Dular strategy. The replication and upscaling of this initiative will be easy if the Government of India and state government priorities are aligned. The scaling-up of Dular in Bihar for instance, was made possible after a visit of Gol officials to Bihar. Necessary approvals from the Gol led approval of strategy and state allocation of funds (2009-2011).</p>
<p>Key Learnings/ Conclusions</p>	<p>Involvement of the government should be planned from the pilot phase itself to receive requisite support and inputs from the government for possibilities of scaling-up.</p> <p>The pilot phase should be implemented in an IDA district (where situations are conditioned) and non IDA district (real time situation) to suggest appropriate scaling-up approaches. Given the constraints such as those related to human resources; procurement of supplies and materials; funds etc., possibility of upscaling the whole strategy vs. some key elements that are likely to have maximum impact may be suggested.</p> <p>All stages of the theory of change were applied to Dular. However, these are not necessary sequential. For instance, UNICEF, Bihar worked with the government since the inception phase of Dular, to be able to advocate for up scaling. Commencing each stage of theory of change has to be planned at an appropriate time so that it is an integral part of the initiative and not a standalone stage.</p> <p>Presence of UNICEF at the district (micro), state (meso) and national level (macro) is an advantage, especially for advocacy. In addition to suggesting strategies, UNICEF has been able to advise and support the government in implementing these.</p> <p>Information from monitoring, evaluation and research should be constantly shared with the government. An important aspect is to ensure easy transfer of this information amongst the state and district level, amongst people with varying capacities.</p> <p>Gender equity and social exclusion need to be considered as two separate cross cutting aspects, requiring different approaches for addressing the existing issues and inequities.</p>

Case Study: District Planning And Monitoring Cell

Innovation Title	State and District of Origin (where did it start?)	State(s) where replicated or up scaled	District(s) in State where replicated or up scaled
District Planning and Monitoring Cell (Decentralised Planning)	Bihar (Vaishali district) (2008)		
		State: Bihar	5 UNJPC Districts (in 2011-2012)
		Other States with UNICEF Presence	IDA Districts
Description of the Innovation or initiative	<p>The 73rd and 74th amendment of the Indian Constitution empowers local governments to plan for their own development. This is detailed in the Planning Commission's (GoI) 'Guidelines for Integrated and Inclusive Planning'. The mandate of consolidating a district plan lies with District Planning Committees (DPCs). The district plans are derived from integrating plans prepared by all panchayats, municipalities and planning units in the district.</p> <p>In Bihar, UNICEF had supported integrated village planning process in Vaishali district since 2005 with an initial objective to achieve better results for women and children by adopting a convergent approach. The convergent approach entails working with (i) district administration and strengthening systems to ensure better service delivery and (ii) community on behaviour change communication (BCC) to generate demand for services.</p> <p>Drawing upon the experience of supporting village planning, in 2008, a Memorandum of Understanding (MoU) was signed to support planning at the district level. The MoU was signed between the district administration and UNICEF to support decentralized planning leading to development of an Integrated District Plan. UNICEF's support to the district planning process (2009-2011) includes:</p> <p>District Planning and Monitoring Cell (DPMC): The DPMC was established in the district in 2009 to strengthen and assist the DPC in consolidation of District Plan for 2010-2011. The key objectives of DPMC are to:</p> <ul style="list-style-type: none"> - Function as a secretariat of DPC and strengthen its capacity to study, review and ratify the district plan; - Strengthen the planning process in the district by developing capacity at all tiers of the panchayats (village panchayat, block panchayats Samiti and Zilla panchayat) and involving them in the planning process; - Act as the knowledge hub of the district and support the officials and panchayats with data and its analysis for planning and monitoring; - Document learning from various initiatives with a view to support the state government in formulating a model capacity development initiative for PRIs in the state; and, - Boost sectoral monitoring system through analysis of monthly progress reports and identify the facilitating and hindering factors. <p>In addition to setting up of the DPMC, UNICEF has provided additional support, including:</p> <p>Technical Support: Since 2009, UNICEF has organised technical support for integrated district planning process by involving PRAXIS-Institute for Participatory Processes. For facilitating micro planning process, Centre for Communication Resources development (CENCORED) has served as the technical resource agency.</p> <p>Costs: Financing costs of capacity development events, orientation workshops, honoraria for personnel and agencies involved.</p> <p>Sharing of Experiences: UNICEF has actively contributed to discussions related to formulation of strategies for large scale planning process, conceptualization of process steps and design of important events and products under the decentralized planning process.</p>		
<p>Stage 1 Theory of Change (ToC)</p> <p>Pilot Intervention Innovation</p>	<p>The DPMC is housed in the District Planning office and functioning under the leadership of the District Magistrate. The DPMC is guided by a Steering Committee comprising of the District Magistrate (Chairperson), Deputy Development Officer (Vice Chairperson), District Planning Officer (member secretary and nodal officer) and members including district heads for health, public health and engineering department, education, Integrated Child Development Scheme (ICDS), welfare, panchayati raj and UNICEF representative.</p> <p>Technical support to the activities of the DPMC is provided through six consultants appointed by UNICEF. Expertise areas include community mobilization, capacity development of PRIs, data management, and integration of plans (rural and urban). Pilot activities of DPMC include:</p> <p>Strengthening Local Governance: In 2009, DPMC supported the district administration in demonstrating decentralized planning process in accordance with the guidelines of Planning Commission, GoI. Decentralised planning was rolled out in all 291 Gram Panchayats in 16 blocks and three urban areas in the</p>		

	<p>district. The rural and urban plans were integrated into a District Level Plan which was ratified by DPC as well as by all bodies responsible for planning at different levels (Gram Sabha, Panchayat Samiti, Zilla Parishad and Nagar Parishad). The sectoral plans were culled out from the district plan and shared with the departments to plan sectoral interventions as per community needs.</p> <p>Capacity Development: The capacity development initiatives by the technical resource agencies (PRAXIS and CENCORED) include:</p> <ul style="list-style-type: none"> - Inception and stock taking workshop on decentralised planning for multiple stakeholders and key officials at the district level. - Vision building exercise for plans at gram panchayat, block and district level for PRIs, officials at block and district level including urban local bodies. - Training of facilitators on decentralised planning at the district level. - Training of master trainers for training PRIs and providing facilitation support to the PRIs in the planning process which includes community consultations for prioritisation of needs and ensuring participation of all sections of the community, conducting gram sabha, ward wise consultations etc. <p>Access and reach of government services and programs: The DPMC supported the district administration to roll out Village Health and Nutrition Days (VHND) as per National Rural Health Mission. The VHNDs were initiated in 48 gram panchayats (3 per block). The VHNDs are aimed at ensuring improved delivery of services at the grassroots level. The experiences and learning from the VHNDs organised were documented and shared with the government highlighting the necessary conditions for successful VHNDs. Some of the recommendations were included by the government in the state guidelines for VHNDs.</p> <p>For improved access and reach of social sector schemes, during 2011-2012, the Standing Committees of panchayat (gram panchayat and panchayat samiti) will be activated. In this regard, UNICEF is providing support to orient the six sectoral Standing Committees on provisions under various schemes. The PRIs have been oriented on (i) their roles and responsibilities as envisaged under the Panchayati Raj Act, (ii) entitlements and provisions under various social sector schemes, (iii) mandate of the constituted sectoral committees of Panchayats etc.</p> <p>Model Panchayats: Thirty-two model panchayats will be set up (with technical support from PRAXIS) to demonstrate full utilization of government schemes and provisions. In this regard a community development meeting and panchayat accountability exchange (CDM-PAX) is being set up in 16 model panchayats. These panchayats have been selected based on social composition (per cent SC households), representation from each block and blocks that are both close and distant from the district head quarters.</p> <p>The pilot interventions have provided the Government of Bihar directions for creating a panchayat database, activating standing committees and ensuring involvement of PRIs in development issues.</p>
<p>Stage 2 Results, KM, Evaluation, Research Documentation</p>	<p>Planning and Monitoring: With a view to support the government departments for service provision, especially geographically and socially excluded communities. UNICEF has set up a GIS based planning and monitoring system which maps service delivery institutions and links their location using GIS. The district officials are being trained on using GIS (at present the position is supported by UNICEF). National Informatics Centre (NIC) and AN Sinha Institute of Social Sciences have supported setting up of the GIS system. GIS is seen as a powerful tool for identification of locations where basic education, ICDS and health services are not available (also water quality) to be able to address these needs as per norms. On the demand side, the capacities of front line workers are built on various government schemes.</p> <p>Key Documentation: The following documents have been developed by UNICEF, Bihar as a part of its decentralized planning interventions:</p> <ul style="list-style-type: none"> - Vaishali District Annual Plan for (2010-2011) has been developed and approved by the state government; - Mapping of schemes and entitlements to ensure entitlement based planning (to be finalized by September 2011); and, - A number of documents related to capacity development processes in decentralized planning have been developed by PRAXIS with inputs from DPMC functionaries and UNICEF. PRAXIS has also documented the learnings from this planning process undertaken by the panchayati raj institutions. <p>Data Management and Analysis: For strengthening data management and analysis of information and statistics from (i) government records and (ii) large scale surveys such as National Family Health Survey (NFHS), District Level Household and Facility Survey (DLHS), MoU has been signed with the Government of Bihar to support the department of Statistics. This is likely to support analysis of data disaggregated by socially excluded groups as well as gender.</p>

<p>Stage 3 Policy Influencing Advocacy</p>	<p>Policy Influencing: During the planning process in Vaishali, a checklist was included in the design of the Plan booklets so as to act as a prompt for seeking de segregation of plans on these lines. In addition, the checklist also sought to flag plan components relevant for destitute elderly people, single women and people with disability. Based on the learning, the document (GoB and UNICEF) underlines the need clear directives from the Department of Planning and Development to various planning units seeking de-segregation of plan components related to Scheduled Casts and on the lines of gender so that each plan has a clearly discernible gender sub-plan and an SC sub-plan.</p> <p>Advocacy: UNICEF has shared the experience of working with the state government. Government of Bihar and UNICEF has compiled the key learning and policy implications from the pilot exercise undertaken in Vaishali for wider dissemination.</p> <p>Sharing has also been through Lal Bahadur Shastri National Academy of Administration (LBSNA) and Solution Exchange forum.</p> <p>The district administration has acknowledged the good work done by DPMC. The works done by DPMC are uploaded in the district website.</p>
<p>Stage 4 Leveraging of Resources and Partnerships</p>	<p>The district plan has been linked with resource envelopes in the government plans through:</p> <ul style="list-style-type: none"> - Culling out sectoral plans from the district plan. This has been shared with the nodal officers of various departments with instructions to give priority to the activities mentioned; - The nodal officers at the district level are expected to share this information at the state level; and, - MP and MLA constituency plans were prepared from the district plan and shared with respective representatives for consideration under their local area development fund allocations.
<p>Stage 5 Replication and Up scaling</p>	<p>Following the pilot initiative in Vaishali, the Planning and Development Department (GoB) has established District Project Unit in five UNJPC districts. The state level cell for district planning is being established which will have one additional human resource in all 38 districts. An annual budget of INR 3 crores (USD 600,000) has been approved for the same.</p> <p>For the purpose of ensuring inclusion, UNICEF has undertaken process-based learning and underlined areas for convergence of functions and funds. It has also shared costs for undertaking decentralized planning process in Vaishali. On an average, expense of INR 24,293 (USD 528) was incurred on the process (including the DPMC costs). The recurring costs for functioning of the DPMC are over and above this.</p>
<p>Key Learning/ Conclusions</p>	<p>Given the weak community based structures in Bihar, the process of decentralized planning is process intensive and requires additional handholding support. Strengthening panchayats is critical. To this effect, the proposed local governance programmes in collaboration with the World Bank, incorporate UNICEF's learning.</p> <p>The plans at the village level focus more on the need for hardware than addressing social issues and inclusion aspects. There is therefore a strong need for creating social sector database at panchayat level and orienting panchayats on use of data for planning.</p> <p>While convergence takes place at the level of planning, convergence of budgets and their judicious use (avoiding duplication of resource availability for some activities and lack of resources for others) still remains a challenge.</p> <p>The establishment and functioning of the DPMC with its envisaged functions is cost and human resource intensive. Its upscaling and replication will require not only efficient functioning of existing human resources (presently weak in Bihar), but also placing additional infrastructure, equipments, technology and human resources. However, its role in facilitating integrated planning and convergence cannot be undermined.</p>

Case Study: Facility-Based New Born Care Unit

Innovation Title, Section	State and District of Origin	State(s) where replicated or up scaled	District(s) where replicated or up scaled
Facility Based New Born Care Unit (FBNCU)	Rajasthan – Tonk	West Bengal (SNCU) And others	
Description of the Innovation or initiative	<p>FBNCU is a special cell established within the district hospital (in the case of Tonk, it was within the Women's section of the hospital) is equipped with 10-12 baby beds, and supported by trained staff and equipment for monitoring patient condition and providing specialist care. As against a capacity of 12 beds, the number of infants under treatment was approximately 17 (some of the beds had two patients each). Compared to the general condition of the hospital and premises outside, the FBNCU is super-sanitized and well-maintained (although the air-conditioning was non-functional at the time of this visit, and had reportedly been so for the last three months). There are separate beds for the mothers to stay when her baby is admitted to the FBNCU; in Tonk, there were 8 beds for mothers, and 25 beds were available in the post-natal ward.</p> <p>The Unit is supposed to be in close proximity of the Labour unit, and is under the supervision of the Chief Medical Officer of the hospital. The protocols and standards for management and upkeep of the Unit are clearly specified and routinely monitored.</p>		
Stage 1 Theory of Change (ToC) Pilot Intervention Innovation	<p>The state of Rajasthan has a relatively high IMR (59 infant deaths per 1,000 live births). Over two-thirds of the deaths occur during the first four weeks of life, mainly caused by poor weight at birth, and complications that cannot be treated in the absence of specialized care. With this background, it was decided to set up the first Facility-Based Newborn Care Unit at the district hospital in Tonk (IDA district). FBNCU is referred to as SNCU (Special Newborn Care Unit) in other states, where similar interventions are being supported by UNICEF.</p> <p>The FBNCU provides a whole new range of facilities and personalized care for newborn babies, which was not available earlier. Within neonatal care, the focus is two-fold: (i) institutional care for newborns, and (ii) monitoring the utility and impact of the Units.</p> <p>UNICEF supported all activities for the establishment and operationalization of the said unit in Tonk, including renovation of the room/s, procurement and supply of equipment, provision of nursing staff on contractual basis, and training.</p>		
Stage 2 Results, KM, Evaluation, Research Documentation	<p>Since the start of this initiative in 2008, over 5,700 newborns have received specialized care through the FBNCU at Tonk, of which over 93 per cent have survived. This includes cases born both within and outside of the district hospital.</p> <p>Training: 4 days' training was carried out for concerned staff exclusively on the management of FBNCU; the National Neonatology Forum was a collaborator on this training which was supported by UNICEF. A toolkit was also developed with support from/in collaboration with UNICEF. The focus of the training is on improving quality of services in FBNCUs.</p> <p>Monitoring: Detailed records of all cases admitted are maintained in a register at the Unit, including sex of the child (male/female), social grouping, age of the mother and number of children, and so forth. However, it appeared that detailed analysis of the data was not being done. For example, of the total cases admitted, it appeared that 2/3rd were male and 1/3rd female – figures that should ring alarm bells, and raise questions about the reasons for the skewed sex ratio among the care recipients, but that was not the case.</p> <p>Rapid assessment of the Units is taken up every now and then; this consists of details of the facilities available, an inventory of medicines/other consumables and equipment available, the functionality of equipment, position and availability of specialist and support staff, and other such details that provide complete information of the unit at a glance.</p>		
Stage 3 Policy Influencing Advocacy	<p>Advocacy and policy influencing was done through demonstration and sharing of information regarding use of and increased demand for the facilities being provided, as well as analysed data regarding infant mortality in the concerned district. Personal visits of dignitaries and direct interaction with mothers at FBNCUs were the main triggers for replication and up-scaling.</p>		
Stage 4 Leveraging of Resources and Partnerships	<p>Technical assistance through the National Neonatal Forum was provided, with funding support from UNICEF.</p> <p>The first FBNCU was set up in Tonk; thereafter, 8 more districts were added and eventually it was expanded to the whole state (in 3 districts, Bharatpur, Alwar and Dausa, FBNCU and other initiatives are being supported by NIPI; and UNFPA support is in 3 districts).</p> <p>For scaling-up FBNCU at the state level, NRHM funds were utilized.</p>		

