Scaling up Child Protection: A Framework for the Future

Volume 2: The Framework

Acknowledgements

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Acronyms

AIDS	Acquired immune deficiency syndrome
MSI	Management Systems International
SDGs	Sustainable Development Goals
UN	United Nations
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
VAC	Violence against children
WASH	Water, sanitation and hygiene

I.   Introduction

This document presents the conceptual framework for how to bring child protection to scale. It is Volume 2 of a two-part paper. This volume presents the following specific steps to scale child protection, which are further detailed in this paper.

- Step 1: Build consensus on a child protection vision (preferably within a larger multi-year and multisectoral 'umbrella' development framework)
- Step 2: Determine what to scale
- Step 3: Assess scalability
- Step 4: Develop or revise scaling strategy and plan
- Step 5: Implement plan and monitor
- Step 6: Learn and adapt.

The scaling conceptual framework is largely drawn and modified from the work of Management Sciences International (MSI), which has spent years examining successful scaling projects in a wide variety of contexts around the world. Modifications were based on findings from a literature review and key informant interviews in order to adapt the framework to the specificities of UNICEF and its role in promoting and supporting the child protection sector. Management Sciences International's extensive work on scaling can be found here.

The companion volume to this document (Volume 1) provides extensive background, context and information on scaling up child protection policies, programmes and services.[1] These have been taken into consideration in the adaptation of the proposed framework.

Volume 1 is important reading for this conceptual framework, and includes sections on:

- Key definitions
- Objective
- Child protection in historical perspective
- The emergence of child protection on UNICEF's and other stakeholders' agenda
- Why child protection is gaining ground today
- Addressing child protection scaling opportunities and challenges

Volume 1 concluded with the observation that scaling should work from the seven systemic elements outlined in a UNICEF-commissioned discussion paper on child protection systems that is being prepared in parallel with this paper. The two elements in bold below are those on which country teams should focus for scaling up.

- **Legal and policy framework**
- Governance and coordination
- Resources
- **Continuum of services**
- Standards and oversight
- Data management
- Awareness and participation

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[1] Goldman, P., M. Hickmann and F. Stuer, 'Scaling Up child protection: a framework for the future. Volume 1: Laying a foundation for going to scale', 2020.

Volume 1 concludes with some observations on how these two system elements (legal and policy framework and continuum of services) might be scaled horizontally, vertically and functionally.

With regard to scaling child protection it is important to stress that one 'size' (or one fixed approach) 'does not fit all.' In some cases, a vision for child protection may have been agreed, but scaling may be at its earliest stages. In others, a specific service model may already have commenced scaling, but there is a desire to expand and broaden that initial momentum. The conceptual framework presents high-level steps and considerations that are applicable in a variety of different country contexts. As such, UNICEF child protection teams will need to determine how the framework can be further contextualized to inform their own efforts to go to scale in a given country.

II.   Objective and context

The objective of this Discussion Paper is to outline potential approaches for scaling up child protection. While so doing and noting the unique role UNICEF plays in supporting national efforts, the paper takes into consideration UNICEF's planning processes, ongoing UN reforms, the inclusion of child protection-related measures in the Sustainable Development Goals (SDGs), as well as the current UNICEF Strategic Plan. The Discussion Paper will inform three upcoming UNICEF processes: (i) the Mid-Term Review of the 2018–2021 Strategic Plan; (ii) the development of the 2022–2025 Strategic Plan, which commences in 2020; and (iii) the update of the 2008 UNICEF Child Protection Strategy.

The term 'child protection' is described by UNICEF as ensuring that "every girl and boy is protected from violence and exploitation, in both humanitarian and development contexts."[2] While this Discussion Paper bases the discussion on 'scaling' on the latest UNICEF definition, it should be acknowledged that there may be a forthcoming dialogue on that definition during preparation of the 2022–2025 Strategic Plan. This scaling Discussion Paper assesses basic requirements to enable scaling, including system strengthening as well as social norms change.

The objective of this paper, Volume 2, is to present a conceptual framework and practical steps to follow when scaling child protection. It will not always be necessary to follow each step verbatim; however, the steps should act as a guide for UNICEF country offices when considering, planning and implementing scale up strategies.

III. Scaling up child protection: Conceptual framework

The conceptual framework for scaling child protection is illustrated Figure 1. It comprises the following six steps:

- Step 1: Build consensus on a child protection vision
- Step 2: Determine what to scale
- Step 3: Assess scalability
- Step 4: Develop or revise scaling strategy and plan
- Step 5: Implement plan and monitor
- Step 6: Learn and adapt.

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[2] UNICEF, 'UNICEF 2018–2021 Strategic Plan', 2017.

These six steps are not linear, but rather present an iterative and ongoing process, as depicted in Figure 1. The subsequent sections in this paper elaborate on the various steps, describing considerations for each step and how they link together.

After each step, a hypothetical example of how UNICEF and its partners could undertake that step illustrates the framework approach. Note that these illustrative examples are not designed to cover all aspects of child protection, but aim to 'tell a story' that gives the framework some life.

Case study: Scale up of integrated child and family welfare services in Indonesia

Indonesia had many good vertical social assistance programmes but these were often missing the most vulnerable. They needed an integrated case management system to ensure the most vulnerable could access services and that their diverse needs would be met. *(Step 1)*

UNICEF and the Ministry of Social Affairs (MOSA) designed an integrated service model to ensure case management and access to a comprehensive range of services for the targeted children and families. *(Step 2)*

UNICEF worked with the MOSA to analyse the data from the MOSA unified database for social protection to determine levels of vulnerability, taking into account not only poverty but also other factors such as lack of birth certificate, disabilities, child marriage and children being out-of-school. *(Step 3)*

Controlled scale up: UNICEF supported the MOSA to pilot the Integrated Child and Family Welfare Services Model in 5 districts, then evaluate, refine and expand the model to 10 districts. The MOSA then expanded further to 111 districts. UNICEF is currently supporting the MOSA to build on learning from monitoring and evaluation in 30 of those 111 districts. *(Steps 4, 5 and 6)*

Organic scale up: In the meantime, the decentralized government's information-sharing platforms enabled other districts to watch and learn from the pilot sites. Pilot districts were frequently recognized and received awards for their Child Friendly Cities. This recognition generated great interest and motivation to replicate the Integrated Child and Family Welfare Services model using their own resources to establish these services in their districts (there are 514 districts in Indonesia). The recently issued Ministerial Decree of Social Affairs on Basic Social Rehabilitation for Neglected Children will also directly facilitate further scale up.

Figure 1: Conceptual framework for scaling up child protection.
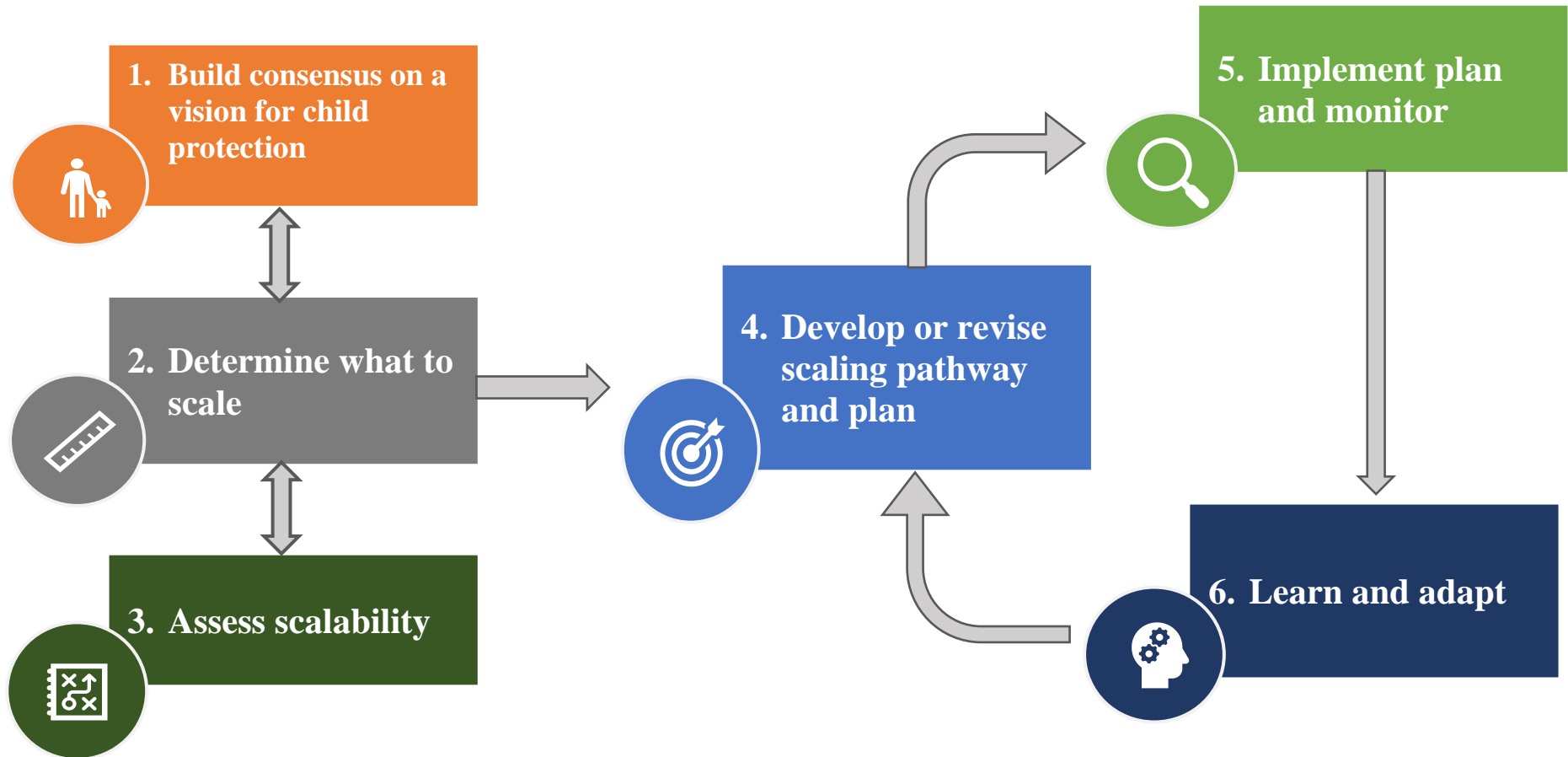
It is critical to note that any approach to scaling child protection needs to be rooted in local context. The conceptual framework should be utilized in ways that reflect the situation on the ground and should not be applied in a uniform fashion.

