MAY 2019

Considerations for Scaling Up Norms-Shifting Interventions for Adolescent and Youth Sexual and Reproductive Health

WORKING PAPER

Learning Collaborative to Advance Normative Change

ACKNOWLEDGEMENTS

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1 | OVERVIEW

Social norms are the shared but unwritten rules that govern behavior, and beliefs about which behaviors are appropriate, within a given social group. Social expectations related to young people's sexuality and reproductive health may support healthy behaviors, or they may have a harmful impact. Strategic interventions can influence the norms that surround adolescent and youth sexual and reproductive health (AYSRH). Norms-shifting interventions (NSI), often implemented at the community level, address actual norms (versus norms perceived by outsiders), create positive new norms, and engage a wide range of people at multiple levels. Done successfully, NSI can modify social norms to support healthy behaviors.

While good practice is to design your pilot NSI to be scalable from the start - easy to implement, effective, and acceptable to communities and other stakeholders - the questions will be asked, not only after a pilot deems the effort scale-worthy but throughout a scale-up process: *Should* your organization take the plunge to expand the NSI into new areas, often with new counterpart organizations? *Should* your organization attempt to institutionalize the NSI with an eye to sustainability, sometimes in a changed policy or program environment?

If the answers are yes, how can your organization do scale-up in a way that maintains the NSI's effective elements? What resources do you need, and how should your and other organizations prepare for the scale-up process? How might the external environment be leveraged to support scale-up in new areas with new populations?

1.1 PURPOSE OF THIS WORKING PAPER

This document, authored by the Learning Collaborative to Advance Normative Change,[1] is one of a series of working papers that advance research and practice on normative change for AYSRH. The working paper adds to a discussion of social norms theory and programming by considering the unique characteristics and requirements of scaling up NSI specific to AYSRH.

This working paper will help the reader:

- Understand why and in what contexts an organization that is working to influence social norms around AYSRH should consider scale-up, and

- Learn about practical considerations for designing scalable NSI and taking them to scale.

What this paper does not do is to provide all the answers. Rather, it leads the reader through the myriad possibilities inherent in scale up of NSI, building on readers' understanding of scale-up applied to more typical scenarios, such as scaling a new practice within a health care delivery system. It outlines what questions to ask and how to begin to answer those questions, but cannot give definitive signposts of which way to go.

This working paper builds on existing scale-up models, implementation reviews, guidance, and the Learning Collaborative members' own experiences.

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1. Hereinafter referred to as the 'Learning Collaborative.'

1.2 INTENDED AUDIENCE

The primary audience for this paper is program practitioners who are considering the scale-up of existing or new NSI in AYSRH. Practitioners may include those who develop the NSI, program managers and officers who implement it, and staff involved in monitoring, evaluation (M&E), and learning. The NSI may be the focus of or only a part of an adolescent health program, or it may be one element of broader programs that include but are not limited to adolescents as a target audience, such as programs on sexual and reproductive health (SRH); HIV and AIDS; maternal, newborn, and child health and nutrition; gender equality; gender-based violence; and women's empowerment. Case studies in this working paper focus on AYSRH, but much of the scale-up discussion is applicable to adolescent programming more generally.

This working paper is also intended for donors who play a key role in agenda-setting, but who are often caught between the need to demonstrate quick results and the long timeframe required not only to shift norms, but to reach scale (often 10 to 15 years). Planning for scale-up from the outset will help donors and practitioners establish long-term strategies to sustain scale-up despite typical funding cycles of three to five years.

A QUESTION OF TERMINOLOGY

No commonly accepted language on NSI exists as this document is being written. International and national NGOs are external-to-community actors. As such, when they seek to catalyze positive change in AYSRH, they must pay attention to the language and framing they use to describe NSI. If you describe your work as **"norms-changing,"** hearers may perceive a negative judgement on communities' ideals and ways of being. Instead, terms such as **"norms-focused," "norms-shifting,"** and **"norms-influencing"** all reflect a respect for the inherent strength of the values and norms of communities. The Learning Collaborative's use of terminology is also evolving. In this paper, we exclusively use the term **norms-shifting interventions** or **NSI** to describe the work you may wish to scale up.

1.3 HISTORY OF THE LEARNING COLLABORATIVE

The Learning Collaborative, funded by the Bill and Melinda Gates Foundation, is a network of interested, experienced individuals, representing implementation, evaluation/research, and theoretical perspectives, who are building the evidence base and promoting practices that use social norm transformation to improve the health and well-being of adolescents and young people. It is a platform for coordinated identification of normative interventions and evidence, and for exchange and discussion of emerging evidence, promising practices, and lessons learned.