<p>Stage 5 Replication and Up scaling</p>	<p>The pilots undertaken in Tonk and Jaipur districts were scaled-up using funds from NRHM; each of the 33 districts in the state now has 1 FBNCU. Of the initial 9 districts, training was funded in two districts by UNICEF (Tonk and Jhalawar), and a nodal person provided at the district level for 3 years, for provision of supportive supervision to ASHAs on integrated management of newborn and childhood illnesses.</p> <p>Following the demonstration of the utility in Tonk and other focus districts, the Government of Rajasthan established of similar units in all districts of the state, utilizing NRHM funds. As per a UNICEF write-up, 36 such units are now functional in the state, and over 72,000 newborns have received specialized care through them. It is claimed that neo-natal mortality in the state has reduced on account of the FBNCU. The expansion of FBNCUs was based on learnings from monthly feedback and reports, received from CMHO and institutional in-charge, and increased demand for FBNCU services.</p> <p>UNICEF is providing support in 5 high-focus districts with support centers at the district level; the plan now is to take it down to the level of CHCs and develop them as Newborn Stabilization Units (NSU) at the Block Level; of 237 Blocks in the state, 100 have been identified as high- priority CHCs, where UNICEF is partnering with the government to set up these NSUs.</p>
<p>Key Learnings/ Conclusions</p>	<p>The FBNCU pilot and its replication have provided valuable lessons that are well-aligned with UNICEF's objectives:</p> <ul style="list-style-type: none"> • There is a dire need for quality care and specialist inputs in the area of newborn care for reducing infant mortality, as has been demonstrated by UNICEF through setting up of pilots at Tonk and Jaipur district hospitals. • Along with provision of specialist equipment and personalized care, there is an important role for regular monitoring and assessment, which ensured that the units did not lapse into sub-optimal levels of performance. • Policy decisions were influenced through sharing information with senior bureaucrats and elected representatives in the government. This enabled political commitment, quick replication and scaling-up. <p>However, there is also a case for looking at the bigger picture of hospital management, per se. At the Tonk district hospital, for example, there were cattle and pigs within the premises, filth and garbage all around, and clearly inadequate facilities for handling the increased numbers of patients (pregnant women and mothers) – an outcome of the Janani Suraksha Yojana, which has given a fillip to the number of women seeking institutional deliveries. The staffing at the FBNCU is also believed to be inadequate. It is apparent that there is a huge demand for the service, and while the FBNCU is making a dent, a lot more needs to be done. In this scenario, it would be pertinent to take up with the government issues of hospital infrastructure, staffing and overall management, to be able to have a significant impact on overall quality of services available, including availability of services to women and children.</p> <p>The concept of FBNCU has been very well-received by the government of Rajasthan, which has shown its support for the initiative by pledging funding support for scaling-up the initiative with funds from NRHM. Further, considering the utility of the Units and the high demand for services therefrom, planning is on for establishment of 100 Newborn Stabilisation Units at the Block levels.</p>

Case Study: Bio Village

Innovation Title	State and District of Origin (where did it start?)	State(s) where replicated or up scaled	District(s) in State where replicated or up scaled
Bio Village (Sustained Village Environment) since early 2010	Maharashtra (60 villages in Chandrapur and 50 villages in Latur district) (2010)	Maharashtra	Eco Village: 33 rural districts and all gram panchayats in a phased manner over 2011-2013
Description of the Innovation or initiative	<p>Bio Village is a pilot project underway by UNICEF since early 2010 in 110 villages of two districts (60 villages in Chandrapur and 50 villages in Latur district). The project adopts a holistic approach aimed at human-centered development and is governed by pro-nature, pro-poor, and pro-women and children orientation to sustained village environment.</p> <p>The Bio Village is implemented in medium sized villages that meet the following characteristics:</p> <ul style="list-style-type: none"> - population not more than 1,000; - a minimum 25 per cent of families below poverty line (BPL); - existing sanitation coverage of more than 40 per cent; - responsive panchayati raj institutions (PRI); - active village water and sanitation committees (VWSC) and women headed sarpanch; and, - a good network of self help groups (SHGs) and adolescent groups. <p>Interventions in bio villages aim to achieve the following results:</p> <ul style="list-style-type: none"> - No open defecation - Proper treatment of bio degradable wastes promotion of organic farming - No stagnation of waste water at household and community level - Sustained water safety and security (WSS) at household level - Prohibition in the use of polythene bags <p>Involvement of the government (District Total Sanitation Campaign Cell) was envisaged from the inception phase comprising of identifying the villages for the project.</p>		
<p>Stage 1 Theory of Change (ToC)</p> <p>Pilot Intervention Innovation</p>	<p>The bio village project, conceptualized by UNICEF, is being implemented with the engagement of 11 NGOs; government (District Total Sanitation Cell and Ground water surveys and development agency (GSDA) and technical support from PriMove, a private consulting firm. Key initiatives under the project include:</p> <p>Capacity development: Prior to initiation of project interventions, capacity development of the following key stakeholders was undertaken.</p> <ul style="list-style-type: none"> - NGO Partners: Orientation of NGO partners on the project concept, implementation plan and their role (implementation of activities, demand creation, support in training and capacity development, monitoring and reporting progress, process documentation and networking with gram panchayat, block and Zilla Panchayat). - GSDA and PriMove: Development of training module on water mapping and accounting and building capacities of the NGOs on the same, handholding support to implement field based activities including monitoring and review by NGOs. - District Sanitation Cell: The District Sanitation cell is supported by TSC experts appointed by UNICEF for monitoring of the project. The cell facilitated NGOs to plan gram panchayat (GP) level activities; ensure timely sanction and release of funds; monitor the quality of construction; and, support in development of training modules and capacity development. The cell also undertakes quarterly review of progress. <p>Village Level Activities: At the village level, the bio village adopts a process to strengthen the abilities of people, organizations and systems to make effective and efficient use of resources in order to achieve their own goals on a sustained basis. It therefore works with the communities, community based structures such as the VWSCs and gram panchayat, and the line departments of the government. To date, village level mobilisation camps have been organised in all villages. Bio village clubs (110) have been formed with the involvement of grassroots officials (anganwadi workers and health workers) and non-officials (community members). These clubs have received trainings on sanitation and water supply systems (2 days each).</p> <p>Village water and sanitation committees (VWSS) in each village have received a 3 day training using PRA techniques covering aspects such as operations and management of rural water supplies (technical, institutional and financial) and water quality (monitoring, prevention and cure). Action plans have been developed for all VWSCs (110) and the process of approval in the gram sabha is in progress.</p> <p>During the course of field visit to Dadarpur village (Chandrapur district), the village action plans (water management, quality, operations and management plans for existing facilities) were seen displayed in the</p>		

	<p>Village Information Centre. The Jal Surakshak shared the use of tools for monitoring water quality, treatment of water (filtration using coloured cloth, chlorination, storage of TCL powder etc.), using water gauge for water management, use of trigger and reporting tools and action taken for water safety and security. The water tariff collection register was also shared with over 90 per cent villagers paying the tariff.</p> <p>With the launch of the Eco Village program (Government of Maharashtra), 53 out of 110 bio villages are being covered under the eco village program in two IDs.</p>
<p>Stage 2 Results, KM, Evaluation, Research Documentation</p>	<p>The bio village project is being monitored for the outcomes mentioned above and outputs at the community and household level. A baseline survey capturing above mentioned output and outcome indicators has been completed and survey results are awaited.</p> <p>In Chandrapur, from the 60 Bio Village gram panchayats, 5 have received Nirmal Gram Puraskar while 13 will be applying in 2011.</p> <p>The training modules for various stakeholders have been documented with support from PriMove. In addition to IEC materials already developed, UNICEF is in process of engaging a media and communication agency to develop innovative IEC tools on water, sanitation and hygiene for dissemination.</p> <p>A quarterly newsletter on good practices of the bio village is now being published for sharing and dissemination of information. Specific interventions such as, sanitation, etc. have also been documented. The briefing paper series of UNICEF documents best practices in household water safety and open defecation free villages based on experiences in Bio Village. Case studies on specific aspects such as sanitation, water management, water quality operations and management of water supply and sanitation facilities have also been documented for wider sharing and dissemination.</p> <p>However, a formal impact evaluation of the Bio Village is still to be undertaken.</p>
<p>Stage 3 Policy Influencing Advocacy</p>	<p>With a view to influence policy and advocacy, UNICEF has undertaken quarterly review of the progress of bio village project at state level. It also organised a district level workshop to share the progress and learning from Bio Village project in April 2011. The Village Water Safety and Security (WSS) Planning Manual was prepared and released by the department Minister.</p> <p>In addition to this, UNICEF is working with the Water Supply and Sanitation Department on Water Quality and Surveillance for strategic plans in the context of districts. In this regard, UNICEF along with the department analyzed and rationalised all the Government Orders (GO) on water quality monitoring and surveillance issued since 1991 till to date, and recommended to easy to understand pictorial water quality protocol leading to a new GO. The protocol is displayed in each Gram Panchayat office and Primary Health Centres describing roles and responsibilities of PRIs and functionaries at the district and state level along with suggestive corrective actions. At the same time, UNICEF will provide technical support to the department to digitize the data by GIS and GPS in a phased manner.</p>
<p>Stage 4 Leveraging of Resources and Partnerships</p>	<p>UNICEF has ensured convergence of various projects such as Gram panchayat based micro planning, Deepshikha-Adolescent Girls Life Skills Initiative, Bio Village, Family Self Monitoring tool, setting up of Village Information centres, etc. to optimize use of human resources and maximize impact.</p> <p>In Chandrapur, a new partnership with Ambuja Cement Foundation (ACF) has been developed to work jointly in three blocks (160 villages) on sanitation, water safety and security and menstrual hygiene issues. A tripartite agreement where UNICEF and ACF seek support from the district administration in terms of ensuring availability of funds through various government schemes and programs.</p> <p>In addition to implementing the Bio Village project, UNICEF in partnership with GSDA conducted Risk Based Rapid Assessment of Water Quality in 3 IPDs. The results were encouraging. This exercise has been scaled-up in another 12 districts.</p>
<p>Stage 5 Replication and Up scaling</p>	<p>The Rural Development Department has earmarked INR 200 crore (USD 4 million) for the year of 2010 and initiated a state-wide project called Eco-Village after seeing the bio-village model. The Eco Village programme is to be implemented in 33 rural districts of Maharashtra covering all the 12000 Gram Panchayats (GPs) in first phase and upscaled to all the GP in coming years (2011-2012). Funds have been allocated per gram panchayat depending on the population size (INR 6 lakhs [USD 12,000] to INR 30 lakhs [USD 60,000]) and release of funds has been linked to achievement of results. The Government of Maharashtra envisages convergence of various schemes and programmes being implemented by various departments under this program.</p> <p>In addition to the bio village program, UNICEF has worked with the state government to encourage inter disciplinary and sectoral coordination between Water Supply and Sanitation department (WSSD) and Public Health and Rural Development (PHRD) department on health related impacts of water quality monitoring and surveillance. It has supported (i) concurrent monitoring, and (ii) integration of rapid risk based water quality profiling of district level along with routine water quality monitoring programme to understand the spread and magnitude of contamination based on different technology types and behavioural issues.</p>

	<p>The protocol resulted in the issuing of a new GO jointly drafted by water supply and sanitation and public health departments, superseding all the previous orders on water quality monitoring. Advocacy has led to source identification and coding of all public drinking water points supported by revision of Gram panchayat level report card system of Green, Yellow and Red under secondary surveillance programme of public health.</p>
<p>Key Learnings/ Conclusions</p>	<p>Greater coordinated support from the District TSC cell is required to ensure better field level coordination between gram panchayat and panchayat samiti for demand creation, progress monitoring and reviewed mechanisms including VSWCs involvement in making villages open defecation free.</p> <p>Behaviour change is challenging. The bio villages still face issues such as families according preference to other assets as compared to toilets as they are considered expensive. Disposal of solid waste and child excreta is still indiscriminate.</p> <p>The ambitious Eco village project, which envisages complete coverage of all the GPs in Maharashtra in next three years, has been launched incorporating the components of WASH under the Bio Village project. Being so ambitious the government has sought UNICEF support in conceptualization of the project, development of planning tool kit and hiring of support services for the program.</p> <p>PriMove, involved in providing technical support to UNICEF in Bio village Project has been selected as the agency to provide the support services to the Government of Maharashtra for preparation of a roll out strategy and implementation plan for the programme, development of planning and monitoring tools, development of capacity development strategy and action plan and partnership strategy.</p>

Case Study: Gram Panchayat Microplanning

Innovation Title	State and District of Origin (where did it start?)	State(s) where replicated or up scaled	District(s) in State where replicated or up scaled
Community Based Microplanning (Decentralised Planning)	Maharashtra (Chandrapur district) (2008)	Maharashtra	12,000 villages spreading across 110 blocks in Maharashtra.
		17 IDA districts	
Description of the Innovation or initiative	<p>UNICEF, Mumbai’s pilots on participatory community mobilization started in 1999-2000 with specific initiatives such as self help group formation under the Community Convergent Action (CCA) project, micro-planning process to develop village education plans as well as the Schools in Development project under the Primary Education Enhancement Project (PEEP). These initiatives were implemented in three focus districts of Chandrapur, Latur and Nandurbar to demonstrate a holistic village level micro-planning process for health, nutrition, education, water and sanitation. By 2004, there was an enabling environment for micro-planning in the state as a strong network of NGOs, trainers, facilitators-volunteers and SHGs were established.</p> <p>The gram panchayat micro-planning involves an intensive six day community based process resulting in the creation of a Development Plan that is approved by the Gram Sabha. This process has been implemented in phases, starting with 500 gram panchayats in three UNICEF Integrated Development Approach (IDA) districts, followed by two IKEA supported districts (Yavatmal and Jalna); ten villages under shortened version of micro-planning in each of the 12 BRGF districts; and, 493 gram panchayats selected under the 6-block Planning Department (Maharashtra Human Development Mission) supported pilot. These initiatives have prepared a team of trainers and facilitators for taking up the challenge of covering 8000 gram panchayats under Rural Development Department supported Eco Village Project.</p> <p>Since 2004, UNICEF and YASHADA, the apex training, research and advocacy institute of the Government of Maharashtra, agreed to jointly push decentralization in Maharashtra. The partnership between YASHADA and UNICEF was strengthened with the establishment of a well-equipped Centre for Research and Documentation⁵⁵ (CRD) in YASHADA in 2004. CRD provided opportunities for consistent dialoguing between YASHADA and UNICEF and is committed to undertake applied and policy oriented research, documentation, monitoring, evaluation, etc. in various spheres of development governance setup to support positive policy reforms in the State and to ensure greater convergence in development administration across various departments. In 2008, with UNICEF’s support a Centre for Community Managed Programming (CCMP) was set up in YASHADA. CCMP along with UNICEF, NGOs, Master Trainers and government officers have consolidated all available training material and insights into standard training modules for training of facilitators, volunteers and new trainers.</p> <p>Various training and capacity development initiatives for gram panchayat micro-planning resulted in the creation of a network of trainers across 20 districts. Realizing the need to provide an institutional framework to this network, as well as ensure effective coordination and management of the network, SPARSH – Centre for Participatory Learning was established in 2007. A network of 7,000 trainers, 500 resource persons and 200 facilitators are associated with SPARSH.</p>		
<p>Stage 1 Theory of Change (ToC)</p> <p>Pilot Intervention Innovation</p>	<p>The Gram panchayat micro-planning aims to generate participatory and integrated development plans covering all sectors. These plans are then consolidated at the panchayat samiti level to generate integrated block plans. Once the methodology of generating block plans is established, then a similar exercise of consolidation of block plans can be carried out at district level.</p> <p>The Gram panchayat micro-planning comprises of a 6 day planning module which has three objectives:</p> <ul style="list-style-type: none"> • Capacity Development of panchayat and village committee representatives in decentralized planning and creating a greater understanding of their roles under the PRI Act. • Mobilize village community around developmental issues through awareness generation using various participatory tools and facilitate in development of a gram panchayat action/development plan. • Create a database for the gram panchayat that can be used for both planning and monitoring purposes. <p>Capacity Development: The key capacity development activities are undertaken by YASHADA and State level Trainers from SPARSH.</p>		