Case study: Using the scaling framework: Changing the Way We Care

Catholic Relief Services, Lumos and Maestral International were selected as finalists for a US$100 million competition by the MacArthur Foundation to solve a significant problem of our time (see www.changingthewaywecare.org). The Foundation was particularly interested in proposals that showed promise in going to scale, and retained Management Sciences International to work with each finalist on its scaling strategy. Changing the Way We Care (CTWWC) found the MSI framework to be enormously helpful in identifying pathways to scale in care reform, with the ultimate goal of reaching a global 'tipping point' at which most countries would begin to support family-based care over institutionalization.

The results of this work were ultimately synthesized in an internal document called 'Scaling the Way We Care'. A major focus of the approach was to implement CTWWC-supported policies and programmes in demonstration countries in different regions, and to use a common platform of monitoring, accountability, evaluation and learning in each country to make the case at the global level. This was to be accompanied by intensive global advocacy in participation with other organizations to make the case for care reform.

Scaling the Way We Care was initially based on a US$100 million vision that would be rolled out in seven regions, and ultimately beyond that. CTWWC received US$15 million as a runner-up, which was later complemented by additional USAID and private funds. The scaling strategy had to adapt to focus on three countries: Guatemala, Kenya and Moldova.

Scaling the Way We Care was based on the framework outlined in these two volumes, from developing national visions and strategies, to resourcing those strategies, to promoting the models at the regional and global levels – and everything in-between. While still in the first phases of implementation, CTWWC has seen excellent progress in facilitating political will and support in each country, and has launched public finance and economic assessments in Guatemala and Kenya to serve as the basis for advocating for allocation of resources to community and family-based programmes.

CTWWC has also used the framework to identify the types of programmes and services within the continuum to be promoted and supported in districts within each country. The entire approach is built on case management and holistic assessment and referral. Further, CTWWC works to complement existing services and supports through modelling transition from institutions, family strengthening, psychosocial supports, disability-inclusive approaches and trauma-informed care, and many related elements.

Key to the CTWWC approach, and embedded in the scaling framework presented here, is learning and adaptation. While CTWWC has a vision, it does not rely on rigid multi-year planning. Instead, it has built in robust monitoring, evaluation, accountability and learning mechanisms to harvest outcomes, to take advantage of opportunities and navigate roadblocks, and to improve the quality and access of services across the continuum. One important element is that the MEAL approach is consistent across the countries, while also contextualized in some aspects to each national context.

While Changing the Way We Care has not yet gone to scale, it is actively engaged in the three final steps of the scaling framework in this paper: strategy/planning, implementation/monitoring and learning/adaptation. To date, adaptation in CTWWC has consistently sought to promote scaling (with quality). Success is not guaranteed – there are many obstacles to scaling, and some may prove insurmountable. But the MSI framework does keep the focus on the scaling objective, and the intensive assessment, consultation and adaptation to date has undoubtedly greatly enhanced the likelihood of a positive outcome.

Step 1: Building consensus on a vision for child protection

It is difficult to envisage scaling without an agreed vision and mission. Reaching that agreement is more challenging than it sounds. It often requires evidence of the situation of child protection issues and the system. Similar to the question: 'What comes first, the chicken or the egg?', developing a child protection vision and generating evidence of the need for child protection are firmly interlinked. The conceptual framework in Figure 1 reflects this mutual dependency between building a child protection vision (Step 1), generating evidence and assessing scalability (Step 3) and identifying a solution to scale (Step 2).

Having a shared vision and mission of child protection is an essential part of leveraging the political will and multi-stakeholder buy-in for child protection scale up. As such, the first requirement for scale up is to have a ***compelling vision and mission of child protection*** within a given country context and preferably within a larger multi-year and multisectoral 'umbrella' national development framework. This section – Step 1 – presents considerations and recommendations to build consensus across relevant stakeholders on a vision and mission for child protection. This is critical in the scale up process to make sure programmes, policies and services that are being scaled up reinforce the overall vision.

The importance of engaging political will and multi-stakeholder buy-in is because ultimately, the key to scaling child protection is breaking out of long-established silos. For example, child protection should not work alongside health – it is key to ensuring better health. Child protection should not occur in parallel to education – it is a principal contributor to better attendance and learning outcomes. Child protection is not ancillary to social protection – it promotes better cognitive, emotional and social development outcomes. Child protection is not just about enforcement of laws – it improves social cohesion and prevents children from coming into contact with the law. It is critical to visualize what child protection should look like, with relevant stakeholders, in order to know what and how to scale.

Organizational experts James Collins and Jerry Porras have extensively researched why a vision is important, and what it takes for a

Effective versus ineffective vision

"Our vision is to build a child protection system with a full continuum of care" is informative to sector experts, but unlikely to generate much excitement in others.

"We grow up loved, safe and respected so that we realize our full potential" is Scotland's ambition for children and young people, which has been used for advocacy at the highest levels of parliament and is supported by a national independent care review. This vision has been further articulated in public documents called 'The Promise' and 'The Pinky Promise (For Young Readers)' so that families and children can easily comprehend the vision and commitment from the government.

https://www.carereview.scot/wp-content/uploads/2020/03/The-Promise_v7.pdf

vision to achieve desired change.[3] This includes the need to "grab people in the gut and motivate them to work toward a common end." Successful visions, in turn, have a clear underlying philosophy and convey a tangible image of what we are trying to achieve. **It should be possible to summarize the purpose of the vision in one to two sentences in a compelling way while avoiding technocratic language.**

A mission statement should describe in more detail what is needed to achieve the vision. Good statements are aspirational and often time-bound – "the mission of the Alliance is to ensure every district in our country has a well-functioning child protection service, with a trained workforce using state-of-the-art case management tools, by 2030." If achieved, this will contribute to a vision of a country in which children are protected.

Overall, as countries are defining or revising their vision for child protection, the following should be considered:

- The vision should be bigger than what is currently possible and supportive of what relevant stakeholders are collectively working towards, generally over a decade or more.

- Creating a 'tangible image': Child protection stakeholders should attempt to articulate a description, as vividly as possible, as to what a more effective child protection system might look like in their country context 10–20 years from now. That description should be very ambitious, but also fit a realistic expectation of what the country's future might potentially look like over that time frame. This image should respond to key drivers, which are ideally supported by evidence from national administrative data and/or surveys.

- Connecting the dots: A 'tangible image' of a future child protection system is unlikely to be based on a single issue or programme. It is more likely that the image will be of more coordinated, engaged and resourced partners, which include government, non-governmental organizations, children and youth, community and faith leaders, academia, service delivery partners and others. Can today's stakeholders trace a path towards that future, and craft the vision and mission accordingly?

- Participatory formulation and collective buy-in: A vision is much more likely to be grounded in the culture, values and aspirations of society if it is drawn from a participatory dialogue including children, youth and families, who will be most impacted by that vision.

- Is the vision supported by measurable outcomes? A 'tangible image' of the future will be much more compelling if it is clear, today, what can be measured specifically as a future result. While this is discussed further below, certain quantified goals – such as hiring a certain number of trained and accredited social workers and deploying them to every district in the country – can be a compelling way of organizing a systemic effort, even if there are many questions to be resolved about how they will be trained, accredited, deployed and managed.

- Government commitment and strong leaders to drive the scale up process: As the above section highlights, a vision without leaders is a goal that is lost. Involving government partners and leaders in the early stages of identifying a compelling vision is essential to later success.

Building consensus on a vision for child protection is ultimately about creating an enabling environment for scaling and involves leveraging political will and multi-stakeholder buy-in by seeking alignment with the national development agenda, gaining the interest of leaders who have sufficient authority to

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[3] Collins, J. and J. Porras, 'Organizational vision and visionary organizations', *California Management Review*, vol. 50, no. 2, 2008.

drive the scaling process, involving children and youth, clearly referring to the child protection vision in various national policies and strategies, and using media and face-to-face platforms to communicate the vision, create widespread understanding and ensure national ownership. In large decentralized countries it can be advantageous to first prepare an umbrella framework highlighting the importance of the child protection intervention within the development agenda that describes how best to engage and influence actors from different sectors and at various levels in the change process.

UNICEF child protection teams are familiar with the efforts required to build consensus, leverage political will and ownership and engage stakeholders across sectors. Thus, these efforts are not further elaborated here.

Once a shared child protection vision has been articulated and is promoted, it will be important to determine which child protection interventions should be scaled up to ensure that the vision can be achieved. This is described under Step 2.

Step 1: Illustrative example of UNICEF supporting the achievement of a shared vision for taking child protection to scale

Background: UNICEF's country office has just conducted a Situation Analysis. While there are some exciting demonstration projects on the ground supported by UNICEF and other stakeholders, child protection seems very much at the margins of this illustrative country's national agenda. UNICEF's child protection team consults with its government counterparts and other stakeholders, and all seem to agree that they do not want another five years of disparate projects that never seem to take off after donor funding ceases. At the same time, they want to build off the work that has already been accomplished.

Approach: UNICEF designs a comprehensive consultation for achieving a shared national vision for child protection in the country. It chooses not to start with the partners working in the capital city – that will come later. Instead, it decides to facilitate a dialogue with a broad array of community-based actors, including children, youth, parents and carers, other family members, community leaders, local faith-based organizations, community-based organizations and others. The findings from that dialogue will inform the formation of the national vision from the beginning of the process. The national vision will ultimately involve the government and other key stakeholders.

Implementation: The community dialogue has led to some powerful findings. There are some protective mechanisms in communities to address violence, but overall children feel very vulnerable to it. Parents who have been participating in early childhood development programmes in 12 districts of the country appear to be appreciating the impact of new parenting techniques and local family strengthening programmes. Several districts have set up child protection committees that include community elders and local government health, education and social welfare initiatives, and they seem to be helping some of the worst-off children. A network of faith leaders has collaborated and has begun to deliver messages against violence to their faith communities.