Members of the Learning Collaborative's Learning Community on Scale-Up work to strengthen the design, evaluation, and costing of taking AYSRH NSI to scale. Their work informed this working paper's guidance and case studies, as did prior work and tools from ExpandNet.[2]

1.4 HOW THIS WORKING PAPER IS ORGANIZED

Section 1 provides an overview of the working paper. Section 2 is a Tip Sheet that summarizes the key considerations and specific tips that are discussed in the paper. Section 3 defines common terms in AYSRH and scale-up. Section 4 introduces key considerations when designing NSI with eventual scale-up in mind. It describes

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2. ExpandNet is a global network of public health and development professionals who seek to advance the science and practice of scale up (see www.expandnet.net).

scale-up as a wave sequence; discusses potential implementation challenges; and describes lessons learned by organizations that have achieved successful scale-up, including the value of using adaptive management approaches when scaling. Section 5 further explores factors that contribute to successful scale-up. Section 6 concludes the paper with a discussion of the relative newness of NSI and next steps for further learning about successful NSI scale-up. The Annexes include case studies of NSI that have gone to scale, and a series of handouts to use with program staff when designing scalable interventions and planning to take them to scale.

CASE STUDY BOXES

Throughout this paper, blue boxes illustrate how several real-life AYRSH programs applied scale-up concepts. Annex 1 provides fuller descriptions of those programs, the NSI within them, results, and lessons learned.

RESOURCE BOXES

Throughout this paper, purple boxes provide links to further information and guidance on the topic at hand.

TIP SHEET

SCALING UP NORMS-SHIFTING INTERVENTIONS

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DESIGN SCALABLE NORMS-SHIFTING INTERVENTIONS

✓ Conduct a formative norms diagnosis to understand existing social norms.

✓ Think socio-ecological framework: engage individual adolescents, families, and social institutions to minimize conflict and maximize sustainability of the normative shift.

✓ Develop a theory of change that describes why you think change will occur even in new contexts, and core principles facilitating normative shifts.

✓ Think about the ethics of your role in shifting community norms. State your own values, understand the community's values, and participate in respectful dialogue to move forward.

✓ Think about scale-up from the beginning: keep the intervention package simple, and ensure organizational commitment for a long-term effort.
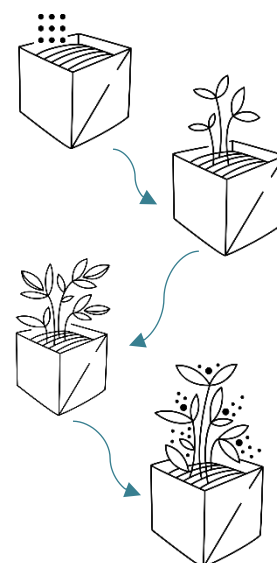
IN NEW SCALE-UP CONTEXTS, ADAPT FOR FIDELITY TO NORMS-SHIFTING MECHANISMS

✓ Decide whether to invest in scale up of an NSI: what is the evidence of effectiveness, does the theory of change still hold true, and what are the ethical implications of scale-up?

✓ Assess community capacity and influential norms within each new scale-up environment, maintaining positive cultural values while shifting specific normative boundaries.

✓ Revisit the theory of change and preserve the NSI's core principles and norms-shifting mechanisms during each adaptation.

✓ Adapt to simplify the package, reduce costs, respond to a new context, and/or to better fit into new project structures.
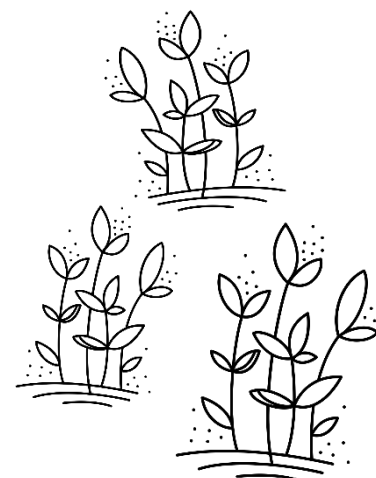
IN NEW SCALE-UP CONTEXTS, ADAPT FOR FIDELITY TO NORMS-SHIFTING MECHANISMS (continued)

✓ Prepare for changing organizational roles with each scale-up wave. Help initial implementers transition to a role of supporting, mentoring, and serving as resource team to new user organizations.

✓ Build capacity of new user organizations by engaging them in scale-up planning; use how-to guides, training, and supportive supervision.

✓ Use M&E data to inform adjustments and demonstrate impact to stakeholders. Use benchmarks to determine whether scale-up is on track.

✓ Use adaptive management to adjust and leverage changes in internal and external environments. Support innovation to improve how the NSI meets the community's changing needs.

ENSURE ALL LEVELS OF CHANGE AGENTS ARE EFFECTIVE AND SUPPORTED BY ALLIES

✓ Prepare your staff to be change agents: train them to use values reflection, skills building, and organizational support systems. Expect them to act respectfully, strategically, and ethically as catalysts of community dialogue.

✓ Prepare staff to manage social pushback and create support systems to help them cope.

✓ Understand the role you play as an external organization in the community's power dynamics: be clear about which community subgroup benefits from the NSI and determine your role in responding to backlash.