55. Earlier known as Research and Documentation Centre (RDC)

	<p>Orientation workshops at district and block level: The Collectors, CEOs and the Zilla Parishad Presidents were provided one day orientation to discuss the need, concept and action plan for undertaking the pilot project.</p> <p>At the block level, workshops were conducted in each block to help participants understand the mandate on decentralized planning, details of the six day process in each GP. These sessions ensured the active involvement of the participants in the six day process in their own GPs.</p> <p>Training of Grassroots Functionaries and Community: At the grassroots level, in order to initiate the six day process, in each block, Master Trainers and Support Trainers received training from YASHADA, UNICEF with the support of the SPARSH trainers. Also, 29 NGO partners (block level) are involved in the micro-planning process.</p> <p>At the gram panchayat level, a team of social animators comprising village youth (boys and girls) was created and given rigorous training by the Master Trainers of YASHADA/SPARSH (23 days training). The trained local youth conduct micro-planning in their own block under the supervision of Master Trainers.</p> <p>Mobilise Village Community for Micro-planning Process</p> <p>The participatory six day micro-planning process entails the village community to spend time identifying and analyzing problems and agreeing on actions that can be taken at the community level – the Village Action Plan - and actions that required government intervention in terms of financial support – the Village Development Plan. The prepared plans are presented and discussed in the ward and mahila gram sabha. Once both these bodies approve the plan, the plan with any necessary modifications incorporated is presented for the final approval of the gram sabha (called by the Block Development Officer) on day six of the process. The gram sabha not only approves the plan but also set indicators against which the progress of the action plan can be monitored. The development plans incorporate all the gaps, lacks and mismatches at the community level in relation to norms.</p> <p>The administrative functionaries of all sectors are present during gramsabhas and they help in working out the technical and financial dimensions of the respective demands finalized by gramsabha. This helps in:</p> <p>Translation of people’s wish-lists into technically actionable plans, which are amenable to integration at the block level.</p> <p>Possible convergence of central schemes, state schemes, district schemes, untied grants like BRGF, own revenues of PRIs, etc., to optimally support various demands.</p> <p>Convergence with NREGA for supporting the labour/wage component across various works demanded by gramsabha.</p> <p>Data Management and Monitoring: The key efforts for data management and monitoring include:</p> <p>Establishment of village information posts/centres Microplanning data management software Experiments with GIS interface Service delivery assessment through community score card</p>
<p>Stage 2 Results, KM, Evaluation, Research Documentation</p>	<ul style="list-style-type: none"> - UNICEF and YASHADA put together efforts to document the whole journey of decentralization in Maharashtra. The efforts ranged from developing software for micro-planning database management, to commissioning case studies to professionals and even hosting interns for documenting snapshots of the processes and impact of micro-planning.
<p>Stage 3 Policy Influencing Advocacy</p>	<ul style="list-style-type: none"> - The basic process of micro-planning and block response planning has been mainstreamed into the Manual of Integrated District Planning (2009) issued by the Planning Commission, Government of India. - YASHADA has taken up advocacy through the National Advisory-cum-review Committee on BRGF, the World Bank, Government of Maharashtra, etc. - UNICEF and YASHADA initiated a systematic dialogue with the State departments as well as districts for mobilizing opportunities and resources necessary for a scale-up of micro-planning. A Task Force of Secretaries of State Departments was formed to facilitate a buy-in of micro-planning by the government agencies. As a result, support came readily from some departments and districts for replication of micro-planning. YASHADA has been facilitating micro-planning needs arising out of this support.
<p>Stage 4 Leveraging of Resources and Partnerships</p>	<p>For a gram panchayat having a population of 1000 or less the following cost norms have been applied during the pilot phase in the integrated districts. It is expected that with experiences gained from the field the norms would undergo some basic revision. Further the norms do not include management costs as the pilot has been carried out with UNICEF supported NGO Partners. On average, it is expected that the cost of covering one gram panchayat could be around INR 10,000 (USD 200) i.e. it may vary from INR 8000 (USD 180) to INR 12,000 (USD 240) depending on the size of gram panchayat.</p> <p>The funding for the same has been identified under national programmes, IEC funds and untied funds.</p>

<p>Stage 5 Replication and Up scaling</p>	<p>Processes: The scaling-up of the gram panchayat micro-planning process requires a large number of trained facilitators who will work with communities carrying out various participatory exercises. Since 2004 UNICEF had strategically invested in the creation and nurturing of two important organizations – the Centre for Community Managed Programming in YASHADA (the state’s apex training Institute) and the SPARSH Centre for Participatory Learning, an NGO established for creating a network of Development Trainers for the state.</p>
	<p>CCMP at YASHADA has facilitated development of a number of training modules for training of trainers, facilitators, panchayat functionaries at Zilla Parishad, Panchayat Samiti and Gram Panchayat level etc. It has organized capacity development programmes for UNICEF Staff, Government Partners and Extenders from 14 States upon the decision in the year 2005 to replicate micro-planning in all UNICEF states in India. It also organized exposure visits on micro-planning for UNICEF and partners from other states</p> <p>Activities:</p> <ul style="list-style-type: none"> - Rural Development Department, Maharashtra has agreed to replicate gram panchayat micro-planning in all 12 BRGF districts May 2011 onwards. - It has also been decided to replicate the same model in all Eco villages (nearly 8000 villages). - The Tribal Cell has taken a note of utility of this model of tribal development. Pilots are expected to be initiated in some tribal blocks/districts. - State Resource Centre for NRHM has shown interest in using micro-planning for generating Village Health Plans - PRA activities under Vasundhara were fully integrated with micro-planning in Chandgad block of Kolhapur district - EGS Department has agreed to support a pilot for generating MNREGA plans through micro-planning. <p>District Planning Committees: Windows have also opened up to the task of making the DPCs, district planning units, local governments and line departments aware of the mandate and challenge of bottom-up integrated planning. The State Planning Department has entrusted YASHADA with the task of sensitizing DPCs and district planning units on how to carry out an integrated and bottom-up district planning process. Dialogue is ongoing with the other departments and sectors on how their own planning machineries could be integrated with the district planning process.</p> <p>Micro-planning in Urban Context: UNICEF and YASHADA are keenly exploring the possibilities of extending the micro-planning initiatives to the urban settings. An initial support for this purpose has already been received by YASHADA from the Union Ministry of Housing and Urban Poverty Alleviation. The mandate of urban bottom-up planning under BRGF is also being pooled with these initiatives. Customized versions of micro-planning to suit the urban needs and the training modules based on that would soon be rolled out to scale-up urban micro-planning as rigorously as its rural version.</p>
<p>Key Learnings/ Conclusions</p>	<p>The process of gram panchayat based micro-planning has been successful in engaging the local communities, community based structures, and local NGOs in the development process The government has been receptive to the involvement of NGOs and there is an enabling environment for civil society-government partnerships.</p> <p>The community volunteers trained in community mobilisation, sensitisation, capacity development and monitoring are now represented in local governance institution (such as Gram Panchayat) and have also been selected as front line workers for various government programmes.</p> <p>While the block level task forces (BLTF) have been constituted for convergence and dialogue with civil society organizations, the blocks do not have funds of their own. The process of convergence and planning has to be initiated at the district level. For this, constitution of a district Level Task Force is proposed.</p> <p>The district functionaries realise the existing gaps in capacities to prepared integrated district plans and realise the need for a District Planning and Monitoring Unit (DPMU) to help them with the process of convergent planning and budgeting, analysis of data, social inclusion (GIS based planning), etc.</p> <p>The establishment and strengthening of SPARSH and YASHADA have been the key achievements of this initiative, with both these institutions contributing to capacity development and state and national level dialogue on decentralized planning.</p>

Case Study: Panchayat Level Convergence Committee

Innovation Title, Section	State and District of Origin	State(s) where replicated or up scaled	District(s) where replicated or up scaled
SPPME Panchayat Level Convergence Committee	Maharashtra and Tamil Nadu - Krishnagiri	Rajasthan (Panchayat Task Force against Child Labour)	Tonk
		Chhattisgarh (Panchayat Support Group)	Rajnandgaon
Description of the Innovation or initiative	<p>Krishnagiri district in western Tamil Nadu initiated the Child Friendly Village Planning (CFVP) programme in 2005-06, which had 18 objectives, focusing on education, water and sanitation, nutrition, reproductive and child health, and HIV/AIDS, with the goal of improving the lives of women and children in the district.</p> <p>The PLCC is an institutional mechanism for addressing local issues through better coordination and convergence of different service providers/functionaries at the Panchayat level. A committee under the chairmanship of the Panchayat President is established, comprising representatives from various line departments, the village administrative officer, the village nurse, tahsildar, school headmaster/s, and village volunteers. The committee convenes on the first Friday of every month to discuss issues and problems with the functioning of local health, nutrition, education and sanitation facilities; at the same time, the government functionaries use the forum for raising any concerns they may have regarding their work environment/facilities made available to them by the Panchayat (see Annex 1 for a list of the 18 objectives pertaining to UNICEF's work that are discussed in these meetings). This platform for direct interaction between the elected representatives and the government functionaries enables quick resolution of issues, recorded as an "action-taken" or "action-to-be-taken" report, which is shared with the concerned officials. Issues that are beyond the jurisdiction of the participating officials are sent upwards for resolution by the Block Level Task Force (BLTF), and a monthly report is also shared with the office of the District Collector. The District Support Officer at UNICEF office (Chennai) collates, consolidates, and analyses all the reports received.</p> <p>The BLTF is chaired by the Block Development Officer (BDO), and the members include all block level government functionaries, such as the Deputy BDO, Block Medical Officer, Additional Education Officer, Assistant Elementary Education Officer, Community Health Nurse, Child Development Project Officers, Total Sanitation Campaign Block Coordinator, CFVP Block Coordinator and community representatives such as Panchayat Presidents (2-3 on a rotational basis), Self Help Group-Panchayat Level Federation representatives, and Village Volunteers (2-3 on a rotational basis). Issues that cannot be resolved at the GP level and/or on which no action has been taken at the GP level are referred upwards to the BLTF for appropriate response. Decision taken/or action taken reports are sent routinely to the Assistant Director (Panchayat) and the District Level Task Force (DLTF).</p> <p>The DLTF is chaired by the District Collector, and its members include all departmental heads at the district level. DLTF meetings are convened quarterly/six-monthly/as required. This is also the forum where district response plans of each sector are reviewed. The district administration occasionally sends observers to the PLCC meetings for obtaining direct feedback from the community members.</p> <p>UNICEF has been instrumental in the identification and promotion of 8700 Village Volunteers across the Krishnagiri district (comprising 10 CD Blocks, 352 Village Panchayats and 636 Revenue Villages); these individuals are primarily responsible for bringing to the fore issues that the general public (village community) is faced with, and following up on their resolution through the PLCC. The Volunteers function purely on their zeal, with no other incentives being offered; the motivational force behind this is probably the recognition they receive as "UNICEF Volunteers", which allows them easy access to the district administration and other government officials/departments. Some Volunteers have apparently received preference in recruitment to government jobs as a result of their work with UNICEF and the training they have been imparted in the process. Efforts are underway by UNICEF to have them be absorbed in the system by the government of TN – perhaps by the flagship programs – for the approach to be sustainable.</p> <p>Block Coordinators (one or two for each of the 10 Blocks) have also been engaged by the government, with financial support from UNICEF.</p> <p>The direct impact of the intervention is seen in the improved functioning of the government supported health, education, water and sanitation, and other facilities that are under the supervision of the Gram Panchayat. As of 2010, of the 6643 issues for which data is available with UNICEF, 74 per cent of the cases (4883 in number) were resolved at the GP level, a small fraction (0.7 per cent) required the direct intervention of DLTF and 20 per cent of the cases were pending; pending cases included vacancies, infrastructure development requests and so on, issues which were beyond the jurisdiction of the concerned PRIs and district administration.</p>		

	<p>(Depending on the level of autonomy enjoyed by the GPs in different states, and their capacities, differential results are attained.)</p> <p>An indirect impact of the initiative is an improvement in Panchayat level governance, attributable at least in part to the mobilization of elected Panchayat representatives to participate in PLCC meetings; the mobilization of government functionaries and volunteers has also resulted in greater awareness of local issues in the communities.</p>																																						
<p>Stage 1 Theory of Change (ToC)</p> <p>Pilot Intervention Innovation</p>	<p>A baseline survey was conducted in the Krishnagiri district in 2005, which included measurements against specific indicators pertaining to women and children. Through a participatory process involving the district officials, NGOs, volunteers and UNICEF, and learning from a similar experience in the state of Maharashtra, the basic framework of the CFVP programme was crafted. The focus was on strengthening the demand for services at one end, while enhancing the quality of services at the other.</p> <p>Training: A rigorous five-day training in village planning using PRA was imparted to the primary stakeholders; the training focused on raising awareness on social issues, identification and redress of local problems, creating demand for services, and strengthening sectoral departments for enhanced quality of service delivery.</p> <p>At different levels (household, community, Panchayat), different issues were given priority, depending on the best perceived strategy for effectively dealing with the issue/s.</p> <p>Strategies included: forging partnerships among stakeholders; involvement of all sections of the community in planning processes; extensive use of IEC; incentivisation and motivation through recognition of exemplary volunteers and service providers; monitoring, and follow-up.</p> <p>Interventions: Village Level Monitoring Committees, Block Level Task Force, and District Level Task Force were established as institutional mechanisms for discussion and resolution of issues. However, the BLTF remained dormant and the VLMC did not take off because of poor attendance (it had 15-20 members including village elders, volunteers, school children, SHG leaders, government functionaries and so forth). Thus was born the Panchayat Level Convergence Committee, a forum that was to be chaired by the Panchayat President and comprised members from all relevant departments, as well as the village administrative officer and village volunteers. The responsibility for the functioning of the PLCC now rested on the Panchayat President.</p> <p>The committees were first constituted by the district administration in May 2007, with the following aims:</p> <ul style="list-style-type: none"> • Energising PRIs through regular meetings and participatory planning for the area; • Increasing community awareness on social issues, their rights and entitlements <p>The BLTF was also re-constituted in the year 2009 and is apparently functioning effectively since then.</p> <p>Whereas many agencies across the country are engaged in devising and developing effective participatory planning processes, this was perhaps the first time (the innovation) that it was done with the active involvement of the PRIs; included the service providers as important stakeholders; was supported by trained village volunteers; linked the three tiers of the PRIs through a reporting and follow-up mechanism; and brought to the fore pertinent issues in a manner that facilitated resolution through the administrative offices/line departments/ concerned welfare schemes. In a nutshell, the PLCC fostered convergence in governance and development.</p>																																						
<p>Stage 2 Results, KM, Evaluation, Research Documentation</p>	<p>There are two/three series of data sets available on certain indicators⁵⁶:</p> <table border="1" data-bbox="384 1462 1425 1872"> <thead> <tr> <th rowspan="2">Sl</th> <th rowspan="2">Indicator</th> <th colspan="3">Values</th> </tr> <tr> <th>2005</th> <th>2007</th> <th>2011</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Percentage of children (12-35 months) fully immunized</td> <td>47.6</td> <td>77.4</td> <td>89</td> </tr> <tr> <td>2</td> <td>Percentage of children (less than 3 years) who weighed less than 2500 gms</td> <td>13.8</td> <td>11.4</td> <td>(NA)</td> </tr> <tr> <td>3</td> <td>Percentage of women of living children below the age 23 months, who had at least three ante-natal checkups before</td> <td>74</td> <td>94.9</td> <td>(NA)</td> </tr> <tr> <td>4</td> <td>Percentage of mothers of living children below the age of 23 months who had institutional delivery</td> <td>65</td> <td>82.5</td> <td>98</td> </tr> <tr> <td>5</td> <td>Percentage of mothers of living children below the age of 23 months, whose delivery was attended by professionals</td> <td>69.8</td> <td>86.2</td> <td>(NA)</td> </tr> <tr> <td>6</td> <td>Percentage of children (less than 3 years) for whom breast-feeding was initiated within the same day of birth</td> <td>93.7</td> <td>99</td> <td>(NA)</td> </tr> </tbody> </table>	Sl	Indicator	Values			2005	2007	2011	1	Percentage of children (12-35 months) fully immunized	47.6	77.4	89	2	Percentage of children (less than 3 years) who weighed less than 2500 gms	13.8	11.4	(NA)	3	Percentage of women of living children below the age 23 months, who had at least three ante-natal checkups before	74	94.9	(NA)	4	Percentage of mothers of living children below the age of 23 months who had institutional delivery	65	82.5	98	5	Percentage of mothers of living children below the age of 23 months, whose delivery was attended by professionals	69.8	86.2	(NA)	6	Percentage of children (less than 3 years) for whom breast-feeding was initiated within the same day of birth	93.7	99	(NA)
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56. Sources of data: (i) UNICEF, undated. Achieving Millennium Development Goals with Equity Integrated District Approach Project Krishnagiri District, Tamil Nadu – Child Friendly Village Planning in Krishnagiri district, Tamil Nadu An Overview; and (ii) Presentation by Ms R Akila, PME Specialist, UNICEF Office for Tamil Nadu and Kerala, Chennai (August 10, 2011)