UNICEF was aware of a number of important community-based organizations, including those representing youth, but finds more voices that can be brought into the national dialogue. But who might participate at the national level? A stakeholder analysis is conducted that begins with the government, and that includes officials from key line ministries such as health, education, social welfare, labour and justice. The Department of Statistics and other key agencies are also included. The analysis includes an assessment of current or potential leaders within those ministries and agencies who can drive the scale up process. UNICEF works with other stakeholders on a one-page case for developing a child protection vision as part of the nation's social and economic development strategy.

The UNICEF country office is very experienced with participatory engagement and maps out and includes a broad range of development partners, community-based organizations, non-governmental organizations, academics, bilateral and private donors, and others to engage in the dialogue. Opening sessions focus initially on the findings of the community-based engagement, and move to a dialogue on information, data and evidence on the current context in the country. The meeting is chaired by government along with another of the engaged partners. A definition of child protection is agreed, and the drivers of child protection violations outlined. There is an ample discussion of how child protection can contribute to national health and education goals, as well as to social cohesion and long-term poverty reduction.

Outcome: The workshop reaches agreement on a child protection vision: "Children feel that they live in an environment where their protection is taken as a priority by their parents, caregivers, kin, community leaders, and government representatives." It supports that vision with a mission statement: "National policy will support and resource the roll-out of child protection committees and the phased strengthening of a continuum of child protection services in all districts by 2025, underpinned by the expansion of a social service workforce and intersectoral case management systems."

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Step 2: Determine what to scale

Scaling up should begin by clarifying exactly what is to be scaled up.[4] The average time for scaling up a successful pilot model to national application is 15 years.[5] This time frame is often beyond traditional periods of national plans and strategies (including UNICEF's), emphasizing the importance of careful consideration, participatory discussion and documentation of what to scale. **Determining what to scale is not solely about the model itself, but about the enabling environment that is required to support the model over time.**

Step 2 describes a process to determine which child protection programmes, policies and/or services should be further assessed for scalability. Step 3 presents a process for a more detailed assessment to determine whether the model is scalable. As such, Step 2 and Step 3 work together. As a model is assessed for scalability, it may be that it is found not likely to be scaled and other models should be considered.

First, when exploring the enabling environment of a model, it is important to consider the political context (political will, alignment with national priorities and political opportunities including an 'umbrella' framework that can encompass the child protection scaling), the social context (physical and social settings, social norms, etc.) and organizational context (organizational and technical capacity of government and/or non-governmental agencies).

The fiscal context and financial feasibility are also an important part of the enabling environment; however, affordability is not a reason to scale by itself. **Assessments to understand the enabling environment and/or advocacy should be considered to help improve the enabling environment, when needed.** For example, in Nicaragua, data showed they had the second worst rates of sexual violence in Latin America and UNICEF supported studies to bolster evidence, contributing to the government taking this up as a priority issue. Figure 2 outlines questions to use when exploring the enabling environment for each model.

Further, determining what to scale should consider a range of interventions along the 'road to scale' (Figure 2) that include *new approaches*, *proven approaches*, and *optimized approaches, as well as the extent to which the approach is inclusive in terms of coverage and accessibility for all subgroups within the population, especially the most marginalized and vulnerable, so that no child is left behind.* 'Approaches' include child protection policies, programmes and services. In this way, full proof of concept – or definitive evidence that the model works – should not be a prerequisite to **start** planning for scale, nor should possible solutions be burdened by lack of evidence, eliminating their prospects to scale. Instead building evidence, where it does not exist, and learning and adapting should be intentionally and carefully planned for (see Step 6: Learn and adapt).

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[4] MSI Scale-up Framework. 3rd Edition. Modified to use 'approach' instead of 'intervention'.
[5] MSI Framework. 3rd Edition.
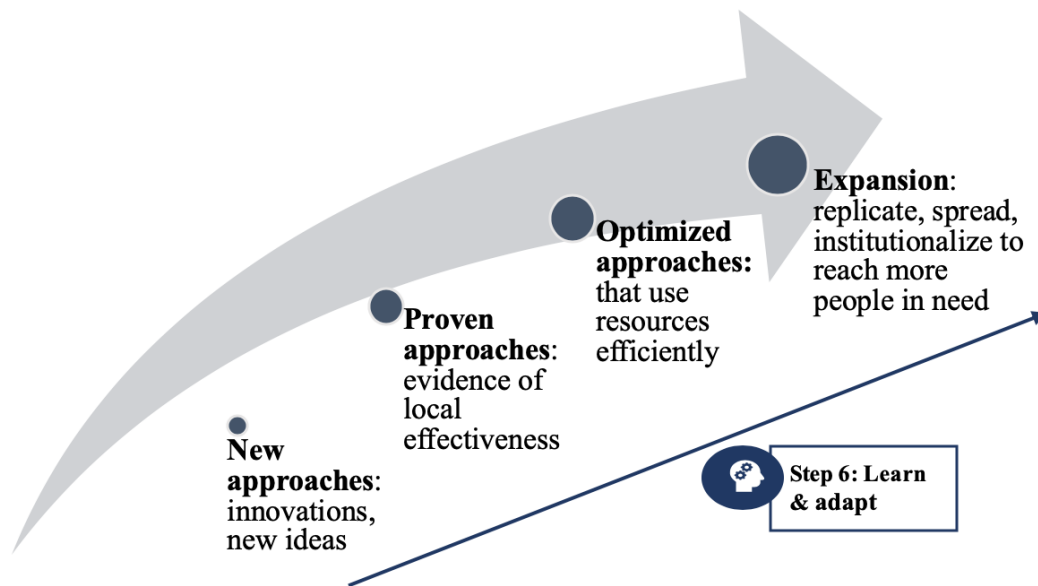
Figure 2: Approaches to help country offices consider interventions for scale up.

The following is a description of the different types of approaches to help country offices consider a range of interventions for scale up.

- *New approaches and innovations.* Child protection teams often have to consider various types of new approaches or 'innovations', defined as unscaled models or components of models. This is because the scope and capacity of existing systems are so limited in many country contexts. New interventions include:
  - Technical innovations: For example, modernizing birth registration in Rwanda by transforming the previous ineffective birth registration system to a digital system shows promising results. Although data have yet to be confirmed, administrative data show birth registration rates as high as 90 per cent (up 40 per cent since 2014). The child protection sector needs more stories of this type.

  - Process innovations: For example, increasing access to and coverage of existing child welfare, social protection and poverty alleviation programmes in Indonesia by establishing Integrated Child and Family Welfare Centres where community actors purposefully work to reach all vulnerable children and families including the most marginalized, and social workers provide centralized case management for the vulnerable children and families referred to them by the community actors and coordinate with service providers from various sectors to ensure holistic and comprehensive care and support.

  - Organizational innovations: Creative partnerships to leverage existing resources, for example, in Rwanda, by working with the police, UNICEF was able to coordinate case management across sectors, drawing on a relatively large workforce in the police to expand efforts.

- *Proven approaches* include programmes and services that have been implemented, monitored and evaluated and that have shown effectiveness. These include 'demonstration projects' that are intentionally designed to address a particular risk or adversity, to identify successful implementation modalities and to capture the outcomes for individuals and communities. Several key informants noted that showing 'proof of concept' is extremely helpful in bringing

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a programme or service to scale. Still, evidence-based approaches will not scale unless there is strong demand for change on the ground, clear implementation pathways, political support, fiscal support and the other prerequisites for scaling highlighted in this Discussion Paper.

Also, an approach that has been 'proven' through successful piloting does not necessarily mean that the approach is ready for scale up, even if success has been demonstrated through a positive randomized controlled trial (RCT) or other type of evaluation. If the approach has been shown to work at pilot stage, additional factors will need to be considered to ensure effectiveness when the intervention is taken to scale. Scaling is more complex than simply replicating a small-scale pilot intervention by a given factor (scaling up a pilot that was shown to be successful in 5 sites, to 500 sites). During piloting, the implementation circumstances are typically different from those in the scaled up environment, not only in terms of numbers of sites, staffing, supplies and logistics, but also in terms of the level of motivation of implementers and the management input provided by the supporting agency/organization.

Pilots or demonstration projects that do not assess the scaling environment and potential upfront are often doomed to become projects that are not sustained after funding ends.

- *Optimized approaches* show proof of concept, but also are able to demonstrate more cost-effective use of resources and are therefore more promising candidates to bring to scale. A classic child protection example is the argument that community-based services can serve 6–10 more children than institutionalization, with better outcomes for children. While attractive to policymakers and funders, optimized approaches still face the challenge of securing upfront investments in scaling to realize long-term benefits.

One way in which to identify the approaches to scale is to map out the various relevant/potential interventions, and then to consider the extent to which they are new, proven and/or optimized, and the extent to which the intervention is inclusive so no vulnerable child is left behind. This can be done through a variety of techniques commonly employed by UNICEF: desk review on the interventions, expert assessment and/or participatory dialogue involving relevant stakeholders. The assessment can be summarized in a simple tabular format if desired, as per Table 1.

Once it is determined which interventions or approaches have a strong enabling environment, it is important to assess their scalability, as described in Step 3.

Table 1: *Summary of approaches to assess the enabling environment.*

(Content provided under 'Intervention 1' and 'Intervention 2' are illustrations to show how the table can function.)

Child protection approach	New approach or innovation?		Proven approach?		Optimized approach?		Inclusive approach?		Favourable political context?		Favourable social context?		Favourable organizational context?		Favourable financial feasibility (through resource mobilization and budgeting)?		Assess further for scalability?	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Intervention 1		X	X			X	X		X		X		X		X		X	
Intervention 2	X			X		X		X	X			X	X		*Unknown*			X

Political context: political will and political opportunities, etc.
Social context: physical and social settings, social norms, etc.
Organizational context: organizational and technical capacity of government and/or non-governmental agencies, available resources, etc.