	7	Percentage of babies with low weight at birth	(NA)	9	5
	8	Percentage of girls (10 to 14) who were never enrolled and are currently attending school	84.8	99.1	(NA)
	9	Percentage of boys (10 to 14) who were never enrolled and are currently attending school	87.8	98.5	(NA)
	10	Percentage of girls (10 to 14) who passed primary school	60.8	89	(NA)
	11	Percentage of boys (10 to 14) who passed primary school	57.7	93.9	(NA)
	<p>Knowledge management is considered as the domain of the SPPME Unit. Systematic data collection in the district is being done through the UNICEF national office (SPPME Unit); a baseline was conducted in 2004, and a mid-line survey was done in the year 2008. Another survey has recently been completed (2011).</p> <p>For purposes of monitoring and reporting different tools, formats and methods are in use, including: (i) monthly PLCC reports; (ii) bi-monthly BLTF reports; (iii) six-monthly DLTF reports; (iv) feedback from community; (v) technical review/field visit and feedback by UNICEF.</p>				
Stage 3 Policy Influencing Advocacy	<p>The programme was directly anchored through the district administration (District Collector and Additional Collector – Development) and government departments, with support from UNICEF. This ensured that the environment was conducive for absorption and adoption of the programme within the system of departmental functioning/district administration. Decentralized planning was completed in 8 of the 10 Blocks in the district between 2005 and 2007, and the remaining two were also completed in the year 2009.</p> <p>At the state level, technical inputs of the sectoral specialists are sought for review of flagship programmes as well as the planning of new schemes and interventions. These engagements provide scope for influencing policy at the state level, and enable easy replication of intervention/refining of strategies in different sectors. A large part of the advocacy happens through formal and informal interactions between the technical specialists and the decision-makers (senior bureaucrats heading different departments and schemes). In 2010-11, the focus is on:</p> <ul style="list-style-type: none"> • Developing linkages between GP level issues and (sectoral or flagship programme) planning at the district level • Developing dynamic response mechanisms to inform PLCCs on action taken by departments during meetings of the Village Volunteer Force <p>Gender and social inclusion: Village and PLCC meetings are promoted in remote/most peripheral locations to facilitate participation of peripheral communities in the planning and decision-making processes</p> <p>The majority of the Village Volunteer Force consists of women volunteers, who are trained and thus best suited to address issues of concern to women and children, in particular.</p> <p>A special development plan was prepared for the most backward Block of the district (Thally), which has garnered resources and inputs from various government schemes and programmes.</p>				
Stage 4 Leveraging of Resources and Partnerships	<p>NGOs were involved in the initial stages of the initiative to facilitate community mobilization and participatory planning; however, as the Village Volunteer Force gained strength and the initiative gained momentum of its own accord; it was felt that the NGOs had become redundant, and were therefore eased off.</p>				
Stage 5 Replication and Up scaling	<p>Beyond the Krishnagiri district, the concept of PLCC, BLTF and DLTF has been replicated in the adjoining districts of Salem and Dharmapuri, where UNICEF is implementing projects with aid from other donor agencies; the idea is to advocate for the state after a thorough review and documentation of the entire process.</p>				
Key Learnings/ Conclusions	<p>Key learnings: Role of coordination and monitoring in improving convergence: The PLCC pilot and its reported impacts have demonstrated the need for and utility of simple institutional mechanisms that facilitate coordination and communication between and among stakeholders. Simply by bringing together concerned agencies and individuals, and introducing a self-/peer-monitoring system to review their performances on a regular basis, it has been possible to show improvements in local governance.</p> <p>Influence of empowered volunteers: Further, the pilot has also demonstrated the power of volunteerism and capacity development in energizing the governance and service-providing institutions. Sustainability of the mechanism is ensured through investment in enhancing capabilities of individuals rather than through infrastructure development or other high-input technical interventions.</p> <p>Women empowerment: The Volunteer Force, comprising mainly women volunteers is a power to reckon with in Krishnagiri district. Armed with knowledge and information, vested the authority to represent communities in decision-making forums, and granted improved access to government offices, these women have become opinion leaders within the community, and have gained in social status.</p>				

<p>Collaboration with district administration: Through working closely with the district administration, the PLCC pilot that was implemented by UNICEF quickly gained currency in government circles, and this paved the way for its easy replication in all blocks of Krishnagiri, and in the neighboring districts.</p> <p>Conclusions: The PLCC pilot in Krishnagiri has been announced as an unqualified success by the district administration and is lauded by senior bureaucrats at the state level. Its beginnings were influenced by similar experiments in Maharashtra, as well as experiences from UNICEF's earlier attempts at convergence and participatory planning. The state team improvised and improved on these learnings, and launched the PLCC initiative with support and collaboration from the district administration. Over time, the programme's ownership seems to have been transferred to the District Collector, who takes immense pride in the achievements of the PLCC, and has become a champion of decentralized planning and monitoring.</p> <p>The initiative may not have followed the linear model of piloting → knowledge management → policy advocacy → replication and up-scaling, but it has elements of all in its trajectory of growth from the stage of an idea to a full-fledged network of institutions. While there is one document available, which provides an overview of the process and approach; this is an area which was found to be rather weak. As far as evaluation is concerned, there are no documents/data available, and one would have to wait until the results from the 2011 survey become available, to be able to conclusively attribute observed results or impact to the initiative.</p>
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Annex 1

1. Eliminate female foeticide, female infanticide
2. Reduce infant mortality, child mortality
3. Reduce maternal mortality
4. Ensure all babies are delivered in hospital
5. Ensure all births are registered and given birth certificates
6. Ensure exclusive breastfeeding for 6 months for all children
7. Reduce childhood under-nutrition
8. Ensure universal consumption of iodised salt by all families
9. Reduce anaemia among women, adolescent girls and children
10. Ensure all children 6-36 months receive 5 doses of Vitamin A
11. Eliminate child labour and ensure all children enrol in schools
12. Ensure all children are in good quality schools and master all competencies
13. Ensure universal coverage of protected drinking water supply
14. Ensure hand-washing with soap after defecation and before eating food
15. Ensure universal use of toilets including in all schools
16. Eliminate child sexual abuse and exploitation & trafficking
17. Ensure that all adolescents have HIV/AIDS awareness, and know how to protect against HIV/AIDS
18. Ensure access to services of all antenatal mothers attending antenatal clinics where PPTCT centres have been established

Case Study: Activity Based Learning

Innovation Title, Section	State and District of Origin	State(s) where replicated or up scaled	District(s) where replicated or up scaled
Activity Based Learning	Tamil Nadu - Chennai & Krishnagiri	Rajasthan (Learning Enhancement Activity in Rajasthan – LEHAR)	Jaipur & Tonk
		Nationwide – through the Sarva Shiksha Abhiyan	
Description of the Innovation or initiative	<p>Activity based learning (ABL), claimed to be a Tamil Nadu initiative, has a very long history in the field of education, and the current methods have drawn upon several resources from within and outside the state. Nevertheless, it would not be incorrect to assert that Tamil Nadu is the forerunner in re-inventing, improving on and promoting the methodology across government schools in the state.</p> <p>ABL is a system of education for primary levels (Grades I to IV), based on assisted and individualized self- and peer-learning. The core tenet of the system is to keep children motivated and fully occupied as they master the fundamentals of, and gain competencies in, languages (Tamil and English), Mathematics, Science and Social Sciences. There are other areas of interest as well: puppetry, story-telling, reading of story books, paper craft, drawing, collage-making, and group games played outdoors. ABL has brought about a paradigm shift in the way that classrooms are structured and the manner of teaching-learning, with focus primarily being on: (i) students; and (ii) learning, instead of the traditional format, where focus was on teachers and teaching.</p> <p>One of the useful elements of ABL is the learning ladder, which breaks up the entire curriculum systematically into smaller units or 'milestones', in such a way that clarity of the lesson is ensured. Each milestone is further broken up into a series of activities to ensure mastery of each concept or skill: preparatory & instructional activities (teacher-assisted), practice & reinforcement activities (peer-supported), and activities for evaluation (individual). The activities are sequenced so that several learning styles are encouraged in sequence (Brinkman, 2010).</p> <p>The objective is to make learning joyful, and the essence of the methodology is the trust reposed both in children and teachers, which allows them to function optimally in an enabling and stress free environment.</p> <p>The ABL methodology was introduced in schools of the Chennai Municipal Corporation in the early 2000s. By 2003, all the Corporation schools had adopted the same.</p>		
Stage 1 Theory of Change (ToC)	<p>There is not a pilot intervention that was started or supported by UNICEF. As mentioned earlier, the history of ABL has been traced back to as early as the 1940s (Anandalakshmy, 2007).</p>		
Pilot Intervention Innovation	<p>History: In 1994, at the behest of the then Collector of Vellore M P Vijaya Kumar (IAS) and in collaboration with his colleagues, special schools were started for children released from bonded labour. In order to capture their attention (as these children had little interest in studies), the learning methods that were introduced were child-friendly and enjoyable. There followed a spate of demands for more such schools, and a series of trainings, during which 7000 teachers received training. A Teachers' Guide was also published. Adoption of the ABL methodology in Chennai Corporation Schools also happened during the tenure of M P Vijaya Kumar as Commissioner of the Corporation (2003). Around this time, UNICEF came into the picture, and provided support with technical inputs to the Commissionerate, and funding for exposure visits of teachers, Block Resource Trainers and Supervisors. Its inputs in the development of training and learning materials were gratefully acknowledged by Dr Kannappan, Joint Director, Sarva Shiksha Abhiyan, Tamil Nadu.</p> <p>Training: Groups of teachers and personnel from BRCs (Block Resource Centres) and DIETs (District Institutes for Educational Training) went on 'exposure visits' to different states and educational institutions, viz., Eklavya (in Madhya Pradesh), Siddharth Village (in Orissa) and the Rishi Valley Rural Education Centre (in Andhra Pradesh). The majority of the earlier proponents of the ABL methodology have had linkages with the Rishi Valley School.</p> <p>A Master level training programme in English was conducted in 2008-09 by resource persons from the British Council and was sponsored at the state level by UNICEF. Through a cascade approach, 950 teachers at the primary level were trained at 5 regional offices. The training consisted of two modules of 5 days' duration each.</p> <p>There are several innovative aspects of the ABL that merit mention. This case study may not be able to do complete justice to all the innovations, but a summary is presented here:</p> <ul style="list-style-type: none"> • A class comprises students at different levels of competency, who learn by themselves and from each other through a structured learning process consisting of learning cards and other materials – ABL has an extensive range of graded learning aids for use by children, developed meticulously over time by experienced educators and specialists in the field of teaching; • Recognizing the different interests and differential learning abilities of children, the lessons are not uniformly delivered by the teacher for absorption by the students; instead, the pace of learning is set by 		

	<p>the individual child, who also assesses her/his own progress using the 'learning ladders'; emphasis is on self-evaluation, as against ranking by teachers – competition with peers is thus effectively eliminated, contributing in part to creation of a stress-free learning environment;</p> <ul style="list-style-type: none"> • Transformation of role of the teacher from provider of information and knowledge (understood in practice as a pre-determined set of facts), to facilitator of individualized self-learning and group management; • Creation of a child-friendly environment – colourful, lively and with teaching-learning spaces owned by children, e.g., the blackboard is at the eye-level of children and is expanded over a wide area, so that every child owns a segment of it; and, • Mixing of age-groups and classes (grades I to IV); the vertical grouping of children creates an enabling and co-operative rather than competitive learning environment. <p>The shift has been made possible through intensive teacher training and on –site support, and the development of appropriate teaching and learning materials for every curricular aspect in the textbooks.</p>
<p>Stage 2 Results, KM, Evaluation, Research Documentation</p>	<p>Between 2003 and 2006, at least five 'evaluations' were carried out, and there were three external visits/ reviews, including one Joint Review Mission and another World Bank/European Commission Review. The appraisals and evaluations were supported by UNICEF and SSA in different ways. A 2009 evaluation was funded by UNICEF, the report of which is available on the website of Tamil Nadu SSA (http://www.ssa.tn.nic.in)</p> <p>However, in the absence of any baseline, the so-called 'evaluations' would better be described as reviews and assessments. Many of these study reports have provided valuable inputs and feedback to the SSA Directorate for improvement in the quality of outcomes.</p> <p>There have been attempts at documenting and evaluating the learning outcomes; however, in the absence of appropriately defined 'outcomes', these exercises have essentially been pre-occupied with an assessment of children's abilities (against pre-defined expectations), and missed out on important outcomes such as higher retention rates, less absenteeism, more enthusiasm for attending school, better socialization, and so forth.</p> <p>There is, however, extensive documentation available, including review and analytical reports, a short video film, and a consolidated report on impact of ABL (the last was available in a draft form, and has been compiled by Suzana Andrade Brinkman, UNICEF Consultant)</p>
<p>Stage 3 Policy Influencing Advocacy</p>	<p>There was a lot of hectic activity and advocacy work that went into Tamil Nadu becoming the forerunner in the evolution and upscaling of the ABL methodology. To begin with, the initiative had a champion within the department, and UNICEF's strategy of supporting this champion's initiatives for educational reform was quite appropriate. The state unit of SSA and the UNICEF Education Specialist worked together as a team, and there was a seamless exchange of ideas and opinions. During the years that led to the upscaling of ABL, the team was making visits to districts in the state, advocating with the district administration for adoption of the ABL methodology. In/around the year 2005, satellite conferences were introduced (funded by the SSA), which saw active participation of district and Block level teachers and administrators, and facilitated resolution of any issues and challenges that they faced.</p> <p>Advocacy and policy influencing was being done by the State Project Director – Sarva Shiksha Abhiyan, and UNICEF state office was providing him unequivocal support in his endeavors. The UNICEF Education Specialist was in close interaction with the SSA team of officials and consultants working on this mission.</p>
<p>Stage 4 Leveraging of Resources and Partnerships</p>	<p>There was a lot of media exposure and partnerships were fostered with the elected representatives (Members of the Legislative Assembly) for enabling wider acceptance of ABL. The most crucial partnership, however, was that which existed among the teachers who were the early adopters of the ABL methodology.</p> <p>Massive resources were leveraged through the Sarva Shiksha Abhiyan, a national flagship programme of the government of India; this included, among other things, funding for training, developing ABL teaching-learning kits, telecommunications, and so forth.</p>
<p>Stage 5 Replication and Up scaling</p>	<p>Initially this methodology was taken up as a pilot in a few Chennai Corporation schools. In the year 2003, the methodology was still being piloted in 13 schools of Chennai Corporation. In 2004, it was expanded to 215 schools.</p> <p>From all the Corporation Schools of Chennai, ABL was further expanded to 10 schools in every rural Block of Tamil Nadu. In the year 2005-06, ABL was being implemented in 4000 schools across the state.</p> <p>Following recommendations from the State Project Director (SSA) and the Director of Elementary Education, the government issued a government order for adoption of the ABL methodology in all the primary schools in the state; from the 2007 academic year, it was scaled-up to some 37,000 government and government-aided schools.</p>

	<p>By the year 2008, the methodology had more or less been finalized and the state began to receive visitors from other states of the country. There followed a spate of replications, evidently with state-specific adaptations and linguistic modifications. As of now, the methodology is being implemented in at least 15 states around the country.</p>
<p>Key Learnings/ Conclusions</p>	<p>Key learnings: It is possible to enable significant changes through working with champions of change present within the system, as was demonstrated in the case of developing and scaling-up of the ABL methodology in Tamil Nadu. UNICEF's support, small but flexible, and used for critical inputs, provided the necessary impetus that only external support can provide.</p> <p>Close collaboration among teaching staff, educators and administrators, supported by UNICEF and technical experts enabled creation of a critical mass of resource persons who acted as drivers of change in their respective locations, and supported the radical shift in teaching methodology to bring about a total transformation in the teaching-learning system. Instead of relying only on external resource person inputs, the ABL methodology development in Tamil Nadu worked with the existing teachers and specialists, and built their capacities for lasting change to occur. This not only resulted in better and higher levels of acceptance, but also ensured that the evolving methods and learning materials matched well within the local context.</p> <p>Often times, anecdotal evidence and direct interaction of policy-makers with the directly impacted stakeholders is enough to influence policy decisions, and garner financial resources for replication and scaling-up of a 'successful' pilot intervention.</p> <p>Conclusions: The ABL methodology has been integrated into elementary education across the country and is being supported through the Sarva Shiksha Abhiyan. The challenges in learning outcomes notwithstanding, the ABL methodology has been the most revolutionary in the field of education.</p> <p>Given its long history, and the multiplicity of stakeholders involved, it is not possible to isolate any "pilot", or accurately bracket UNICEF's inputs in the process of its development and up-scaling. It appears that the support was provided on an ongoing basis in syllabi development, design and development of training-learning materials, discussion of strategies, identification of trainers/resource persons, small-scale but flexible funding support for hiring technical expertise, and so on. Since the capabilities were developed and the programme started running on its own steam, UNICEF has also gradually exited from the scene, and is available for providing assistance as and when required.</p>