Background: As noted above, the participatory workshop agreed on a child protection vision: "Children feel that they live in an environment where their protection is taken as a priority by their parents, caregivers, kin, community leaders, and government representatives." It supports that vision with a mission statement: "National policy will support and resource the roll-out of child protection committees and the phased strengthening of a continuum of child protection services in all counties by 2025, underpinned by the expansion of a social service workforce and intersectoral case management systems." But what is to be taken to scale?

Approach: After considering different options for whom to engage and how to proceed in considering what to take to scale, UNICEF and its partners assemble a task force to determine what policies, programmes and/or services might be brought to scale (while more of a working group, the membership should reflect the participatory approach of the workshop). Two areas seem to come up over and over – violence against children and care reform. The country is fortunate to have a VAC study based on good data, although a few years old. While a range of areas present serious concerns, it is decided that a potential starting point might be the use of violence to discipline children in the household, which appears quite widespread. Addressing that might help shape attitudes and practices that contribute to other forms of violence. Also, members of the group have been hearing about the successes in reducing child institutionalization in two other countries of the region, and believe it is right to develop and implement their own national approach.

The task force is concerned about taking a single-issue approach to these issues. It resolves that the scaling approach should be founded on a holistic case management system utilized by an increasingly robust social service workforce. This also means that the broader array of child protection concerns (child marriage, labour, etc.) will be addressed as the system is strengthened.

Implementation: The members of the task force undertake rapid mapping of policies, programmes and services within the country that could be considered for scale up. They use Table 1 as a framework to assess the strength of the different candidate considerations. In the area of VAC, it is decided to assess what policies, programmes and services are in place that are also described within the INSPIRE framework. The team finds that the country has pursued some proven and optimized approaches in education and economic strengthening. While it will incorporate those in the scaling response, much more attention is needed in the areas of norms and values, safe environments, parent/caregiver support, and response and support services. Few of these have been implemented within the country, but they have been in the region and globally and could be considered as well. The members of the task force also decide they want to assess the extent to which the identified approaches are inclusive and accessible to all subgroups within the population, especially the most marginalized and most vulnerable.

When looking into care reform, it is noted that there is some overlap with INSPIRE (parent and caregiver support and economic strengthening in particular). These can be useful points at which VAC and care reform might leverage one another. Norms and values are, of course, another area for coordinated messaging. The country is fortunate to have a rigorously evaluated programme in three districts demonstrating how to transition from institutions to family-based care, with a model that appears to be proven. However, on a national level family strengthening programmes are fragmented, their inclusivity is unclear and they have been poorly evaluated, although they do have significant buy-in in the areas where they are being implemented.

Outcome: The task force's intensive dialogue on VAC, which drew on consultations with external experts and stakeholders, leads to the identification of three VAC programmes that appear primed to attract political will and resources, but that will require frequent adaptation as they are based on limited evidence. In the area of care, it is decided to build a foundation on the three districts that are transitioning from institutions to family-based care and to assess the scalability of those programmes, while also examining how to broaden and scale key elements of the continuum of child protection services.

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Step 3: Assess scalability

In simple terms, scalability is the capacity to grow or expand. The purpose of assessing scalability is to determine an intervention's readiness, capacity and likelihood to scale up, including management to meet increased demand. In this way, assessing scalability should consider the intervention model itself, the institution(s)/organization(s) implementing the intervention and the larger environment in which the intervention would be scaled.

Assessing scalability will help decision-makers determine one of the three next steps:

i. ***The intervention is scalable,*** and a scale up strategy and plan should be developed

ii. ***Additional information, capacity-building and/or readiness factors*** must be filled before the intervention is ready to scale

iii. ***The intervention is not scalable*** and other promising solutions should be considered instead.
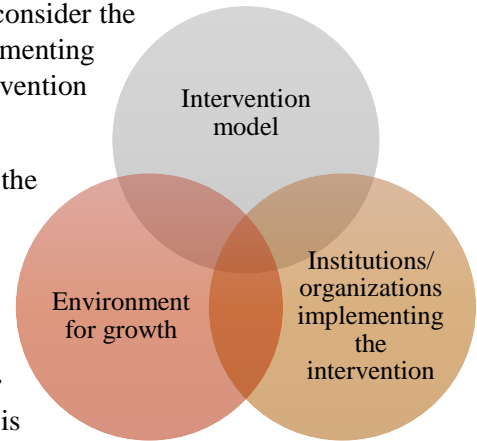
To assess the readiness, capacity and likelihood of an intervention, the following categories should be assessed and are described in more detail below:

1. **Credibility** of the intervention/model
2. **Transferability** of the intervention/model
3. **Organizational, technical and leadership capacity** to implement and own the intervention/model, and thus ensure sustainability
4. **Environment** for the intervention/model to grow, expand and be in demand
5. **Cost estimation, resource mobilization and financial sustainability** to finance start-up, growth and ongoing implementation
6. **Data collection mechanisms** to monitor and ensure quality of the scale up process.

The methods and rigour of assessing scalability may vary depending on available resources; however, each of the assessment categories should be explored through triangulation of information collected through participatory dialogue, secondary data analysis and/or primary data collection.

1. <u>Credibility</u>

To move ahead with planning the scaling of an intervention, it should be a credible intervention based on the following:

- Is the evidence sound?
- Does the evidence show the approach will work in diverse contexts?
- Is the approach supported by 'eminent' institutions and individuals?
- Does the evidence have 'emotional appeal'?
- Is the evidence from independent sources?
- Does the evidence show superiority to existing approaches?
- Are the results visible and clearly associated with the intervention?

2. **Transferability**

Transferability of the intervention/model should be considered, prior to scale up, by examining the following:

- Complexity of the intervention should consider the number of components in the intervention model (assuming that the fewer components there are, the less complex) and the perceived ease in which the intervention could be integrated into existing systems and structures.

- Essential components of the intervention and exclusion of components that are not essential should be discussed to reduce complexity (where possible) and increase ease of uptake. (If there is not confidence or evidence to support exclusion, err on the side of safety and include the component(s) while planning for collection of data to help answer this question as part of the scaling strategy.)

- Existence and quality of documentation describing the intervention including a guidance document, a description of intended audiences/beneficiaries, a theory of change and a results framework.

- Existence and quality of documentation specifically to support transferring and implementing the intervention including standard operating procedures/delivery protocols, a standardized training or capacity-building programme, a quality assurance framework/mechanism, a monitoring and evaluation plan that includes clearly defined processes to collect, analyse and use information and standardized data collection/reporting templates, risk-based criteria that describe how under-performing sites will be identified and what corrective actions will be taken, and procedures on how persistently under-performing sites will be closed and how sites found to be placing beneficiaries at risk will be closed.[6]

"Most organizations are generally reluctant to simplify, repackage, or relinquish control over their models for the purposes of scaling them up. However, experience has shown that the more a model can be simplified without losing its effectiveness, the more feasible it is to scale up." – Excerpt from MSI Framework

3. **Organizational, technical and leadership capacity**

To ensure sufficient organizational, technical and leadership capacity, specifically to implement and 'own' the specific type of intervention and achieve its intended reach in a sustainable manner, the following should be considered:

- Designated and agreed-upon authority of the organization(s) that will adopt and implement the intervention.
- An organogram that reflects the staffing requirements at all levels (including administration, management, supervision and front-line staff).[7]

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[6] Barberton, Conrad, 'Conceptual framework for thinking through the scaling-up of ECD interventions'.
[7] Barberton, Conrad, 'Conceptual framework for thinking through the scaling-up of ECD interventions'.

- An estimation of required number of staff based on the organogram and, if under-staffing is anticipated, a recruitment and staffing plan.
- Roles and responsibilities for each staff in the organogram.
- Job descriptions of relevant staff that encompass roles and responsibilities pertaining to the intervention.
- Operational capacity of the adopting organization(s) to implement at-scale.
- Data collection and analysis capacity of the adopting organization(s) to monitor the scale up process and the intervention once at-scale.
- Data-use capacity of the adopting organization(s) to adapt the intervention during scale up and implement corrective actions when needed.
- Experience in implementing the intervention/model or an intermediary organization with experience that will provide technical assistance.
- Motivation of the adopting organization(s) to implement the model is reinforced by national legislation and/or policy.

4. <u>Environment for growth</u>

Determining the strength of the support for growth should include an examination of the following:

- Existing policies, legislation and regulations supporting the intervention.
- Sense of urgency regarding the problem or need.
- Strong leadership committed to the change.
- Alignment with issues that are currently a priority on the policy agenda.
- Alignment with issues that are currently a priority on the social agenda (social behaviours and norms promote the intervention, or the intervention includes a component to change surrounding norms).[8]
- Faced with limited or no opposition.
- Compatibility with established values and norms, including attitudes and behaviours of human resources responsible for child protection (this involves an analysis of norms and practices that are aligned to the CRC and can be leveraged to support the CP vision, and those norms and practices that are contradictory and will require change through strategic communication and other interventions).
- Alignment with relevant existing systems.

5. <u>Cost-estimation, resource mobilization and financial sustainability</u>

Often, new interventions are tested with specific, dedicated resources which are not usually available to support scaling of the intervention. Among other things, this can strain organizations and individuals responsible for implementing the scale up who attempt to do so with too few resources.

Delivering child protection at an affordable cost is about cost-effectiveness, affordability and financial sustainability.

Cost-effectiveness[9] is a relative measure – it involves comparing the cost of achieving 'units of impact' across different interventions. The intervention that has the lowest cost per unit impact is the most cost-

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[8] UNICEF ESAR, 'Framework for scaling up ESA regional priorities. 2018–2021' mentions 'cultural space', referring to the need to adjust when programmes seek to scale in multicultural communities or countries, or when scaling across countries.

[9] Barberton, Conrad, 'Conceptual framework for thinking through the scaling-up of ECD interventions'.

effective, which does not necessarily mean the intervention has the lowest overall costs, but rather that it offers 'best value for money'.

At any one time, the government will be considering various proposals for new projects and programmes in health, education, sanitation, etc. How does it choose which should be implemented? Although many factors will inform the eventual choice, ideally it should be primarily informed by which interventions represent the most cost-effective investment of public funds. The government should select the most cost-effective interventions for scale up so as to ensure that the biggest impact (effect) is purchased with limited funds. Therefore, an intervention needs to be cost-effective relative to other intervention options to be suitable for scale up.

There should be a process within the UNICEF country office (and ideally involving other development partners as well) to discuss the relative cost-effectiveness of different child protection interventions so as to develop a view on the relative priority of all the different interventions UNICEF and other development partners are promoting. This should be discussed in terms of the relative priority of different child protection interventions, compared with other interventions to ensure child well-being (health, education, WASH), and the cost and relative contribution of cross-sectoral services, such as case management, including their costed value in improving access to, increasing efficiency of and/or reducing duplication between services. This would then inform the priority given to advocating for the scale up of interventions. It would also place UNICEF in a position to advise the government when, due to fiscal constraints, it needs to choose between scaling up different child protection interventions.

An *affordable*[10] intervention is more likely to be sustainable. It is therefore important to explore the issue of affordability, carefully taking into consideration who is likely to be responsible for funding the scaled intervention in the medium to long term. Development partners may provide generous short-term scale up funding, but ultimately a child protection intervention is sustainable only if the responsible level of government is able to fund it on an ongoing basis.

Evaluating affordability requires information on the full cost of the scaled up intervention and an analysis of fiscal space in the overall budget and the relevant sector budget.

To some degree, affordability is linked to priority. This means that if the government agrees a particular intervention is a top priority, then affordability becomes less of an issue. This highlights the importance of advocacy when promoting the scale up of child protection interventions.

Looking at costs and financial sustainability to support scale up should consider the following:

- A list of the components of the intervention, which includes required inputs (factoring in management and supervision needs).
- Costing inputs include staff ratios required for implementation, such as ratio of front-line staff to beneficiaries, ratio of supervisors to front-line staff, ratio of trainers to trainees, etc.[11]
- Unit costs to implement the model are available and include both one-time capital investments and reoccurring direct costs (e.g., costs per site or per district to support management of the scale up process).
- Financing is available through public or private funding sources to support part or all of the scale up; where there are finance gaps, they are covered in a resource mobilization and sustainability strategy.[12]

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[10] Barberton, Conrad, 'Conceptual framework for thinking through the scaling-up of ECD interventions'.
[11] Ibid.
[12] "When the user organization is constrained by limited resources it is tempting to conclude that nothing can be done to scale up the innovation. However, experience shows that even resource constrained systems provide

- A funding flow diagram that shows the different sources of funding and how and when funds are intended to flow to each level of the intervention.[13]

To enable informed decision-making in terms of adaptations to changed circumstances during the scale up process, it is important to also test the impact of changing different input/management parameters: for example, what is the impact of changing certain assumptions when calculating reach ratios on costs and delivery.[14] (Reach ratios set out how many beneficiaries front-line delivery staff can reach at any one time and over a quarter, six months and a year taking into account: the nature of their contracts – volunteers, stipends, part-time or full-time; time for training; time for planning, reporting and supervision; and factors such as public holidays, school holidays and annual breaks).

"Serious scaling efforts should include explicit strategies for integration into commercial markets and/or government policy and budgets. Commercial markets are the world's most cost-efficient scaling mechanism, but they aren't right for everything and everybody. The only other institution able to fund and deliver most goods and services sustainably is government." – MSI Framework

6. **Data collection mechanisms**

Data will help monitor the scale up process, manage related knowledge, implement corrective action at the right time and place and support advocacy and resource mobilization and sustainability during the scale up process. To this end, the following factors should be considered:

- Functional routine reporting/data collection systems accommodate data required to monitor the scale up process and implementation of the intervention.
- Sharing of required data and knowledge across relevant stakeholders, including reducing any barriers to sharing such as restrictions due to data protection laws, limitations related to current practices, etc.
- Data collection is linked to accountability mechanisms that support the structure(s)/system(s) within which the intervention will operate.

Conducting a scalability assessment

Conducting an assessment that factors in the above six categories (credibility; transferability; organizational and technical capacity; environment for growth; cost-estimation, resource mobilization and financial sustainability; and data collection mechanisms), will help to determine whether an intervention is scalable or whether the intervention requires more work or adjustment before it can be considered for scaling. Or, the assessment may show less-than-ideal results for scalability. In this case, the intervention needs additional support before it is ready to scale (see Table 2), or the model should be dropped from consideration for scale up. If the intervention is too complex, costly, labour-intensive

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opportunities to mobilize financial and human resources and to benefit from economies of scale. It is helpful to be on the lookout for these opportunities." WHOExpandNet Nine Steps.

[13] Barberton, Conrad, 'Conceptual framework for thinking through the scaling-up of ECD interventions'.

[14] Ibid.

or otherwise too difficult or not likely to be scalable, then the team might stop and consider designing and testing a more feasible model from the list created in Step 2.[15]

Table 2 summarizes the different components of the assessment and ways that scalability might be enhanced.

Table 2:

Assessment category	If necessary, find ways to enhance scalability…
1. **Credibility**	- Document results in clear and concise ways that can be readily shared with key stakeholders - Collect further evidence through a desk review, key informant interviews or a special study - Test the intervention in a smaller, realistic setting - Discuss the intervention with respected individuals/institutions
2. **Transferability**	- Discuss with experts and/or testing essential versus non-essential components of the intervention - Simplify/streamline the intervention without sacrificing the essential components - Develop and get feedback from end-users on documentation of the intervention
3. **Organizational, technical and leadership capacity**	- Seek high-level, official authorization for the government entity to adopt and implement the intervention - Support government to integrate the intervention into their strategic plans, annual work plans and annual budgets - Support government to determine required staff and develop a staff orientation and recruitment plan - Recruit required technical assistance to support the government throughout the scale up process - Orient the government's statistics/M&E arm to the required data collection and use
4. **Enabling environment**	- Document how the intervention is supportive of national legislation and policy - Develop a business case for why the intervention is important and how it supports the government's priorities - Understand existing social norms that are relevant to the acceptance of the intervention through desk reviews, secondary data analysis and/or a special study - Advocate with key government authorities and civil society actors, including to make alliances across sectors - Find better ways to communicate to policymakers and stakeholders about the intervention's relevance and importance
5. **Cost-estimation and resource mobilization**	- List out detailed intervention requirements and their unit costs - Establish estimated staff ratio requirements - Establish costs both for start-up and routine maintenance - Assess cost-effectiveness - Identify where and by how much resources can be mobilized
6. **Data collection mechanisms**	- Build indicators into existing monitoring systems to assess the intervention - Develop or adapt existing data flow diagrams, data collection tools, reporting formats, etc., to accommodate data related to the intervention

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[15] WHOExpandNet Nine Steps.

Assessment category	If necessary, find ways to enhance scalability…
	- Develop a reporting and communication plan that describes how data will be shared across key actors - Assess barriers to using and sharing information and develop solutions to overcome them - Integrate intervention performance metrics into existing accountability mechanisms

When considering different interventions for scalability, it can be helpful to compare them by assessment category, as listed in Table 3. Illustrative information for Intervention 1 in presented in the table as an example. While some countries may consider scoring each intervention using average scores across each assessment category, decisions on what to scale should not be based on these scores alone. This is because scoring of this nature is highly subjective. A qualitative narrative, describing each assessment category, will provide details that are important for consideration when scaling.

Table 3:

Assessment category	Intervention 1	Intervention 2	Intervention 3
1. **Credibility**	*Sound evidence of the intervention exists within the region. Although existing evidence in the country is weaker than a few neighbouring countries, preliminary data show promising results locally. The intervention is being promoted, globally by numerous CP experts and has been a priority for scale up in several other countries*		
2. **Transferability**	*Quality documentation of the intervention exists within the country, with the exception of a risk management framework and quality assurance mechanism. Streamlining complexities of the intervention have not yet been discussed with those involved in its current implementation*		
3. **Organizational, technical and leadership capacity**	*The intervention is currently supported by the Ministry of Social Services, including through their staff, who are directly implementing in the targeted communities. An organogram for the original launch of the intervention exists, but it has not yet been reviewed and updated based on experience implementing the intervention*		
4. **Enabling environment**	*Although the Ministry is supporting its implementation, the model is not currently included in the national strategic plan. The national strategy is up for review next year and the Minister is a vocal supporter of this intervention*		
5. **Cost-estimation and resource mobilization**	*There is limited support from an international donor for this intervention; however, the unit costs, including initial required investments, have not yet been*		

	calculated. This intervention is believed to be cost-effective and affordable; however, it is not currently included in government budgets		
6. **Data collection mechanisms**	*Monitoring and data collection have been a priority of the existing implementers. Their monitoring systems are strong but known to be costly. Monitoring this programme has not yet been transferred to the government, whose data collection system is known to be very weak*		

When stakeholders share a child protection vision they wish to strive for and have identified scalable child protection interventions, they are ready to start developing a plan for scaling up child protection. This is described in Step 4.

Background: Earlier, stakeholders deliberated priority child protection issues within the country and decided to prioritize VAC, specifically targeting violence within the household, as well as reducing child institutionalization. With an aim to promote sustainability, the task force agrees to strengthen the child protection system by honing in on case management and building capacity of the social service workforce. Through informal mapping of existing programmes, policies and services in the country and the region, the task force identifies **three VAC programmes** that they believe will garner political will and resources. **In the area of care, three districts** are known to be implementing activities to transition from institutions to family-based care. All of these interventions are currently supported by limited in-country evidence but are based on international best practices. The task team agrees to explore all of these programmes to determine whether they are ready for scale, more work is required before taking to scale or whether the programme is unlikely to be scalable within the current context.

Approach: Using the six scalability assessment categories described above, two task team members gather existing information about each programme. They start by collecting documentation about the programmes. After reviewing the documentation, they present to the task force, highlighting several gaps in information. The two organizations currently supporting implementation of both VAC programmes and care reform areas have joined the task force. They provide additional information, filling some of the assessment gaps. To complete the assessment, the need for additional primary data collection is discussed and planned for.