Case Study: Adolescent Anaemia Control

Innovation Title, Section	State and District of Origin	State(s) where replicated or up scaled	District(s) where replicated or up scaled
Adolescent Anaemia Control	Rajasthan – Tonk	Bihar	
Description of the Innovation or initiative	<p>Recognizing the far-reaching impacts of anaemia on long-term health and well-being of the mother and her child, and alarmed by the results of the NFHS (2005-06) which indicated that 53 per cent of adolescent girls in Rajasthan were anaemic, it was decided to target adolescent girls for the prevention and/or control of anaemia. The key strategy involves supervised administration of a weekly dose of iron folic acid (IFA) tablet to all adolescent girls – both school going and out-of school. The strategy is complemented with nutrition education and counseling, and implemented with participation of the Departments of Education (DoE) and Women and Child Development (DWCD). Also involved in the state-wide up-scaling is the Department of Health and Family Welfare, with supplies of IFA tablets being made through the NRHM.</p>		
<p>Stage 1 Theory of Change (ToC)</p> <p>Pilot Intervention Innovation</p>	<p>The Adolescent Anaemia Control Programme (AACP) was initiated in 2007 by the Department of Education in Tonk district (IDA) with the support of UNICEF. At that time, the focus was only on school-going girls.</p> <p>In the case of school-going girls, groups of 10 girls each, called a Balika Manch (girls' platform) are formed for the purpose, and one girl is appointed as a 'Nodal Balika', who plays a leader role in the group; she receives information an orientation from the Head Master and teacher-in-charge. Likewise, Kishori Baalika Mandal of non-school going adolescent girls is also formed. These girls receive information and training at monthly meetings called by the ASHA Sahyogini every Tuesday.</p> <p>All the school-going girls receive their weekly dose of IFA tablet on the Wednesday from the teacher-in-charge, who maintains a record of the girls' names and the dates on which a tablet was consumed. In the case of out-of-school girls, weekly dose of IFA is administered by/in the presence of the Anganwadi Worker at the Anganwadi Centre. For girls who do not report at the center for their weekly dose, counseling is done by the ASHA Sahayogini, who visits the household and explains/discusses the matter with the girl and her family.</p> <p>Although iron supplementation initiatives had been experimented with earlier, they failed to make a mark because of poor compliance. Compliance was, in fact, a key challenge, which was overcome through: (i) counseling of girls and their mothers/families; (ii) awareness generation, and extensive use of IEC materials, including provision of information in Panchayat meetings; and (iii) supervised administration of the tablets on a fixed day every week. The pilot was thus adequately supported by training of teachers/ counseling of girls and awareness building sessions in PTAs/MTAs (Parents Teachers/Mothers Teachers Associations). However, supervised administration of weekly dose was like hitting the nail on the head – it contributed most significantly to the high degrees of compliance that were observed.</p>		
<p>Stage 2 Results, KM, Evaluation, Research Documentation</p>	<p>A baseline survey was conducted, for which data collection was done by Anganwadi workers and ASHA Sahayoginis. This provided information on school going and non-school going girls and was used to calculate the demand for IFA tablets. (However, the baseline was not for capturing any benchmarks against which progress would be measured in future.) All the non-school going adolescent girls in the village are registered at the Anganwadi centre, where they are provided a tablet every Wednesday. A card is maintained for every girl registered here, on which an entry is made for the tablet consumed every week. A monthly progress report is compiled by the Anganwadi worker and sent to the Lady Supervisor, from where it further gets transmitted to the block, district and state levels.</p> <p>Similar progress reporting is done in the case of school-going girls, by the teacher-in-charge, who reports to the nodal Head Master.</p> <p>Data and information received is reviewed monthly during state-level inter-sectoral review meetings and district-wise comparisons are drawn on coverage and compliance. Based on reports received, it has been informed that during the period January-March 2011, 83 per cent school-going girls and 71 per cent out-of-school girls had consumed at least 3 IFA tablets/month.</p> <p>Capacity development: A key area of UNICEF input, capacity development was critical to the scale-up of the programme at the state level. Key officials of Health ICDS and Education departments at the state, district and block levels have received orientation on the programme; capacity development for heads of institutions, Anganwadi Workers (AWWs) and Auxiliary Nurse and Midwives (ANM) is ongoing.</p> <p>Evaluation, research and documentation: Other than the routine monitoring and reporting, there is very little documentation available. The figures cited above are in respect of compliance with consumption of IFA tablets, but how these have contributed to reduction in incidence of anaemia can only be a conjecture based on the known impact of IFA. The decision for state-wide up scaling of the programme was also based on reported high levels of compliance.</p>		

Stage 3 Policy Influencing Advocacy	Political patronage and commitment have played a key role in the continuation and up-scaling of the AACP, as reflected in the seven-point programme of the Chief Minister of the state and the unprecedented budgetary allocations sanctioned for it under the NRHM PIP.
Stage 4 Leveraging of Resources and Partnerships	Partnerships with the Department of Education for the school-going girls' component, Department of Women and Child Development (through the ICDS scheme) for the out-of-school girls' component and the Department of Health and Family Welfare (NRHM programme for supply of IFA tablets) have been crucial. Comprehensive coverage of the kind that is seen in this programme would not have been possible without the involvement and commitment of these departments.
Stage 5 Replication and Up scaling	<p>Based on the success of the approach in the IDA district (Tonk), the programme was scaled-up to another 6 districts (Alwar, Baran, Dholpur, Jhalawar, Jodhpur and Rajsamand) in the year 2008-09, for both school-going and non-school going girls. For the non-school going girls' component of the programme, the Department of Women and Child Development was roped in (implementation through ICDS).</p> <p>Results of monitoring reports showed that about 80 per cent of school-going girls were being reached in the 7 focus districts of the state.</p> <p>Thereafter, NRHM in collaboration with the DoE and DWCD, scaled-up the AACP to rest of the 26 districts in the state, with the objective of reaching over 6 million adolescent girls (aged 10-19 years) in 2011 with weekly IFA supplementation, coupled with nutrition education and counseling on anaemia.</p>
Key Learnings/ Conclusions	<p>Key learnings</p> <p>Role of counseling and awareness: Although the IFA supplementation experiment had been tried earlier, it had not met with the same degree of success in the absence of proper counseling and awareness. This time, UNICEF invested in building the capacities and skills of teachers and health workers, undertook an IEC campaign, and complemented the technical intervention with appropriate counseling and awareness sessions, which enabled significantly higher levels of compliance in taking of IFA supplements as suggested.</p> <p>Supervised administration of supplements: Again, by insisting on consumption of IFA tablets in the presence of the nodal teacher/Aanganwadi Worker, it has been possible to ensure higher levels of adherence with the recommended dosage.</p> <p>Conclusions</p> <p>The AACP is a clear case of a pilot that was demonstrated to be a success, and up-scaled through partnerships with concerned departments, and leveraging of resources from the government's flagship programme, NRHM. UNICEF has provided technical inputs and support in organization of trainings as the programme was being scaled-up. At the pilot stage, funding for IFA supplements was also provided by UNICEF.</p> <p>Evaluation studies are planned, but in the absence of baselines (unless one uses the NFHS data, which should be possible), it may not be possible to identify impact of the programme on anaemia control.</p>

Case Study: Right To Education

Name of Initiative and Section	State and District of Origin (where did it start?)	State(s) where replicated or up scaled	District(s) where replicated or up scaled
Right to Free and Compulsory Education Act (RTE) Education Section	National level	State rules for RTE have been notified for 10 states and Union Territories out of 28: Andhra Pradesh, Arunachal Pradesh, Himachal Pradesh, Manipur, Orissa, Sikkim, Chhattisgarh, Madhya Pradesh, Rajasthan and Mizoram.	Not applicable
Description of the Innovation or initiative	<p>The Right To Free and Compulsory Education (RTE) Act originated in the drafting of the Indian constitution at the time of Independence but is more specifically linked to Constitutional Amendment (Article 21A) that makes education a fundamental right. This amendment, however, specified the need for legislation to set out its mode of implementation, which required the drafting of a separate Education Bill. An early draft of the Act was composed in 2005 but was opposed due to its mandatory provision of reserving 25 per cent of student spots for disadvantaged children in private schools. The central government legislation was dropped in 2006 in favour of state level legislation, but intense public pressure based on independent financial estimates revived and brought back the RTE in 2008. It was adopted in 2009, and implementation began in 2010.</p> <p>The RTE Act is the first legislation in the world that puts the responsibility of ensuring enrollment, attendance and completion on the Government. The Act makes education a fundamental right of every child between the ages of 6 and 14, and specifies minimum norms in elementary schools. According to UNICEF, very few countries have such a national provision to ensure both free and child-centered, child-friendly education.</p> <p>As the Act is but one step in ensuring free and compulsory education, it must be analyzed as a continuum from the activities that led to its adoption and the activities undertaken to ensure its full implementation. The Education Section supported a great many activities towards the adoption of the RTE over the years, and has supported its implementation through its programming activities focusing on the state and district level with the objective of scaling-up at the state level.</p>		
Stage 1 Theory of Change (ToC) Pilot Intervention Innovation	<p>Given the nature of the initiative, passing the RTE Act did not require piloting. Also, the RTE is a continuation of the ‘Sarva Shiksha Abhiyan’ (Hindi: The ‘Education for All’ Movement), a flagship programme of the Indian Government that UNICEF has supported for several years. While now the law of the land, much of UNICEF’s work to pass the RTE Act focused on advocacy and partnerships building to ensure its passage. This was an appropriate strategy because the mobilization of key actors was an essential first step to providing universal quality education.</p> <p>Both prior to and after the passing of the RTE, the Education Section of UNICEF continued its capacity development efforts at the district and state level to make the legislation a reality. For instance, UNICEF supported Bharat Gyan Vigyan Samiti (BGVS)⁵⁷, which works with the Government of Madhya Pradesh School Education department, more than 10 NGOs, and the private sector to help achieve universal access to quality primary education in the state by building the capacity of teachers, school administrators and the community. It is doing similar activities in other states with which the organization works. It is also continuing to pilot innovations, such as bringing ICT pilots into the classroom through partnerships with corporate sponsors with the view of scaling them up.</p>		
Stage 2 Results, KM, Evaluation, Research Documentation	<p>In the year following the adoption of the RTE Act, UNICEF sponsored the production of a document “Status of Implementation of the Right of Children for Free and Compulsory Education Act, 2009: 1 April 2010-2011.” In August 2011, it hosted a forum of education experts from various states to discuss the state of implementation of the RTE across India. It also convened forums of education experts to look at the state of implementation of RTE and identify ways to accelerate its implementation.</p>		
Stage 3 Policy Influencing Advocacy	<p>Policy influencing and advocacy are at the very core and form a cross-cutting theme for UNICEF’s activities for the passage of the RTE Act.</p> <p>Prior to the passing of the RTE:</p> <p>One of the key strategies was to support forums at national and district levels where UNICEF works to build awareness and momentum for RTE. Civil society was also crucial to the process at state level, including teachers’ organizations and NGOs involved in the education sector to build support for the RTE prior to and after the passing of the Act. UNICEF sponsored many civil society forums on the issue.</p>		

57. Indian Organization for Learning and Science. Info on initiative at: <http://www.ssa.mp.gov.in/partners.html>

	<p>It also undertook three days of consultations on RTE at the state level with the Ministry of Education so that each state could draft its own rules as mandated by the Act. Many of the consultations were designed to simplify the legal language for functionaries and elected officials.</p> <p>Since the passage of the RTE:</p> <p>As one of the actors in the mobilization efforts for the full implementation of the RTE, UNICEF has developed materials to help understand and raise awareness on the RTE. For instance, its “Frequently Asked Questions on the Right of Children to Free and Compulsory Education Act (2009)” is being translated in several languages by the central government. It also produced a CD/film promoting the RTE Act, which is being replicated in 12 languages by the government, which is also paying for it to be broadcast.</p> <p>As noted, the Education Section continued with its strategy of building capacity at State and District levels to provide quality education for all children. This includes advocacy on a number of issues, including social inclusion and scaling-up of initiatives such as Activity-Based Learning (ABL) and geo-mapping data from the District Information System for Education (DISE) to show gaps in access for socially excluded children.</p>
Stage 4 Leveraging of Resources and Partnerships	<p>UNICEF sought to build partnerships at all levels. It engaged governments at the state and national levels. It partnered with three key national ministries: Women and Child Development, Human Resource Development (MHRD), and the Department of Education. It also worked with state and national level institutions such as universities and civil society organizations, teachers, e.g. Bharat Gyan Vigyan Samiti (Indian Organization for Learning and Science), the National University for Education Planning and Administration (NUEPA) and National Commission for the Protection of Child Rights (NCPCR), amongst many others. RTE required UNICEF staff to think creatively to reach the various stakeholders needed for RTE to become a reality.</p> <p>It has become clear that providing education to each child is a costly endeavor and UNICEF sought to build partnerships with the private sector to leverage resources at the district and community level (e.g. ICTs in schools).</p> <p>To support this on a larger scale, the organization has produced a toolkit for the corporate sector to provide guidance on how they can support the implementation of RTE – by supporting educational initiatives on different scales.</p>
Stage 5 Replication and Scaling-up	<p>Scaling-up was not part of getting the RTE Act passed. However, as education is a concurrent subject under the Constitution, both the central and state governments have responsibility for it. Draft Model Rules were shared with states, which are required to formulate their own rules and have them made public as early as possible. Each state has to promulgate its own rules for RTE, and after one year of the Act being passed, progress has been slow with only 10 states having issued such official notification.</p> <p>UNICEF’s approach has been to focus on access (e.g. campaigns to bring eight million out of school children into the fold) and quality of education. And it has linked the implementation of RTE to other initiatives such as ABL, which it is advocating to scale-up. UNICEF’s capacity development at district and state level also support the implementation of the RTE.</p>
Social Inclusion	<p>As noted above, the Education Section has continued to promote social inclusion throughout the process of making the RTE and quality education a reality. Considerable challenges remain in the implementation of RTE from an equity perspective. UNICEF continues to analyze government generated data with an equity lens, e.g. teacher availability in remote areas, eight million of children out of school (the majority of whom are girls), excluded groups such as SC and ST, etc., and making the gaps visible. This strategy has served UNICEF well in the past.</p> <p>UNICEF has also encouraged individuals through its AWAAZ DO (Hindi: Speak Up) campaign and web platform to reach people in urban areas to take action on education. AWAAZ DO is an on-line campaign by UNICEF, supported by the Government of India, to mobilize Indian society to speak up for the more than eight million children currently out of school. The online AWAAZ DO campaign aims at the use of technology and social networking issues to allow citizens to become actively involved and demand the rights for children who are excluded and marginalized.</p> <p>UNICEF’s own website and documents it produces also communicate the fact that 8 million children are not going to school and other facts on education that have been reproduced in newspaper articles.</p>
Conclusions	<p>As the RTE case study shows, policy advocacy requires sustained efforts that can span over a number of years, depending on the scope of the issue. The RTE also shows that many of the activities and strategies and elements of the Theory of Change occurred simultaneously, not sequentially.</p> <p>The RTE is a prime example of the upstream work that UNICEF is striving to center its programming around it in India. This advocacy work focused on building alliances and developing various strategies to gain the active support of a vast number of stakeholders from the public, education sectors, civil society, bureaucrats and elected officials to pass the Act. As the case study shows, the passing of legislation was but one step to ensure the implementation of quality education for all children in India. To achieve this, other successful strategies that UNICEF has used include identifying gaps in the system, capacity development, piloting, documenting processes and scaling-up/replicating.</p>

Case Study: Integrated District Approach

Innovation Title	State and District of Origin (where did it start?)	State(s) where replicated or up scaled	District(s) in State where replicated or up scaled
Integrated District Approach	Bihar Maharashtra	Andhra Pradesh, Asasm, Bihar, Chattisgarh, Gujarat, Jharkhand, Karnataka, Madya Pradesh, Maharashtra, Orissa, Rajasthan, Tamil Nadu, Uttar Pradesh, West Bengal	Medak, Dibrugarh, Rajnandgaon, Valsad, E. Singhbhum, Raichur, Guna, Shivpuri, Vaishali, Chandrapur, Latur, Nandurbar, Koraput, Tonk, Krishnagiri, Lalitpur, Purulia
Description of the Innovation or initiative	<p>The Integrated District Approach (IDA) was introduced in 2005 and was based upon UNICEF’s previous experience in utilizing community participation to improve convergence of its activities in India. The IDA is premised on the belief that i) children’s needs are indivisible and require a holistic approach; ii) community participation is an important component of good governance and services directed at women and children improve when accountability is expected from service providers; and, iii) improved convergence among UNICEF’s different sectors is needed.</p> <p>To attain community involvement, the IDA uses village planning exercises that allow communities to determine the course of actions taken to address their needs as they pertain to women and children. The village planning will facilitate an integrated planning approach rather than planning activities directed at each sector UNICEF works in. Other critical components of the IDA are: monitoring, capacity development, and convergence.</p> <p>Further, the IDA would help with the replication and scaling-up of other successful models in the states.</p> <p>Since its implementation, the IDA has become an important component of UNICEF’s work in India and was incorporated into the CPAP 2008-2012.</p>		
Stage 1 Theory of Change (ToC) Pilot Intervention Innovation	<p>UNICEF’s promotion of community participation in service provision was not a new concept with the IDA; rather, the innovation with the IDA was the integration of activities and not just focused on convergence.</p> <p>The IDA was first set up in the states of Bihar and Maharashtra in the early 1990s and in 1998, respectively. In Maharashtra the IDA was implemented after consultations with state government officials and representatives from NGOs. Further, it was decided that youth would be invited to participate in the process along with women. In total, 15 PRA-based exercises were conducted from which village action plans were developed, facilitated by volunteers from the communities. In 2002, these exercises were expanded to include more than 2400 villages in Chandrapur and Yavatmal.</p>		
Stage 2 Results, KM, Evaluation, Research Documentation	<p>Built into the IDA is a three-level monitoring system: at the community level, monitoring of results through a household survey, and monitoring of IDA processes. At the community level, Village Volunteers facilitate the collection of information on key indicators and the information is then compiled at the Panchayat level and sent onto the block and district levels to be used in decision-making processes. Further, District Planning and Monitoring Units (DPMUs) have been established in districts to oversee monitoring activities. Monitoring at the state level is the responsibility of the sectoral departments.</p> <p>In 2008 an evaluation of the IDA was conducted by KPMG which found the approach (pilot and its subsequent upscaling/replication) found that though challenges continue to present itself in the IDA, it is, overall, an effective approach for UNICEF’s work in India.</p>		
Stage 3 Policy Influencing Advocacy	<p>The IDA does not focus on policy influencing and advocacy activities at the national level; rather, it emphasizes the importance of including community members in the planning processes at the village level. As a result, community members are empowered to bring forth demands for quality service delivery that meet their needs, particularly as they pertain to women and children in the community.</p>		
Stage 4 Leveraging of Resources and Partnerships	<p>UNICEF works closely with NGOs in the communities to facilitate the village planning process. Additionally, UNICEF works with the Government of India and State Governments to facilitate the coordination and convergence of activities among the various sectors and ensure these, in turn, are coordinated with state, district, and block administration and local government.</p>		
Stage 5 Replication and Up scaling	<p>In 2004, the strategy undertaken in Maharashtra was taken to the Country Representative of UNICEF who, along with Section Chiefs and Programme officers, visited the districts of Chandrapur and Latur to learn more about the IDA. This ultimately led to the decision to incorporate the IDA within UNICEF India.</p> <p>The IDA is now implemented in 17 districts in 14 states in India and UNICEF has incorporated the approach into its CPAP 2008-2012 for all of its programmes. The districts selected for the approach were those with the highest Infant Mortality Rates (IMR), have large concentrations of scheduled caste and scheduled tribe populations, and populations over one million people.</p>		