Implementation: The three VAC programmes are prioritized first as there is more information in-country about their reach, quality and effectiveness. Written descriptions of all three programmes are based on the INSPIRE framework, established from evidence and applicability in a diverse range of contexts. They are all well documented, including data to support transfer and scale up. There is sufficient in-country capacity to support these three interventions; however, there is not yet a designated agreed authority selected to officially adopt and implement the intervention beyond the current geographic scope. While the Ministry of Social Services has been actively involved in the programmes to date, it is heavily assisted by two partner organizations. It has not yet been determined how these programmes will integrate into existing institutional case management practices and workforce training programmes. The government social service staff have some, but not all, of the required roles and responsibilities for these programmes in their job descriptions. Cost-estimations of the interventions were done at their initiation, but these costs have not been verified based on implementation.

On the care side, it is found that one district has been more successful in reunifying children with families; however, documentation to support transferability and cost-estimation data do not exist. The transition is also fully funded by non-governmental organizations and donors and is not yet included in government budgets.

Outcome: Based on the scalability assessment, the task force agrees on next steps to enhance scalability. They decide to prioritize two of the three VAC programmes, dropping one intervention due to its complexity. They also decide to try to enhance scalability of one district's model to transforming care. Before any of these interventions are ready to scale up, the task force agrees that cost-estimation must be done and a medium-term model for financial sustainability must be agreed. As part of scaling up the VAC programmes, the task force advocates for donors to support the two non-governmental organizations to build the capacity of the Ministry. UNICEF offers assistance to revise the national case management guidelines and train the social service workforce in these programmes. The main university training programme has expressed interest in discussing relevant curricula adaptations. The task team makes a list of agreed milestones for each programme that must be met before they start to scale. Once these milestones are met, they will make formal scale up plans for each intervention.

Step 4: Develop or revise scaling strategy and plan

When key stakeholders share a vision for child protection and this vision aligns with the national development agenda and when a proven child protection approach has been identified, assessed and is considered scalable, then a pathway and a scale up plan can be developed.

Developing a pathway for scale up

Developing a pathway for scale up involves choosing the method to be used to scale up (How will scale up be accomplished? Vertically or horizontally; etc.), determining organizational roles (Who will perform key functions?), and determining the scale up dimensions (Where and for whom will the scale up occur?)

1. Scale up methods

Vertical and horizontal scale up methods can be placed into three categories: expansion, replication and collaboration. These differ from one another by the degree to which the 'originating organization' (i.e., the organization that managed the initial project or developed the original prototype) continues to control implementation as the model goes to scale. These three approaches, and variants of each, are listed in Table 4 and described in the text thereafter.[16]

Table 4: Scale up methods.

Approach	Methods
Expansion	▪ Growth ▪ Restructuring or decentralization ▪ Franchising ▪ Spin-off
Replication	▪ Policy adoption ▪ Grafting ▪ Diffusion and spillover ▪ Commercialization
Collaboration	▪ Formal partnerships, joint ventures and strategic alliances ▪ Networks and coalitions

Expansion in this context refers to methods that depend on increasing the scope of operations of the organization that originally developed and piloted the model or prototype.

The most common form of expansion is *growth*, which normally occurs by branching out into new locations or target groups. Sometimes this growth is accompanied by *restructuring or decentralization*, which we regard here as a distinct method of expansion because of the special demands it places on the originating organization. Two other methods of expansion are *franchising* of the model to organizations operating as agents or clones of the originating organization, and *spinning off* aspects or parts of the originating organization to operate independently.

Replication involves scaling a particular process, technology or model of service delivery by getting others, including the public sector and/or commercial providers, to take up and implement the model. In these cases, an arms-length relationship exists between the originating and 'adopting' organizations.

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[16] MSI Scale-up Framework. 3rd Edition

Replication can occur between organizations of the same type (e.g., NGO to NGO) or between organizations of different types.

One of the most common types of replication is ***policy adoption***, where a model that begins as a pilot run by an NGO, community group, university, research lab or private company scales by becoming a programme or practice mandated and often run by the public sector. Another common form of replication is ***grafting***, where a model – or one component of a model – is incorporated into another organization's array of services or methods of service delivery. ***Diffusion and spillover*** are other methods of replication and include both informal and more deliberate dissemination efforts. The use of social media, knowledge networks and communities of practice are special cases of diffusion that bypass organizations by marketing new ideas directly to individuals. ***Commercialization***, a fourth type of replication, refers to scaling efforts based on adoption of the model by the private sector or a social enterprise and operated as a financially viable venture.

In addition to these more deliberate scaling up methods, replication sometimes occurs spontaneously. While this form of scaling up is common in the private sector where profit provides the necessary incentive, cases of spontaneous replication are much less common in the non-profit and public sectors.

Collaboration, the third approach to scaling up, falls somewhere between the expansion and replication approaches. Collaboration mechanisms run the gamut from formal partnerships to informal networks and include a number of innovative structures and governance arrangements. ***Formal partnerships***, joint ventures and strategic alliances are increasingly common methods for organizing collaborative efforts, as are fewer formal ***networks and coalitions*** based on memoranda of understanding or merely a handshake. Typically, these arrangements include some division of responsibility among the collaborating organizations.

Some collaboration arrangements include the public sector as a key partner; many others are agreements among civil society groups and/or partnerships between NGOs and private firms, such as an NGO involved in education and awareness that partners with media organizations to co-create new methods of delivering products and services to an expanded audience. The growing popularity of social enterprise, the recognition by private firms of commercial opportunities among the poor and the growing emphasis on corporate social responsibility, have greatly expanded opportunities for these types of partnerships.

Choosing among (and combining appropriate) alternative scaling up methods involves balancing a number of considerations. For example, in a context where decision-making is centralized, policy adaption can occur rapidly and cover a large area quickly; however, if the adaptation process involves a highly participatory approach, the adoption by bureaucratic public agencies may be impractical. Collaboration has the greatest potential where organizations have different and complementary skills or resources, shared or overlapping objectives and a high level of mutual trust. It is also important to recognize that implementers and funders committed to far-reaching change often cannot achieve their goals without the support of a critical mass of organizations and individuals working together. For example, 'ending violence against children' or 'ending child labour' are complex challenges and require organizations to broaden their perspective, think in terms of collective action and combining appropriate scaling methods.

2. Organizational roles: Who performs the key functions?[17]

Deciding who needs to do what for scaling up – and operating at scale – to be successful involves assessing at three different organizational roles: ***the originating organization*** that develops and pilots

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[17] MSI Scale-up Framework. 3rd Edition

the model, ***the adopting organization, agency or institution*** that takes up the model and ***a neutral third-party or intermediary organization*** specifically charged with assisting in the scaling up process.

The ***roles of the originating and adopting organizations*** are, in large part, determined by the chosen scale up approach. In the case of an expansion approach, the adopting organization is much larger and possibly more structured than the originating organization. In the case of collaboration strategies, the role of the adopting organization is sometimes shared between two or more partners. In the case of replication, the originating organization passes the baton to another entity entirely. The choice of appropriate originating and adopting organizations will be informed by the findings of the assessment of organizational and technical capacity (see Assessing scalability). For most goods and services, there are only two kinds of 'institutions' – commercial markets and governments – that can meet the twin tests of delivering services sustainably and at scale. Each of these two institutions, and occasionally philanthropy, has the delivery network, the funding base and the incentive structure to deliver in perpetuity to large populations. NGOs, social enterprises, community-based organizations, universities, most philanthropies and other civil society groups play important roles in fostering new solutions, responding to emergencies and meeting the needs of modest-sized populations, but rarely can they deliver and/or finance services to large populations over extended periods without engaging markets and/or governments.

The ***functions of the intermediary organization*** (in the context of this Discussion Paper, UNICEF) include performing or supporting: strategic planning, evaluation and documentation, fundraising, investment packaging and placement, advocacy and marketing, convening and coordinating stakeholders, change management, organizational development, process management and systems strengthening. In strategies that depend on expansion or replication, intermediary organizations often play additional roles in assessing and strengthening the internal capacities required of originating and adopting organizations; and in the case of collaboration strategies for scaling up, intermediary organizations can be essential in designing and forming innovative partnerships.

3.   Determining the scale up dimensions

The final element of developing a pathway for scale up is to determine the dimensions of the scale up, or the size of the intended scaling up effort and the vector along which the model or project is to be extended.

Although most discussions of scaling focus exclusively on the number of intended adopters and beneficiaries, the scaling of products, services or benefits can occur along any (and several) of the following five vectors:

- Geographic coverage (extending to new locations)
- Breadth of coverage (extending to more people in currently served categories and localities)
- Depth of services (extending additional services to current clients)
- Client type (extending to new categories of clients)
- Problem definition (extending current methods to new problems).

Putting together the plan for scale up

When considering how to maintain effectiveness of the scaled up intervention within a resource-constrained environment, much will depend on the ability to maintain fidelity to the original design. To ensure implementation fidelity can be maintained, all aspects of the intervention will need to be described and documented in terms of: an implementation manual, a training/capacity-building programme, a framework for managing quality, the mechanics of the intervention, the mechanisms for disbursing funds required for scale up and maintenance of the scaled intervention, possible risks and how to manage these risks, and how scale up progress and success will be measured.

Therefore, the final stage of scale up planning should also include preparation of a detailed timeline and documentation of all aspects of the scale up process, specifically[18]:

1. **A scaling plan or road map** which fully describes the child protection intervention and specific implementation measures, including:

   - The purpose
   - The intended beneficiaries or target group/s
   - The political will and multi-stakeholder engagement in scaling the child protection intervention
   - High-level description of the key parameters of the intervention – what does delivery look like?
   - Process map of the intervention that shows the different role-players and processes involved in implementation
   - The theory of change that underpins the intervention
   - Detailed norms and standards for key aspects of the intervention
   - Delivery protocols or standard operating procedures (SOPs)
   - A list of input requirements: infrastructure, personnel and materials
   - Sample programmes, menus, activities, etc., as relevant.

2. **A training/capacity-building programme**, including:

   - A tested training/mentoring programme
   - A training manual, and associated training materials
   - A core team of trainers/mentors.

3. **A framework for managing child protection data and quality assurance**

One of the main challenges when scaling up an intervention is data management and quality assurance of services across multiple sites. It requires more than just M&E. It means putting in place the institutional capacity and data management systems to track data on key child protection indicators as well as to ensure meaningful service or performance monitoring and provide corrective support. This requires:

   - A management information system (MIS) for management of child protection data as well as service delivery data
   - Trained M&E personnel, systems and procedures
   - Clear input, process and output measures, and outcome indicators
   - Training on gathering, reporting and interpretation of performance information
   - Routine reporting and monitoring tools and procedures
   - Centralized data consolidation and analytical capacity
   - A process for regular review of indicator and monitoring data and use of these data to inform decision-making for ongoing programme refinement and service quality improvement
   - Risk-based criteria to identify sites that are under-performing and mechanisms to provide corrective support
   - Procedures to close down sites that persistently under-perform, or place beneficiaries at risk.

4. **A description of the mechanics of the scaled up intervention**

The process of managing a pilot is very different to managing a scaled up intervention. Therefore, when preparing for scale up, one needs to describe not only the organizational roles of the key actors (see

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[18] Barberton, Conrad, 'Conceptual framework for thinking through the scaling-up of ECD interventions'.

above: Developing a pathway for scale up), but also the 'mechanics' of the scaled up intervention at local, regional and national levels, including:

- Listing the main resources required for implementation per site and for managing implementation at local, regional and national levels – this may include workbooks, resource packs, computers and projectors for trainers, transport money, vehicles, office space, etc.

- Developing a reach ratios table that sets out how many beneficiaries front-line delivery staff can reach at any one time and over a quarter, six months and a year – taking into account:
  o The nature of their contracts – volunteers, stipends, part-time or full-time
  o Time for training
  o Time for planning, reporting and supervision
  o Factors such as public holidays, school holidays and annual breaks.

- Developing a set of management ratios that present:
  o The ratio between front-line staff and supervisors
  o The ratio between supervisors and management staff at local and regional levels
  o The ratio of administrative and other support staff – including HR and finance staff – to front-line staff at local and regional levels
  o The national head office staff responsible for managing the programme
  o The ratio of trainers/mentors to other staff, both for initial training and refresher training.

- Specifying an organogram, based on the preceding ratios, that reflects the staffing requirements at local, regional and national levels.

- Specifying the roles and responsibilities of people at each level of the programme, including job descriptions for all full-time or part-time positions.

5. A description of the mechanisms for disbursing funds

There needs to be clarity as to how funds will flow from the central level down to the front-line service delivery units. If national government is responsible for budgeting for the intervention and local government is responsible for implementing it, then an appropriate intergovernmental grant will need to be put in place. If the government subsidizes non-profit organizations to do the implementation, then systems to manage these subsidies are required. The different funding mechanisms and the overall flow of funds should be shown in a funding flow diagram.

6. A model implementation and risk management plan

Implementing any intervention requires careful planning. It is therefore useful to have a model implementation and risk management plan that can be adapted to implementation initiatives in different local, regional and national contexts. This model plan should:

- Specify criteria that might be used to decide on the sequencing of roll-out of services to areas.

- Describe key steps in the roll-out process, for example setting up regional management capacity, providing training, setting up sites etc.

- Describe processes that can be put in place to use the roll-out process in one area to prepare for roll-out in another area, for example peer learning groups, joint training sessions, partnering etc.

- Identify generic risks and propose strategies for mitigating or managing them.

7. Measures to monitor scale up progress and success

Scaling up an intervention should be treated as a project in its own right. It is therefore important to specify easily collected measures for monitoring scale up progress and success. This is described in more detail in Step 5.

Background: Based on the scalability assessment, several months back, the task force agreed on milestones for each programme that must be met before they start scaling each of the priority interventions. Over time, one of the VAC programmes successfully meets the agreed milestones before the other programmes. It is now time for the task force to develop a formal scaling strategy and plan.

Approach: The task force has discussed that scaling up the VAC programme requires attention and careful planning. The current plan is to focus on expansion of the programme, with support from the organizations that have been implementing it, with medium-term plans to move towards replication of the programme within the public sector. This will not be as simple as taking what was done in the pilot areas and replicating it. Scaling it up requires discussing the circumstances of the larger geographical areas, the staffing, supplies, logistics and a very tuned-in and closely managed process. Through discussions during the scalability assessment, the task force also refined the intervention approach slightly, reducing its complexity to simplify the scale up process. These programme adaptations need to be carefully monitored to make sure cost-effectiveness is maintained. Further, the task force also knows that while funding exists for the first two years of scale up, there is a great deal of advocacy to include ongoing costs in the government budget, as well as to secure additional donor funding. As such, it is decided to form a working group composed of the two implementing organizations, the Ministry of Social Services Departments of Child Protection and Planning and Research, UNICEF and the Ministry of Finance to develop a scale up strategy and plan.

Implementation: The working group develops a Terms of Reference (TOR) that articulates each member's role in scaling the intervention, as well as an estimate of their required time over the next six months, as well as continuously over the next two years. The final TOR is shared and approved by the ministers of the Ministry of Social Services and the Ministry of Finance and relevant ministry directors. The TOR is also approved by the Chief of Child Protection at UNICEF and the directors of the two implementing organizations. The working group, over the course of six months, meets twice a month and agrees on: 1) gradual geographic scale up, 2) contextual differences and associated programmatic adaptations, 3) the roles and functions for the next two years of: the two implementing organizations, the Ministry of Social Services, the Ministry of Finance and UNICEF. This plan includes advocacy to integrate the programme into the current case management guidelines and social service workforce training curricula. It also highlights which activities are fully funded and which activities need to be prioritized for resource mobilization. One of the priority activities which will need funding in the next two years is a programme evaluation. There are clear indicators to monitor progress of scale up and the Department of Planning and Research will work with the two implementing organizations to collect and analyse data. Quarterly progress reports will be shared with the task force. Every month the working group meets with the task force to get their feedback.

Outcome: At the end of six months, the task force endorses the working groups' scaling road map and detailed implementation plan. The task force agrees to discuss progress updates quarterly to adapt the programme based on gradual implementation.

Step 5: Implement plan and monitor

The **plan** for scale up described in Step 4 **will guide implementation** of the scale up effort.

Scale up requires **knowledge transfer** from the organizations leading the pilot intervention to the organizations or institutions providing the intervention at scale, as well as intensive mentoring and capacity-building. If resources for such mentoring and capacity-building are not available, substantial simplification of the model intervention will be required.[19]

Many small-scale interventions are successful because they offer competitive salaries; hire highly motivated, mission driven staff; or provide other non-financial means of reward or recognition. They also often use staff who are not burdened with competing demands on their time. For scaling up to be successful, these same conditions need to be replicated at scale, or other ways of dealing with issues of motivation and workload need to be addressed.

It is recommended to create or strengthen **intermediary organizations to facilitate the process of scaling up**. The principal reason for this is that the tasks involved in going to scale (change management) are distinct from operating a successful pilot (innovation) and operating at scale (administrative efficiency). While *planning* scale up, key intermediation functions include strategic planning, impact evaluation and operations research. Once there is a plan, the focus of intermediation shifts to *convening and coordinating* stakeholders, fundraising, investment packaging, advocacy and marketing. And finally, during *operationalization*, the emphasis is on change management, organizational development and systems strengthening. These functions often spell the difference between success and failure.

Scaling up usually involves multiple agencies and institutions, and processes normally need to go beyond top-down 'command and control'. This requires **coordination** among organizations that are often not in the habit of working with one another. As coordination and cooperation take time, cost money and entail a loss of autonomy by participating organizations, these efforts succeed only when perceived benefits outweigh costs for each of the organizations involved. As a practical matter, this puts a premium on clearly articulating roles and responsibilities and establishing tangible incentives for working together and penalties for the failure to do so.

Successful scaling rarely proceeds in a straight line or follows a predetermined blueprint. The same kind of tinkering that was needed to develop the original model is likely to be needed as the roll-out process encounters unexpected obstacles and opportunities. The most successful scaling strategies therefore include resources to **monitor** the scaling process and the flexibility to make changes based on experience.

Innovations often lose their impact as they go to scale. This can result from diluting the fidelity of the original model or from unforeseen problems in applying it more broadly. For these reasons, it is important to **track changes in outcomes** associated with introducing the new model, and to make

"There is a massive gap in documenting the scale up process. We get caught up. We need to have countries document the scale up process to share with others. We don't document enough." – Key informant interview

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[19] MSI Scale-up Framework. 3rd Edition

adjustments if the results differ from what was intended. Particularly important to assess are any effects associated with changes in the model itself, changes in the venue or social context in which it is applied, or changes in the people providing the services. Ideally, such monitoring and evaluation begins early in the process with baseline assessments of the effectiveness of the pilot project.

In addition, there is a need to **monitor the implementation of the scaling up process**. Besides the usual requirements for sound project management, it is important to anticipate the questions and concerns of the broader audience involved in approving, funding and implementing the scaling up process. This puts a particular premium on conducting monitoring and evaluation in a credible, public and transparent manner, and there is considerable value in involving beneficiaries and independent third parties in this effort. This monitoring is a catalyst for maintaining momentum and accountability, and for keeping the scaling up process on track following the adage, 'what gets monitored gets done'.

How such monitoring data can be used to inform adjustments in the scale up process, adaptations to the interventions that are being scaled up, child protection system strengthening decision making, and national and global learning regarding child protection scaling is described in Step 6.

Step 5: Illustrative example of UNICEF supporting implementation and monitoring

Background: Upon endorsing the scale up road map and detailed implementation plan, the task force agrees to meet quarterly to check-in on the scale up intervention and discuss any potential programmatic adaptations. The Ministry of Social Services and UNICEF commit to co-hosting these routine meetings.

Approach: To prepare for the first check-in meeting, the two implementing organizations that are supporting the Ministry analyse progress. As it is the start of the scale up process, the progress is largely logistical. This is a great time for the task force to carefully consider the inputs to the programme and discuss and document any lessons learned during the scale up process.