<p>Key Learnings/ Conclusions</p>	<p>The Village Planning process is a valuable tool for involving community members in the delivery of services in their villages in addition to raising awareness levels and demanding accountability. However, maintaining a high level of interest and involvement has proven to be challenging.</p> <p>Village volunteers play a critical role in the success of the IDA and require continued and sustained support from NGOs. This extends from possible remuneration for expenses incurred as well training in data collection as volunteers are often involved in monitoring activities.</p> <p>Establishing strong partnerships (NGOs, Panchayats, etc) are critical to the success and sustainability of IDAs and may require additional capacity development resources to ensure they are able to carry out their work.</p> <p>The IDA is a good mechanism to increase sector convergence at the village, panchayat and district levels. That said there is no mechanism to take convergence beyond the district level. Rather, the bottom-up planning approach promoted by the IDA conflicts with the top-down budgeting and programme management present in many states as well as with “stove-piping” of many Gol and state departments activities.</p> <p>The IDA has been shown to be effective in the initial pilot districts and in states and districts where replication has occurred, allowing for a greater concentration of UNICEF resources and technical support in addition to better sectoral convergence. However, a lack of universal support from the UNICEF team for this approach may prove to be a challenge for its further success.</p>
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Appendix B: List of Respondents

Name	Title	Organization
UNICEF India Country Office		
Karin Hulshof	Representative	UNICEF
David J. McLoughlin	Deputy Representative – Programmes	UNICEF
Lizette Burgers	Chief of Child Environment	UNICEF
Edouard Beigbeder	Chief, Field Operations	UNICEF
Angela Walker	Chief, Partnerships	UNICEF
José Bergua	Chief, Child Protection	UNICEF
Urmila (Uma) Sarkar	Chief, Education	UNICEF
Henri van den Homberg	Chief of Health	UNICEF
Joaquin Gonzalez–Aleman	Chief, Social Policy, Planning, Monitoring and Evaluation	UNICEF
Victor Aguayo	Chief of Child Nutrition and Development	UNICEF
Thomas George	Programme Manager, District Support	UNICEF
Ramya Subrahmanian	Social Policy Specialist	UNICEF
Aidan Cronin	WES Specialist	UNICEF
Venkatesh Malur	Education Specialist	UNICEF
Begur Ramachandra Rao	Education Specialist	UNICEF
Pavitra Mohan	Health Specialist	UNICEF
Vinod Kumar Anand	Health Specialist	UNICEF
Government of India		
Dr. Shreerajan	Joint Secretary	Ministry of Women and Child Development

	Dr. Vivek Joshi	Joint Secretary	Ministry of Women & Child Development, Government of India
	Mr. Mathur	Joint Secretary	Government of India, Department of Drinking Water Supply
	Yusuf Wasa	Secretary	Government of India, Rural Department
	Indu Patnaik	Joint Advisor	Planning Commission
	Sukhdeo Thorat	Chairman	Indian Council of Social Science Research, Ministry of Human Resource Development, Govt. of India)
Other Partner			
	Sumeeta Banerjee	Assistant Country Director, Governance Unit	UNDP
	Suraj Kumar	Head, Governance Program	UN Women South Asia Sub Regional Office
	Dr. Samir Daiwai	National Coordinator	Indian Academy of Pediatrics, Mumbai
	Vandana Verma	Project Leader, South Asia	IKEA
	Jaydeep Biswas		DFID - Nepal
NGO			
	Rituraj Narayani	Secretary	Narayani Seva Sansthan
	Rajendra P. Mamgain, PhD	Director & Professor of Economics	Indian Institute of Dalit Studies
	Prof. Sukhdeo Thorat	Professor of Economics and Director	Indian Institute of Dalit Studies
Maharashtra			
	Tejinder Singh Sandhu	Chief of Field Office	UNICEF
	Anuradha Nair	Social Policy, Planning, M&E Specialist	UNICEF
	Dr. Tushar Manohar Rane	HIV/AIDS Specialist	UNICEF
	Rajalakshmi Nair	Health & Nutrition Specialist	UNICEF
	Yusuf Kabir	WASH Officer	UNICEF
	Reshma Agarwal	Education Specialist	UNICEF
	Ajunder Singh		UNICEF

Evaluation of UNICEF Strategic Positioning in India

	Malini Shankar	Principal Secretary – Water	Government of Maharashtra
		Principal Secretary	
	Sudhir Thakre	Rural Development Secretary	
	Vijay Waghmare	Collector	Chandrapur
	Arun Shinde	CEO	Chandrapur
	Gopi Menon	Ex-chief Mumbai office UNICEF and chairperson of SPARSH	SPARSH
	Sumedh Gurjar	Director, RDC	YASHADA
	Ajit Phadnis	Director	Primove
	Mahila Shohya		Save the Children – Child Right
Bihar			
	Dr. Yameen Mazumder	Chief of Field Office	UNICEF
	Dr. Farhat Saiyed	Nutrition Specialist	UNICEF
	Dr. C. Ravichandran	Health Specialist	UNICEF
	Vikas Singh	Social Policy, Planning, M&E Specialist	UNICEF
	Sanjay Kumar	Executive Director	Government of Bihar, SHSB
	Ravindra Panwar		Government of Bihar, PHED
	Ravi Parmar	Secretary	Government of Bihar, SC/ST Welfare Department
	Anindo Banerjee	Head, Internal Programme Initiatives	Praxis
Rajasthan			
	Dr. Suman Kumar Singh	Planning, Monitoring & Evaluation Specialist (officiating for CFO)	UNICEF
	Mr. Pankaj Mathur	Water and Environmental Sanitation Officer	UNICEF
	Dr. Avtar Singh Dua	Health Specialist	UNICEF
	Mr. Arnold Cole	Water and Environmental Sanitation Specialist	UNICEF
	Dr. Neelam Bhatnagar	Nutrition Officer	UNICEF
	Ms. Preeti Jha	District Support Officer	UNICEF
	Mr. Ragesh Ramchandran	Programme Assistant	UNICEF
	Ms. Sulagna Roy	Education Specialist	UNICEF

	Dr. Rashmi Sharma	HIV/AIDS	UNICEF
	Ms. Girija Devi	Communication for Development	UNICEF
	Mr. Sanjay Kumar	Child Protection	UNICEF
	Ms. Mukta Arora	Coordinator, Nutrition Cell	Women Empowerment Cell/ICDS
	Mr. Shiv Raj Singh	Consultant - ICDS	UNICEF – Anaemia Control Program
	Dr. Sarita Singh	Commissioner	Government of Rajasthan, Women Empowerment
	Ms. Abha Beniwal	Deputy Director & OSD	Right to Education, Government of Rajasthan
	Mr. Dinesh Yadav	Additional Director (officiating as Director)	Government of Rajasthan, ICDS
	Dr. M.L. Jain	Director (FW/RCH)	Government of Rajasthan, Directorate of Medical, Health & Family Welfare Services
	Dr. Arushi Mullick	District Collector	Government of Rajasthan, District of Tonk
	Mr. Mumtaz Ali	LEHAR Incharge	Government of Rajasthan, District of Tonk
	Ladu Lal Meena	Deputy Director	Government of Rajasthan, District of Tonk, Secondary Education
	Mr. Omprakash Toshniwal	Vice-Principal	DIET, Tonk
	Nagendra Nagpal	Director	Centre for Education, Research and Practice
	Mr. Mohan Singh Solanki	Additional District Education Officer (Elementary Education)	Tonk district, Rajasthan
	Mr. Ram Avtar Yadav	Core Committee Member – Anaemia Control	Tonk district, Rajasthan
	Mr. P L Saini	Accountant (DDE Office)	WCD-Tonk
	Mr. Ramesh Sharma	CDPO	Tonk district, Rajasthan
	Dr. Nagendra Nagpal	Director	Centre for Education, Research and Practice, Jaipur
	Mr. Yogendra	Director	Bodh Shiksha Samiti, Rajasthan
	Dr. Ram Phool Meena	Chief Medical & Health Officer, Tonk	Facility Based Newborn Care Unit

	Mr. Gautam	Nursing Incharge	Facility Based Newborn Care Unit
	Dr. Udai Saran Ada	Principal Medical Officer	Facility Based Newborn Care Unit
Tamil Nadu			
	Dr. Satish Kumar	Chief of Field Office	UNICEF
	Aruna Rathnam	Education Specialist	UNICEF
	Arun Dobhal	WES Specialist	UNICEF
	Dr. Vandana P. Bhatia	Health & HIV Specialist	UNICEF
	Vidyasagar Ramamurthy	Child Protection Specialist	UNICEF
	B. Jayashree	Communication for Development Officer	UNICEF
	R. Akila	PME Specialist	UNICEF
	P. Velusami	WES Consultant	UNICEF
	V. Jaishankar	District Support Officer	UNICEF
	Dr. Kannappan	Joint Director, SSA	Government of Tamil Nadu, Department of Education, SSA Office
	Mrs. Malathy	Training Consultant, SSA	Government of Tamil Nadu, Department of Education, SSA Office
	Ms Girija Vaidyanathan, IAS	Principal Secretary, Health and Family Welfare	Government of Tamil Nadu
	Mr. M Bhaskaran	Chief Education Officer, SSA	District of Krishangiri
	Dr. C.N. Mahesvaran	District Collector	District of Krishnagiri
	Mr. Nagarajan	Executive Engineer	Tamil Nadu Water Supply and Drainage Board
	Balaji Sampath	Director	AID India
	Sriram V. Ayer	Founder & CEO	NalwandaWay
	Mr. Sudarshan	Consultant/District Coordinator	UNICEF
	Mr. V G Krishnan	Panchayat President	Damoderhally, Krishnagiri
	Ms. Uma Maheshwari	Village Volunteer	Gingipally Village & Panchayat, Krishnagiri Block & district

	Ms. Lakshmi	Village Volunteer	Damoderhally, Kaveripatnam Block, Krishnagiri district
	Mr. Gunasekharan	Block Development Officer	Uthangarai Block, Krishnagiri district
	Mr. Gunasekharan	Block Level Resource Teacher Educators' Supervisor	Krishnagiri district
	Ms. V Selvi	Panchayat President	Teryamutthur, Krishnagiri
	Mr. V Tirupathi	Panchayat Assistant	-do-
	Ms. Jayachitra	Block Coordinator	-do-
	Mr. Venkatachalam	-do-	-do-
	Dr. M Subburaman	Director	SCOPE (NGO)
	Mr. Mathiadhan		SCOPE
	Mr. Panniselva	Project Officer (Sanitation)	DRDA, Krishnagiri
	Mr. Kuppuswamy	Statistical Officer, SSA	Krishnagiri

Appendix C: List of Reviewed Documents

General

- The GoI 11th Five Year Plan 2008-2012 and Mid-Term Appraisal Report
- UNICEF CPAP 2008-2012
- GoI-UNICEF Mid-Term Review Report 2010
- Changing Gears Review

Knowledge Management

- Brief paper on Knowledge Management in UNICEF India (2010)
- Knowledge Community on Children in India Concept Note 2008
- Guidelines for publishing papers at UNICEF India

Integrated District Approach

- Formative Evaluation of Integrated District Approach (2008)
- Sustainability and Replicability Assessment of Integrated Districts 2010
- Integrated District Approach Concept Note 2009

Partnerships

- Report of the ICO Working Group on Partnership and Partner's Perception of ICO Strengths and Weaknesses (Dec 2010)
- Resource Mobilization Strategy 2008-2012

- Advocacy and Partnership Strategies
- ICO Media Strategy 2009
- ICO Celebrity Strategy 2009
- ICO Online Strategy 2009

System Strengthening and Capacity Development

- Formulation of Capacity Development Framework 2009 (Inception/Baseline Report, Literature Review Report and Framework and Action Plan)
- Concept note for the Assessment of ICO Capacity Development Programmes

Social inclusion

- ICO Social Inclusion Roadmaps
- ICO Gender Review
- Equity Tracker Report
- Strategies for Promoting Equity and Inclusion (Set of two publications)

Appendix D: Evaluation Matrix

Evaluation Issues	Sub-Questions	Indicators	Methods	Source of information
Relevance				
1. To what extent are the ICO's strategies aligned with the national development priorities?	1.1 What are the Gol national key development priorities, particularly in terms of social inclusion? To what extent have Gol plans changed over the years in regards to social inclusion?	- Match between CPAP priorities and Gol priorities	- Document review - KI Interviews	Documents: - CPAP - Gol 11th Plan - Capacity Development Framework - Changing Gears Study Group Interview: - ICO section chief and senior management Individual Interviews: - Gol official (TBD)
	1.2 Do the ICO Country Programme strategies align with the Gol priorities as expressed in the 11th Five Year Plan?			
	1.3 Has UNICEF had to refocus its plans on equity and social inclusion to keep in line with the Gol?			
2. Do the ICO CPAP strategies address the institutional, organizational and individual capacity gaps in the country?	2.1 Have capacity gaps been identified? If so what are they?	- Number and types of key strategies addressing the Gol capacity gaps		
	2.2 Are there specific strategies to address identified gaps?			

Evaluation Issues	Sub-Questions	Indicators	Methods	Source of information
3. How relevant is ICO's strategic approach to social inclusion to the equity challenges and to influence the national agenda on these topics in India?	3.1 What is the ICO strategy on social inclusion?	- Evidence that approach is appropriate	- Document review - KI Interviews	Documents: <ul style="list-style-type: none"> - CPAP - GoI 11th Five Year Plan - Inclusion by Design - Gender Mainstreaming in ICO - Inclusive Programming in ICO - Of Growth, Gains and Gaps - India Equity Tracker Report - Mid-Term Review - Changing Gears Study
	3.2 What are the main equity challenges at national and state levels? What is the national agenda on social inclusion?			
	3.3 What has been the ICO approach to influencing the government's agenda on social inclusion?			
	3.4 How appropriate is this approach?			Key Informants: <ul style="list-style-type: none"> - UNICEF programme managers (national and state level) - GoI Planning Commission, MWCD. - Department of WCD (State level) - District level project officers and line Department officials
4. Were the ICO CPAP strategies adequately planned and implemented/ monitored?	4.1 How were ICO strategies developed and implemented?	- Existence of a strategy document at national and state level	- Document Review - Interviews	Documents: <ul style="list-style-type: none"> - Integrated District Approach Sustainability and Replicability Framework - Roadmaps - UNICEF Annual workplans national Level Group interviews: <ul style="list-style-type: none"> - Section Managers ICO IN DELHI - State and district level staff
	4.2 Has social inclusion been explicitly considered in the design, implementation and M&E of programmes?			
	4.3 How has UNICEF monitored progress towards results, particularly in terms of reduction of inequities?	<ul style="list-style-type: none"> - Existence of M&E framework (incl. Result Matrix, baselines, mid-line and endline) - Extent that social inclusion outcomes (indicators) are being monitored - Reliability, frequency, coverage of monitoring and reporting mechanisms for the strategies adopted 	<ul style="list-style-type: none"> - Document Review - Interviews 	Documents: <ul style="list-style-type: none"> - UNICEF and GoI Annual reports - Mid-Term Review Interviews: <ul style="list-style-type: none"> - UNICEF programme managers (national, state, district level) - GoI (programme managers at national, state and district level)

Evaluation Issues	Sub-Questions	Indicators	Methods	Source of information
5. Which capacities is UNICEF strengthening and to what end (purpose) in the context of the Theory of Change? Whose capacity is being developed? To what extent are beneficiaries' needs taken into account?	5.1 How are CSOs and communities (rights holders) benefiting from capacity strengthening at the national, state, and district levels (duty bearers)?	- Identification of beneficiaries	- Mapping of approaches and methods for different stakeholders	
	5.2 What are the different approaches and methods used to build capacities of beneficiaries?	- Existence of CB strategies		Documents: - Changing Gears Study - OPM CB framework - ODI documents (IDA)
	5.3 Do capacity development strategies match beneficiaries' needs?	- Appropriateness of CB approaches - Level of satisfaction of beneficiaries with design of strategies	- Focus groups discussions	Documents: - Annual (rolling) Workplans - Capacity development (IDA thematic paper - IDA Roadmaps - Strengthening CBOs representing Excluded Communities Focus group discussion: - Government officials (state and district level – as feasible)
Effectiveness				
6. Have the CPAP strategies applied through the Theory of Change contributed to position ICO as a key player in the national/ state/district development agenda?	6.1 How does the government view UNICEF's role in India's development agenda (national and state level) with respect to innovations that ICO has supported?	- Perceptions of GoI on UNICEF's contribution to national agenda	- Interviews	Interviews: - UNICEF management, - GoI officials (national level)
		- Perceptions of stakeholders on UNICEF influence - Evidence of UNICEF influence on GoI and State level policies and program - Significance of UNICEF impact	- Interviews - Document review	Documents: - Partnership Survey - ICO Working Group on P and PP of ICO Strengths and Weaknesses (Dec 2010) - Mid-Term Review Interviews: - UNICEF, government officials, other donors/UN agencies

Evaluation Issues	Sub-Questions	Indicators	Methods	Source of information
7. Have the strategies proved to be effective in contributing to the achievement of programme results (within the context of the Theory of Change)	7.1 What is the evidence that strategies are contributing to results ⁵⁸ , including reducing disparities between excluded and general populations?	<ul style="list-style-type: none"> - Reduction in gap between general and marginalized populations - Extent that innovations are leading to reducing disparities 	<ul style="list-style-type: none"> - Document Review - Case Studies 	Documents: <ul style="list-style-type: none"> - Annual reports - Mid-terms Review - Equity Tracker Report - Reaching the Unreached - Equitable Access of Rural Women of Institutional Delivery - Of Growth, Gains and Gaps
8. To what extent have the strategies (implicit/explicit) been integrated into sector as well as state plans and actions? What have been the effects of such integration?	8.1 To what degree has the integration of strategies into both sector and state plans and actions taken place?	<ul style="list-style-type: none"> - Examples of UNICEF strategies being integrated at national and State plans - Evidence that national and State policies, programs, budgets, laws, guidelines and systems have been influenced through UNICEF strategies - Opinions of key stakeholders on UNICEF's influence on changes 	<ul style="list-style-type: none"> - Document review - Focus group Discussion - KI Interview - Case Studies 	Documents: <ul style="list-style-type: none"> - Social Inclusion Roadmap IDA Roadmaps - ICO Roadmap to Equity - Knowledge Management Framework Focus group Discussions: <ul style="list-style-type: none"> - National and State level UNICEF staff KI Interviews: <ul style="list-style-type: none"> - GoI and State Level officials
	8.2 What were the critical factors supporting or blocking integration?	<ul style="list-style-type: none"> - Examples from Documentation - Opinions of stakeholders 	<ul style="list-style-type: none"> - Document review - Focus group Discussion - KI Interview - Case Studies 	Documents: <ul style="list-style-type: none"> - IDA Roadmaps - MTR - KPMG formative Evaluation Interviews: <ul style="list-style-type: none"> - UNICEF - National and State government officials - CSO partners
9. To what extent has the government integrated innovations arising from UNICEF interventions, i.e. integration in government's Programme Implementation Plan and or leveraging resources for replication?	9.1 In what Sectors have innovations been integrated by national and State governments?	<ul style="list-style-type: none"> - Type number of innovations adopted and integrated 		
	9.2 Have innovations been replicated and/or scaled-up at national and/or State levels	<ul style="list-style-type: none"> - Type number of innovations replicated and/or upscaled 		
	9.3 What financial and human resources have been leveraged to replicate and/or upscale at national and State level	<ul style="list-style-type: none"> - Magnitude and sources of resources leveraged at national and State level 		

58. Overall goal, as stated in UNICEF 2008-2012 India Country Programme

Evaluation Issues	Sub-Questions	Indicators	Methods	Source of information
10. Were the CPAP strategies appropriate for achieving results?	10.1 Was the original intent behind the implemented strategies?			
	10.2 Given the actual success of the strategies (issue 9 above) and A, were the strategies appropriate			
11. Is ICO's adoption of these strategies well-recognized and clear to key partners?		- Level of awareness of stakeholders on ICO's strategies		
12. Have the strategies contributed to improving the performance of government institutions/ service providers, systems, mechanisms, policies and/ or strategies?	13.1 What have been the improvements in performance of the GoI/service providers?	- Change in performance (ability to produce outcomes) of GoI service providers systems, mechanisms, policies and/or strategies		
	12.1 To what extent have these improvements been linked to UNICEF strategies?	- Stakeholders' opinions on link between changes and UNICEF strategies		
13. Is there evidence of changes in the way individuals at partner level behave (if relevant)? Is there evidence of changes at the institutional/ organizational level and enabling environment?	13.1 Is there evidence that UNICEF piloting or upstream work has led to performance or behavioral changes at the institutional/ organizational level and/or the enabling environment?	- Number and type of policy changes, changes in procedures and operations at different levels		
14. Is there evidence to show the ultimate effects of these changes on the [GoI/partner] organization or wider population within selected case studies?	14.1 What have been the changes in disparities in social development outcomes?	- Evidence of reduction in disparities between disadvantaged groups		Documents: - GoI reports - GoI statistics
	14.2 To what extent can the reduction in disparities be attributed to UNICEF?	- Opinions of stakeholders on UNICEF' contribution to documented changes		
Efficiency				
15. Are the resources (funds, expertise, and time) allocated by ICO appropriate to support the strategies and activities?	15.1 Has there been adequate capacity development internally to support the strategies in the context of the ICO repositioning	- Adequacy of financial, # and skills of human resource - Perceptions of stakeholders adequacy of financial and human resources	- Document review - KI Interviews - Group Interviews	Documents: - ICO annual reports - MTR Interviews: - ICO staff at all levels - Gov officials

Evaluation Issues	Sub-Questions	Indicators	Methods	Source of information
	(orientation, guidelines, tools, training, human resources, funding and etc.)? 15.2 Does the ICO have an appropriate skill set to implement its strategies in the new paradigm?	- Perception of staff on ability to plan, implement strategies and activities within programme time frames		
16. How does ICO make use of its comparative advantage for strategic positioning?	16.1 What is the ICO's comparative advantage vis-à-vis other institutions?	- Extent that UNICEF comparative advantage has been identified	- Interviews	Interviews: - UNICEF managers - Government partners - Other donors and UN agency representatives
	16.2 Has UNICEF comparative advantage been maintained, strengthened or weakened in its new approach to work with the government at national and state level?			
	16.3 To what extent does the upstream approach contribute to UNICEF's comparative advantage and strategic positioning?	- Evidence of Gol and other donors are seeking UNICEF's expertise and assistance in achieving their goals.	- Interviews	Interviews: - UNICEF managers - Government partners at State and national level - Other donors and UN agency representatives
Sustainability				
17. To what extent are the strategies contributing or likely to contribute to overall [GoI] programme sustainability? What are the contributing or constraining factors to make a durable change?	17.1 To what extent has the government taken on planning, implement and M&E of programs to achieve MDG goals for women and children (HR, financial, improved systems, processes, etc.)?	- Percentage of new processes institutionalised - Percentage of replicated innovations scaled-up - Percentage of systems' improvements adopted	- Document Review - Interviews	Documents: - Documentation of innovative practices - MTR - ICO annual reports - Changing Gears study - Partnership Survey? - IDA Roadmaps - OPM and ODI documents Interviews: - UNICEF managers - Government partners at State and national level - Civil society partners - Other donors (DFID, others?) and UN agencies (WHO, UNFPA)

Evaluation Issues	Sub-Questions	Indicators	Methods	Source of information
	17.2 To what extent have UNICEF's strategies contributed to this?	- Opinions of stakeholders on strategies' influence and contribution to changes	- Document Review - KI Interviews	Documents: - Sectoral Studies Interviews: - UNICEF managers - Government partners at State and national level - Civil society partners - Other donors (DFID, others?) and UN agencies (WHO, UNFPA)
	17.3 What have been the contributing or constraining factors to the contribution of the strategies	- Identifiable factors influencing outcomes		Documents: - Documentation of innovative practices - MTR - ICO annual reports - Changing Gears study - Partnership Survey? - IDA Roadmaps - OPM and ODI documents Interviews: - ICO managers - Government partners at State and national level - Civil society partners - Other donors (DFID, others?) and UN agencies (WHO, UNFPA)
18. To what extent has the government created an enabling environment for the replicated innovations to be sustained?	18.1 What are the key factors for the sustainability of any replicated innovations? Are they prevalent?	- Identified factors	- Document Reviews - KI Interviews - Case Studies	Documents: - OPM and ODI documents - MTR Interviews: - ICO managers - Government partners at national, State and District level - ICO annual reports
	18.2 What factors constraint the replication of innovations? Are they prevalent?			
19. To what extent has the government integrated the innovations in its own system?	18.1 What innovations have been adopted by the national and state governments?	- Examples of innovations		
	19.2 To what extent have ICO strategies contributed to the integration of innovations by government?	- Documented evidence of contribution	- Document Reviews - KI Interviews - Case Studies	Documents: - IDA Roadmaps - State and District plans - MTR - ICO annual reports Interviews: - National level line ministries officials - State Office UNICEF staff State government officials

Evaluation Issues	Sub-Questions	Indicators	Methods	Source of information
	19.3 What have been the changes in government with respect to planning, budgeting, implementation and coordination with respect to innovations?	<ul style="list-style-type: none"> - Level of investment in HR, financial and physical resources to sustain and scale-up innovations. 	<ul style="list-style-type: none"> - KI Interviews 	<p>Documents:</p> <ul style="list-style-type: none"> - MTR - ICO annual report <p>Interviews:</p> <ul style="list-style-type: none"> - National level line ministries officials - State Office UNICEF staff - State government officials
Lessons Learnt and Recommendations				
18. What has been learnt along the way that might be of use when carrying out future work? How can ICO do things better?	18.1 What best practices and lessons learned have been identified and shared among stakeholders?	<ul style="list-style-type: none"> - Evidence of lessons and best practices identified - Changes made as a result 		
	18.2 Have best practices been replicated and lessons learnt led to changes in ICO strategies (pillars)?	<ul style="list-style-type: none"> - # and types of replications and changes made to ICO strategies 		
	18.3 What are the recommendations for improvement in the future?		<ul style="list-style-type: none"> - Interviews - Focus group - Case studies - Document review 	<p>Documents:</p> <ul style="list-style-type: none"> - Annual reports - Midterm review - special studies

Appendix E: Interview Guides and Templates

Interview Guide – UNICEF Staff

Name:
Position:
Experience with UNICEF India:

UNICEF has requested an independent evaluation of whether the CPAP (2008-2012) strategies that have contributed to strategically re-position UNICEF in India. More specifically, the evaluation is intended to address whether or not the ICO strategies have facilitated the achievement of expected results of the CPAP, have supported the contribution to wider development results at the national level and whether lessons could be derived for future strategic positioning and inform its programming.

One of the key elements of the UNICEF CPAP (2008-2012) **is the upstream work at the national and state levels (rather than service delivery) in terms of knowledge management, partnership, replication of innovations from the Integrated District Approach, and strengthening of systems and capacity development in the on-going flagship programmes of the government to influence government policies and programming, focusing on social inclusion to achieve better results for children and women.**

The approach described above is also being tested as a Theory of Change. The Theory of Change postulates that: Results achieved or innovations from interventions should be assessed, evaluated or documented (knowledge management) to influence policy and programmes of the Government of India at the Union and state levels, which leads to leveraging of government and partner resources for replication and upscaling. This also gives the strategic directions whereby ICO should position itself to effectively achieve the expected results.

The questions below are meant to elicit your opinions and tangible examples of the results being achieved by the CPAP in terms of re-positioning the UNICEF ICO in terms of upstream work and supporting the implementation of change. Your participation is voluntary and all comments will be treated as confidential.

Relevance

1. **In your view are the ICO's strategies aligned with the national development priorities? (ICO Strategies: Knowledge Management, Partnerships, Integrated District Approach; Capacity development and System Strengthening)**
 - a. What are the GoI national development priorities, particularly with respect to social inclusion?
 - b. What are the main equity challenges at national and state levels? What is the national agenda on social inclusion?
 - c. What is the ICO strategy on social inclusion?
 - d. Do you believe that the ICO Country Programme priorities align with the GoI priorities as expressed in the 11th Five Year Plan, particularly with respect to social inclusion?

2. **Do you believe that the ICO CPAP strategies address the institutional, organizational and individual capacity gaps at the national or state levels?**
 - a. Have the Gol and/or state key capacity gaps been adequately identified at various levels (national, State, District)? If so what are they?
 - b. Please describe how well the CPAP strategies are addressing the gaps?

3. **How relevant is ICO's strategic approach to social inclusion to the equity challenges and to influence the national agenda on these topics in India?**
 - a. What is the ICO approach to influencing the government's agenda on social inclusion (national and/or state level)?
 - b. How appropriate and effective has this approach been?

4. **Were the CPAP strategies adequately planned and implemented/monitored? (UNICEF Strategies: Knowledge Management, Partnerships, Integrated District Approach; Capacity development and System Strengthening)**
 - a. Do you think that the ICO programme strategies were satisfactorily planned? Implemented?
 - b. In your view, has social inclusion (based on gender, caste, ethnicity, religion, etc.) been explicitly considered in the design, implementation in each of the key strategies and M&E of the CPAP?
 - c. How has UNICEF monitored progress towards results, particularly in terms of reduction of inequities? What have been key challenges?

5. **Which capacities is UNICEF strengthening and to what end (purpose) in the context of the Theory of Change? Whose capacity is being developed? To what extent are beneficiaries' needs taken into account?**
 - a. What are the key approaches and methods used to build capacities of beneficiaries?
 - b. How are CSOs and communities (rights holders), particularly the socially excluded, benefiting from capacity development and systems strengthening at the national, state, and district levels (duty bearers)?

Effectiveness

6. **Have the CPAP strategies contributed to position ICO as a key player in the national/state/district development agenda?**
 - a. In your opinion, how does the government regard UNICEF's role in India's development agenda (national and state level) with respect to innovations that ICO has supported?
 - b. To what extent does the upstream approach contribute to UNICEF's comparative advantage and strategic positioning?
 - c. Has UNICEF influenced the work of other development partners in sectors UNICEF is involved with? Has this influence led to the incorporation of social inclusion priorities in the national development agenda?

7. **Have the CPAP strategies proved to be appropriate and effective in contributing to the achievement of programme results (within the context of the Theory of Change?)**
 - a. What is the evidence that UNICEF' strategies are contributing to results, including reducing disparities between excluded and general populations?

- 8. To what extent have the UNICEF CPAP strategies been integrated into UNICEF sector and state workplans and activities? What have been the impacts of the integration on UNICEF, and on the national and state governments? (UNICEF Strategies: Knowledge Management, Partnerships, Integrated District Approach; Capacity development and System Strengthening)**
 - a. What were the critical factors supporting or blocking integration?

- 9. Are there examples of the national or state governments integrating UNICEF promoted innovations into the government's own Programme Implementation Plans and or leveraging resources for replication?**
 - a. Are there examples of innovations that have been integrated, scaled-up or replicated by national and State governments?
 - b. Are there examples of Gol leveraging financial and human resources in order to replicate and/or upscale innovations at the national and/or state level?
 - c. To what extent can they be linked to UNICEF's strategies?

- 10. Is the ICO's migration towards these strategies for the current CPAP well-recognized and clear to key partners?**

- 11. Have the application of the CPAP strategies contributed to improving the performance of Government (national/state/district) institutions/service providers, systems, mechanisms, policies and/or strategies?**
 - a. Are there examples of resulting improvements in performance of the Gol/state governments/ service providers?
 - b. To what extent can these improvements be clearly linked to UNICEF strategies?

- 12. Is there evidence of changes in the way individuals at partner level behave (if relevant)? Is there evidence of changes at the institutional/organizational level and enabling environment?**
 - a. Is there evidence that UNICEF piloting or upstream work has led to performance or behavioral changes at the institutional/organizational level and/or the enabling environment?