Implementation: In the first six months of scale up the two implementing organizations have conducted preliminary training about the programme model in three districts. In several other locations, they have started reviewing the programme model with the district social welfare office and select case workers. One district social welfare office has been less committed and seems overwhelmed with other priorities. The two implementing organizations also see that they have both received similar feedback on programme adaptations from the districts they are working in, but they had not yet discussed this feedback with each other. While some cost data are shared, there are gaps. The task force discusses these issues and agrees to hold off on the one district that is not showing commitment; the team is quite busy with the other districts. Perhaps the scale up timeline was overly ambitious. It is also agreed that the Ministry of Social Services should convene monthly discussions with the two implementing organizations to ensure more frequent opportunities for joint learning and shared responsibility. The Ministry of Social Services also appoints an additional member of the child protection unit to work alongside the team. More support is needed, particularly with supervising workers who are beginning to implement the model. These programme adaptations are documented in a revised detailed implementation plan.

Outcome: The task force continues to meet monthly. By the end of the second year, the programme has been rolled out to 75 per cent of the originally planned districts. It is time for the planned external evaluation, which the Ministry and UNICEF have agreed to co-fund.

Step 6: Learn and adapt

Over the course of this time period, sustainable delivery requires multiple adjustments – many of which cannot be predicted from the outset.[20] Flexibility is needed to allow for adaptations on the road to scale. The rigidity of many institutional planning and budgeting processes restricts timely programmatic adaptations. To this end, intentionally promoting and fostering an environment that enables learning and adaptation is essential to successful scale up.

Learning and adapting is supported by collaboration internally and externally. Scaling up an intervention should include taking stock of the stakeholders internally and externally who should be engaged and how to engage them throughout the process. Given that scale up is a long-term process, assessing who are and how to engage stakeholders should be a routine process, completed at least annually.

There will be countless opportunities for learning during the scale up process. As scale up occurs and learning is generated, it is important to disseminate that learning as well as to keep pulse of the evidence base globally. As one country programme is scaling, adapting and learning about a topic, other country programmes may be doing the same. It is important to identify, track and facilitate routine sharing and learning within and across relevant stakeholders. Learning may also be generated from testing assumptions in the theory of change, doing scenario planning and testing, and from analysis of routine monitoring data.

Generating learning does not automatically translate into its use and adaptation. Adapting interventions based on evidence should be intentional and a management norm (often referred to as 'adaptive management'). This can be achieved by creating purposeful opportunities for staff and other stakeholders to pause and reflect, review and interpret evidence together, and discuss specific details of how to adapt the intervention.
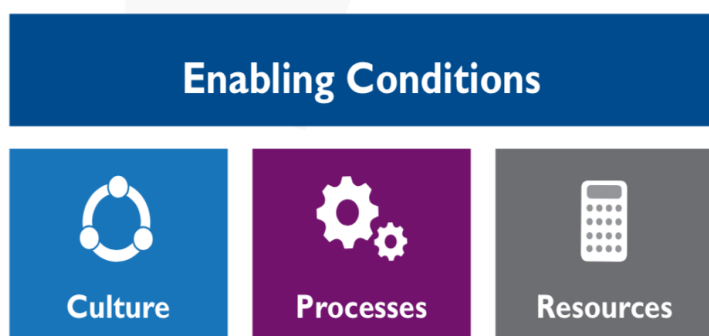
"This also goes to how we measure our results. We need higher level, outcome level results. We need to contribute to making that shift." – Key informant interview

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[20] Ibid.

Enabling environment for learning and adapting[21]

Source: USAID Framework for Collaborating, Learning and
Adapting Framework

Institutions seeking to scale should actively plan to enhance and promote the institutional *culture, processes and resources* available for learning and adaptation. The USAID Framework for Collaborating, Learning and Adapting (CLA) lays out these enabling conditions which provide guidance for areas to foster an enabling environment, which are presented below.

Culture: Institutional culture that promotes learning and adaptation rests on the following three components:

- Openness: Making sure staff are comfortable sharing opinions and ideas, are sharing and listening to alternative perspectives, and are willing and able to take action on new ideas. In many organizations, this may relate to eliminating a 'fear of failure'.

- Relationships and networks: Encouraging staff to develop trusting relationships, exchange up-to-date information and use their networks to understand and leverage situational awareness.

- Continuous learning and improvement: Intentionally creating space for staff to take time to learn and reflect, incentivizing learning and encouraging trial and error to continuously improve implementation.

Processes: Internal processes that allow for flexibility for learning and adaptation consider the following:

I. Knowledge management: Staff who are sharing knowledge with and sourcing knowledge from other stakeholders.

II. Institutional memory: Mechanisms that allow easy access to institutional knowledge, particularly during staff transitions, including encouragement of in-country staff to contribute to and share institutional knowledge with other colleagues.

III. Decision-making: Clear decision-making processes allowing for autonomous decision-making when appropriate, as well as including relevant stakeholders outside the institution to participate in decision-making.

Resources: effective learning and adapting for scale up requires a long-term investment of resources both from the organization transferring the model and the organization adopting the model.

I. Financial resources: investing in continuous and long-term implementation and monitoring of the intervention being scaled (see Implement, Plan and Monitor above). This will often include committing to routine monitoring data systems and multiple studies to understand the

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[21] USAID CLA Framework

effectiveness of the intervention as it goes to scale. Flexible pools of funding, when possible, will help respond to ad hoc learning needs and implementation adaptations;

II.   <u>Technical resources</u>: putting resources into routine monitoring and data-use, including investing in staff technical expertise will support learning and adaptation. Expertise is required for planning, collecting, analysing, interpreting and using information for decision-making; and

III.   <u>Other human resources</u>: additional technical expertise – internally or externally – may help design, implement and learn from scaling up an intervention. The specific expertise required will depend on the type of intervention.

In building an enabling environment for learning and adapting, it is important to consider possible barriers and facilitating factors to create an enabling environment for learning and adaptation for scale up to succeed. This may include assess barriers, and/or intentionally planning to enhance the enabling environment, including considering the following:

- How can UNICEF strengthen its institutional culture to promote, incentivize and realize an environment of learning and adaptation?

- How can UNICEF ease, create or adapt institutional processes to allow for flexibility, learning and adaptations?

- How can UNICEF plan and allocate human and financial resources to support learning and adaptation for the scale up of interventions/models?

Background: The task force works with the Ministry of Social Service Planning and Research Department to start outlining the program evaluation design. To support this process, they partner with a local University's social work department. They also ask three District Social Welfare Officers from districts that the program is in to participate in the study design. Together, this forms a research team that UNICEF is working with to evaluate the program.

Approach: In addition the collecting data for the evaluation, there is routine program monitoring data that has been collected over the last two years. Using this program data, the research team looks and strengths and weaknesses of the program to inform the research questions. What areas seem to be dragging behind? What areas are performing really well? They also hold a virtual focus group with the two implementing organizations and a sample of the district offices to refine the research questions. During these consultations, there is feedback that the quality of some of the program data is not accurate. This is a cause for concern. The research team proposes that a data quality assessment is conducted as the first step in the evaluation. They also agree on a mixed-methods evaluation with a household survey, key informant interviews and focus group discussions.

Implementation: The evaluation is completed over the course of four months. By the end of the four months, the team has looked at the quality of routine program data, conducted a series of surveys and interviews, and completed a preliminary analysis of the data. Over the course of these four months, the evaluation process went relatively smoothly. There were a few delays in collecting primary data, but the research team kept the task force informed.

Outcome: Findings from the data quality assessment show that three districts are submitting reports that do not pass minimum quality expectations. During field work, it is observed that at least two of these three sites lack access to computers – there are two per district office, and insufficient number compared to the total number of staff that need the computer. As a result, when the district officer does their reporting, they are likely rushed. Another weakness is that none of the district offices seem to be systematically using routine data for decision-making. Otherwise, the evaluation shows that 70 per cent of the sites are succeeding in implementing the program. Of these, however, only two districts have made progress on increasing the local government budget to support implementing the program. The other 30 per cent of sites are struggling. The program evaluation gives a glimpse in to why they are struggling, but more information is going to be needed to better understand this poor performance. The task force discusses and revises their detailed implementation plan to improve the quality of routine reporting and to focus on quality improvement in the 30 per cent of sites that are struggling before they expand into more districts. They also make plans to work with district officers to advocate for local resources in the future.

IV.   Scaling up: the future of child protection

This Discussion Paper has outlined the enormous opportunity UNICEF has to scale up child protection. UNICEF has increasingly promoted the coordinated efforts of key child protection actors at the global, regional and country levels, has supported specific examples of successful scaling, and has helped to position child protection for the future. If child protection is not where we want it to be today, it is likely to be in a stronger position tomorrow and in the years to come.

Scaling is not easy – this Discussion Paper highlights a broad array of important considerations that require hard work. But it starts with changing mindsets about why protected children are important to the present and future of families, communities and nations. Of all of the considerations outlined in this Discussion Paper, commitment to a shared vision by government and key stakeholders is the most important step towards scaling. After that, it is critical to organize and show tangible and visible results to maintain that commitment. As the benefits from child protection become more evident and felt, there will be an increasing desire to deepen that commitment and invest in the sector further.

> **How do you know there is scaling up?**
>
> You see governments, agencies and organizations expanding, adopting and sustaining successful policies, programs and service in geographic space and over time to strengthen the effectiveness and impact of the child protection system.
>
> In other words, the definition of scaling is observably being achieved.

As mentioned earlier, the key to scaling child protection is breaking out of long-established silos. Child protection should not work alongside health – it is key to ensuring better health. Child protection should not occur in parallel to education – it is a principal contributor to better attendance and learning outcomes. Child protection is not ancillary to social protection – it promotes better cognitive, emotional, and social development outcomes. Child protection is not just about the enforcement of laws – it improves social cohesion and prevents children from coming into contact with the law. Child protection becoming a central and cross-sectoral feature of country development plans is one step towards making these changes.

If UNICEF child protection teams frame the argument in this way, the dynamic will shift from a sector that is constantly asking for a 'seat at the table,' to one that will be regularly approached to participate in and support broader national development programs and initiatives. This is the future the child protection sector needs to prepare for, and that UNICEF will be key in supporting. Children deserve no less.