- 13. Is there evidence to show the ultimate effects of these changes on the [Gol/partner] organization or wider population?**
 - a. Have there been discernible changes in disparities in social development outcomes in IDA districts, or other districts where there is a UNICEF presence?
 - b. To what extent can the reduction in disparities be attributed to UNICEF?

Efficiency

- 14. Are the resources (funds, expertise, and time) allocated by the ICO appropriate to support the strategies and activities?**
 - a. Has there been adequate capacity development internally to support the strategies in the context of the ICO repositioning (orientation to shift, guidelines, tools, training, human resources, funding and etc.)
 - b. Does the ICO staff have an appropriate skill set to implement its strategies in the new paradigm?

- 15. How does ICO make use of its comparative advantage for strategic positioning?**
 - a. What is the ICO's comparative advantage vis-à-vis other institutions in terms of influencing the government's development agenda (at national state level)?

- b. Has UNICEF comparative advantage been maintained, strengthened or weakened in its new approach to work with the government at national and state level?

Sustainability

16. To what extent are the strategies contributing or likely to contribute to overall [GoI-UNICEF] programme sustainability? What are the contributing or constraining factors to make a durable wchange?

- a. To what extent has the government taken on planning, implementing and M&E of programs to achieve MDG goals for women and children (HR, financial, improved systems, processes, etc.)?
- b. To what extent have UNICEF's strategies contributed to this?
- c. What have been the contributing or constraining factors?

17. To what extent has the government created an enabling environment for the replicated innovations to be sustained?

- a. What are the key factors for the sustainability of any replicated innovations? Are they prevalent?
- b. What factors constrain the replication of innovations? Are they prevalent?

18. What have been the changes in government with respect to planning, budgeting, implementation and coordination with respect to innovations?

19. What has been learned along the way that might be of use when carrying out future work? How can ICO do things better?

- a. What good practices and lessons learned have been identified and shared among stakeholders?
- b. Have good practices been replicated and lessons learnt led to changes in ICO strategies (pillars). What are the recommendations for improvement in the future?

Interview Guide – Gol/State Partners

Name:

Position:

Experience with UNICEF India:

UNICEF has requested an independent evaluation of whether the CPAP (2008-2012) strategies that have contributed to strategically re-position UNICEF in India. More specifically, the evaluation is intended to address whether or not the ICO strategies have facilitated the achievement of expected results of the CPAP, have supported the contribution to wider development results at the national level and whether lessons could be derived for future strategic positioning and inform its programming.

One of the key elements of the UNICEF CPAP (2008-2012) **is the upstream work at the national and state levels (rather than service delivery) in terms of knowledge management, partnership, replication of innovations from the Integrated District Approach, and strengthening of systems and capacity development in the on-going flagship programmes of the government to influence government policies and programming, focusing on social inclusion to achieve better results for children and women.**

The approach described above is also being tested as a Theory of Change. The Theory of Change postulates that: Results achieved or innovations from interventions should be assessed, evaluated or documented (knowledge management) to influence policy and programmes of the Government of India at the Union and state levels, which leads to leveraging of government and partner resources for replication and upscaling. This also gives the strategic directions whereby ICO should position itself to effectively achieve the expected results.

The questions below are meant to elicit your opinions and tangible examples of the results being achieved by the CPAP in terms of re-positioning the UNICEF ICO in terms of upstream work and supporting the implementation of change. Your participation is voluntary and all comments will be treated as confidential.

Relevance

- 1. In your view are the ICO's strategies aligned with the national development priorities?**
 - a. What are the Gol national development priorities, particularly with respect to social inclusion?
 - b. Do you believe that the UNICEF Country Programme priorities align with the Gol priorities as expressed in the 11th Five Year Plan, including social inclusion?

- 2. Do you believe that the UNICEF CPAP strategies address the institutional, organizational and individual capacity gaps at the national or state levels? (ICO Strategies: Knowledge Management, Partnerships, Integrated District Approach; Capacity development and System Strengthening)**
 - a. Please describe how well the CPAP strategies are addressing the gaps?
 - b. Are there any of these strategies more effective to address identified gaps?

- 3. How relevant is ICO's strategic approach (shift from service delivery to policy work) to social inclusion to the equity challenges and to influencing the national agenda in India?**
 - a. What are the main equity challenges at national and state levels? What is the national agenda on social inclusion?
 - b. What is the ICO approach to influencing the government's agenda on social inclusion (national and/or state level)?
 - c. How appropriate and effective has this approach been?
 - d. What is the evidence that strategies are contributing to results, including reducing disparities between excluded and general populations?

- 4. Which capacities is UNICEF strengthening and to what end (purpose) in the context of the Theory of Change? Whose capacity is being developed? To what extent are beneficiaries' needs taken into account?**
- Who are the beneficiaries (Gol, CSOs, etc.) of capacity strengthening at the national, state, district level?
 - In your view how well do the UNICEF capacity strengthening strategies match beneficiaries' needs?

Effectiveness

- 5. Have the UNICEF CPAP strategies contributed to position ICO as a key player in the national/state/district development agenda?**
- In your view how does the government view UNICEF's role in India's development agenda (national and state level) with respect to innovations that ICO has supported?
 - How has UNICEF influenced the work of other development partners in sectors UNICEF is involved with? Has this influence led to the incorporation of social inclusion priorities?
- 6. Are there examples of the national or state governments integrating UNICEF promoted innovations into the government's own Programme Implementation Plans and or leveraging resources for replication?**
- What are some key examples of innovations that have been integrated by national and State governments?
 - Have innovations been replicated and/or scaled-up at national and/or State levels?
 - Have financial and human resources been allocated or leveraged in order to replicate and/or upscale innovations at the national and/or state level?
- 7. Were the CPAP strategies appropriate for achieving results?**
- Do the ICO strategies meet the needs of government (at national and state level) and other partners (to reduce social exclusion and inequities)?
 - What have been the critical factors for success or failure?
- 8. Is the ICO's migration towards these strategies for the current CPAP well-recognized and clear to you and to other partners?**
- 9. Have the application of the CPAP strategies contributed to improving the performance of Government (national/state/district) institutions/service providers, systems, mechanisms, policies and/or strategies?**
- Are there examples of resulting improvements in performance of the Gol/state governments/service providers?
 - To what extent can these improvements be clearly linked to UNICEF strategies?
- 10. Is there evidence of changes in the attitude of individuals at partner level in terms of social inclusion (if relevant)? Is there evidence of changes at the institutional/organizational level and enabling environment?**
- Is there evidence that UNICEF piloting or upstream work has led to performance or behavioral changes at the institutional/organizational level and/or the enabling environment for social inclusion?

11. Is there evidence to show the ultimate effects of these changes on the [Gol/partner] organization or wider population, particularly the socially marginalized or excluded?

- a. Have there been discernible changes in disparities in social development outcomes in IDA districts, or other districts where there is a UNICEF presence?
- b. To what extent can the reduction in disparities be attributed to UNICEF?

Efficiency

12. Are the resources (funds, expertise, and time) allocated by the ICO appropriate to support the strategies and activities effectively?

- a. Does the ICO have an appropriate skill set to implement its strategies in the new paradigm?

13. How does the UNICEF ICO make use of its comparative advantage for strategic positioning?

- a. What is the ICO's comparative advantage vis-à-vis other development institutions?
- b. Has the UNICEF comparative advantage been maintained, strengthened or weakened in its new approach to work with the government at national and state level?
- c. To what extent does the upstream approach contribute to UNICEF's comparative advantage and strategic positioning?

Sustainability

14. To what extent are the strategies contributing or likely to contribute to overall sustainability of the changes occurring at national, state level? What are the contributing or constraining factors to make a durable change?

- a. To what extent has the government taken on planning, implementing and M&E of UNICEF piloted initiatives to achieve MDG goals for women and children (HR, financial, improved systems, processes, etc.)?
- b. What have been the contributing or constraining factors?

15. To what extent has the government created an enabling environment for the replicated innovations to be sustained?

- a. What are the key factors for the sustainability of any replicated innovations? Are they prevalent?
- b. What factors constrain the replication of innovations? Are they prevalent?

16. To what extent has the government integrated the innovations into its own programming and systems?

- a. What innovations have been adopted by the national and state governments?
- b. To what extent have ICO strategies contributed to the integration of innovations by government?

17. What have been the changes in government with respect to planning, budgeting, implementation and coordination with respect to UNICEF promoted innovations?

18. What has been learned along the way that might be of use when carrying out future work? How can ICO do things better?

- a. What best practices and lessons learned have been identified and shared among stakeholders?
- b. Have best practices been replicated and lessons learnt led to changes in ICO strategies (pillars). What are the recommendations for improvement in the future?

Document Review Template

To ensure coverage of all reviewed documents by evaluation question, a thematic bibliography will be developed. This will allow the client to map the relevance of each reviewed document to an evaluation question.

Relevance Questions

Relevance
<p>1. To what extent are the ICO's strategies aligned with the national development priorities?</p> <p>1.1 What are the Gol national key development priorities, particularly in terms of social inclusion? To what extent have Gol plans changed over the years in regards to social inclusion?</p> <p>1.2 Do the ICO Country Programme priorities align with the Gol priorities as expressed in the 11th Five Year Plan?</p> <p>1.3 Has UNICEF had to refocus its plans on equity and social inclusion to keep in line with the Gol?</p>
<p>Evidence:</p>
<p>Comments & Interpretations:</p>
<p>2. Do the ICO CPAP strategies address the institutional, organizational and individual capacity gaps in the country?</p> <p>2.1 Have capacity gaps been identified? If so, what are they?</p> <p>2.2 Are there specific strategies to address identified gaps?</p>
<p>Evidence:</p>
<p>Comments & Interpretations:</p>
<p>3. How relevant is ICO's strategic approach to social inclusion to the equity challenges and to influence the national agenda on these topics in India?</p> <p>3.1 What is the ICO strategic strategy on social inclusion</p> <p>3.2 What are the main equity challenges at national and state levels? What is the national agenda on social inclusion?</p> <p>3.3 What has been the ICO approach to influencing the government's agenda on social inclusion?</p> <p>3.4 How appropriate is this approach?</p>
<p>Evidence:</p>
<p>Comments & Interpretations:</p>

Relevance
<p>4. Were the ICO CPAP strategies adequately planned and implemented/monitored?</p> <p>4.1 How were ICO strategies developed and implemented?</p> <p>4.2 Has social inclusion been explicitly considered in the design, implementation and M&E of programmes?</p> <p>4.3 How has UNICEF monitored progress towards results, particularly in terms of reduction of inequities?</p>
<p>Evidence:</p>
<p>Comments & Interpretations:</p>
<p>5. Which capacities is UNICEF strengthening and to what end (purpose) in the context of the Theory of Change? Whose capacity is being developed? To what extent are beneficiaries' needs taken into account?</p> <p>5.1 Have CSOs and communities (rights holders) benefiting from capacity strengthening at the national, state, and district levels (duty bearers)?</p> <p>5.2 What are the different approaches and methods used to build capacities of beneficiaries?</p> <p>5.3 Do capacity development strategies match beneficiary's needs?</p>
<p>Evidence:</p>
<p>Comments & Interpretations:</p>

Effectiveness Questions

Effectiveness
<p>6. Have the CPAP strategies applied through the Theory of Change contributed to position ICO as a key player in the national/state/district development agenda?</p> <p>6.1 How does the government view UNICEF's role in India's development agenda (national and state level) with respect to innovations that ICO has supported?</p> <p>6.2 How has UNICEF influenced the work of other development partners in sectors UNICEF is involved with? Has this influence led to the incorporation of social inclusion priorities?</p>
<p>Evidence:</p>
<p>Comments & Interpretations:</p>

<p>7. Have the strategies proved to be effective in contributing to the achievement of programme results (within the context of the Theory of Change)</p> <p>7.2 What is the evidence that strategies are contributing to results⁵⁹, including reducing disparities between excluded and general populations?</p>
<p>Evidence:</p>
<p>Comments & Interpretations:</p>
<p>8. To what extent have the strategies (implicit/explicit) been integrated into sector as well as state plans and actions? What have been the effects of such integration?</p> <p>8.3 To what degree has the integration of strategies into both sector and state plans and actions taken place?</p> <p>8.4 What were the critical factors supporting or blocking integration?</p>
<p>Evidence:</p>
<p>Comments & Interpretations:</p>
<p>9. To what extent has the government integrated innovations arising from UNICEF interventions, i.e. integration in government's Programme Implementation Plan and or leveraging resources for replication?</p> <p>9.1 In what Sectors have innovations been integrated by national and State governments?</p> <p>9.2 Have innovations been replicated and/or scaled-up at national and/or State levels</p> <p>9.3 What financial and human resources have been leveraged to replicate and/or upscale at national and State level</p>
<p>Evidence:</p>
<p>Comments & Interpretations:</p>

59. Overall goal, as stated in UNICEF 2008-2012 India Country Programme

<p>10. Were the CPAP strategies appropriate for achieving results? 10.1 Was the original intent behind the implemented strategies? 10.2 Given the actual success of the strategies (issue 9 above) and A, were the strategies appropriate</p>
<p>Evidence:</p>
<p>Comments & Interpretations:</p>
<p>11. Is ICO's adoption of these strategies well-recognized and clear to key partners?</p>
<p>Evidence:</p>
<p>Comments & Interpretations:</p>
<p>12. Have the strategies contributed to improving the performance of Government institutions/service providers, systems, mechanisms, policies and/or strategies? 12.1 What have been the improvements in performance of the Gol/service providers? 12.2 To what extent have these improvements been linked to UNICEF strategies?</p>
<p>Evidence:</p>
<p>Comments & Interpretations:</p>
<p>13. Is there evidence of changes in the way individuals at partner level behave (if relevant)? Is there evidence of changes at the institutional/organizational level and enabling environment? 13.2 Is there evidence that UNICEF piloting or upstream work has led to performance or behavioral changes at the institutional organizational level and/or the enabling environment?</p>
<p>Evidence:</p>
<p>Comments & Interpretations:</p>

<p>14. Is there evidence to show the ultimate effects of these changes on the [Gol/partner] organization or wider population within selected case studies? 14.1 What have been the changes in disparities in social development outcomes?</p>
<p>Evidence:</p>
<p>Comments & Interpretations:</p>

Efficiency Questions

<p>Efficiency</p>
<p>15. Are the resources (funds, expertise, and time) allocated by ICO appropriate to support the strategies and activities? 15.1 Has there been adequate capacity development internally to support the strategies in the context of the ICO repositioning (orientation, guidelines, tools, training, human resources, funding and etc.)? 15.2 Does the ICO have an appropriate skill set to implement its strategies in the new paradigm?</p>
<p>Evidence:</p>
<p>Comments & Interpretations:</p>
<p>16. How does ICO make use of its comparative advantage for strategic positioning? 16.1 What is the ICO's comparative advantage vis-à-vis other institutions? 16.2 Has UNICEF comparative advantage been maintained, strengthened or weakened in its new approach to work with the government at national and state level? 16.3 To what extent does the upstream approach contribute to UNICEF's comparative advantage and strategic positioning?</p>
<p>Evidence:</p>
<p>Comments & Interpretations:</p>

Sustainability Questions

Sustainability
<p>17. To what extent are the strategies contributing or likely to contribute to overall [GoI-UNICEF] programme sustainability? What are the contributing or constraining factors to make a durable change?</p> <p>17.1 To what extent has the government taken on planning, implement and M&E of programs to achieve MDG goals for women and children (HR, financial, improved systems, processes, etc.)?</p> <p>17.2 To what extent have UNICEF's strategies contributed to this?</p> <p>17.3 What have been the contributing or constraining factors to the contribution of the strategies?</p>
<p>Evidence:</p>
<p>Comments & Interpretations:</p>
<p>19. To what extent has the government created an enabling environment for the replicated innovations to be sustained?</p> <p>19.1 What are the key factors for the sustainability of any replicated innovations? Are they prevalent?</p> <p>19.2 What factors constraint the replication of innovations? Are they prevalent?</p>
<p>Evidence:</p>
<p>Comments & Interpretations:</p>
<p>20. To what extent has the government integrated the innovations in its own system?</p> <p>20.1 What innovations have been adopted by the national and state governments?</p> <p>20.2 To what extent have ICO strategies contributed to the integration of innovations by government?</p> <p>20.3 What have been the changes in government with respect to planning, budgeting, implementation and coordination with respect to innovations?</p>
<p>Evidence:</p>
<p>Comments & Interpretations:</p>

Lessons Learned And Recommendations Questions

Sustainability
<p>21. What has been learnt along the way that might be of use when carrying out future work? How can ICO do things better?</p> <p>21.1 What best practices and lessons learned have been identified and shared among stakeholders? 21.2 Have best practices been replicated and lessons learnt led to changes in ICO strategies (pillars) 21.3 What are the recommendations for improvement in the future?</p>
<p>Evidence:</p>
<p>Comments & Interpretations:</p>

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