✓ Think how to best engage adult gatekeepers and community-level stakeholders to act as allies and champions and to mitigate pushback. Help the community develop inclusive processes for dialogue and self-determination.

✓ Be strategic about how to best interact with the health system: access to services is a key ingredient of AYSRH. Whether health system linkages to NSI are formalized or informal, innovative strategies need to be articulated and agreed upon.

✓ Engage central-level stakeholders as implementation partners and advocates in NSI decisions: central-level ownership is important to legitimize scale-up.
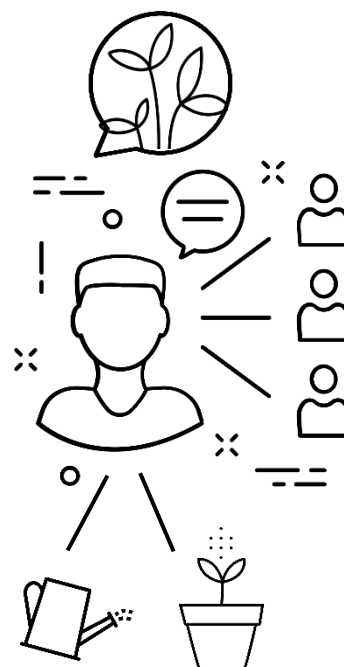
2 | KEY CONCEPTS AND VOCABULARY

2.1 NORMS-SHIFTING INTERVENTIONS

→ **Social Norms:** Beliefs about which behaviors are appropriate or typical within a given group.

AYSRH is influenced by norms related to:

- definitions of masculinity and of femininity and related gender roles,
- the rights of women and girls,
- access to education, health information and services, and income-generating opportunities,
- sexual debut and activity,
- use of family planning (particularly modern methods),
- timing of marriage and childbirth, and
- intimate partner and sexual violence.

Norms almost always differ for girls, boys, and those with other gender identities; for younger and older adolescents and youth; for those who are married versus unmarried; and for different socio-economic groups, cultures, and sub-populations.

RESOURCE BOX 1: FURTHER READING ON SOCIAL NORMS

For a key concepts overview see Social Norms Background Reader

For a succinct summary of findings of the background paper, below, see the brief: Community-based Norms-Focused Interventions: Definition and Attributes

For the background review of common attributes of NSIs, see the Learning Collaborative Background Paper: Identifying and Describing Approaches and Attributes of Normative Change Interventions

A. What makes a norms-shifting intervention normative?

→ **Norms-shifting AYSRH interventions:** Interventions that seek to improve the SRH of young women and girls and young men and boys, at least in part by transforming the social norms that prop up harmful, SRH-related, attitudes and behaviors.

Commonly-cited characteristics of NSI are summarized in Figure 1. Not every NSI will have all nine characteristics, but all NSI will contain at least several.

Figure 1 | Attributes of NSI[3]

SEEKS COMMUNITY-LEVEL CHANGE

Shifts social expectations, not just individual attitudes and behaviors, and clearly articulates normative shift outcomes at the community level.

ENGAGES PEOPLE AT MULTIPLE LEVELS

(Ecological Model)
Uses multiple strategies to engage people at different levels: individual, family, community, and policy/legal.

CORRECTS MISPERCEPTIONS AROUND HARMFUL BEHAVIORS

Sometimes individuals engage in a harmful behavior because they mistakenly think these behaviors are more common than they are. For example, if binge drinking is driven by an incorrect belief that "everyone does it," an NSI might reveal that most people in fact drink in moderation. In such cases, replacing misperceptions with the actual, healthier norm can be effective.

CONFRONTS POWER IMBALANCES, PARTICULARLY RELATED TO GENDER & OTHER SOURCES OF MARGINALIZATION

Within SRH and within programs focused on adolescent and youth development, confronting power imbalances is usually an important attribute of NSI.

CREATES SAFE SPACES FOR CRITICAL REFLECTION BY COMMUNITY MEMBERS

Deliberately promotes sustained critical reflection, often in small group settings, that goes beyond trainings, one-off campaigns or ad-hoc outreach.

ROOTS THE ISSUE WITHIN COMMUNITY'S OWN VALUE SYSTEMS

Identifies how a norm serves or contradicts a community's own values, rather than labeling a practice within a given community as bad.

ACCURATELY ASSESSES NORMS

Identifies which norms shape a given behavior and which groups uphold the norm. Social norms exist within _reference groups_ – the people whose opinion matters to an individual for a particular behavior or context. Engaging the proper reference group is critical for effectively shifting a social norm.

USES "ORGANIZED DIFFUSION"

Sparks critical reflection to shift norms, first within a core group who then engage others to have community-level impact. This technique to generate and diffuse normative shifts has successfully been used by Tostan around female genital cutting, and by Raising Voices and others around reducing violence against women and HIV.

CREATES POSITIVE NEW NORMS

Creates new, shared beliefs when harmful norms have strong support within groups. It is common for programs to focus on negative consequences of a behavior, but this can unintentionally reinforce that behavior by making it seem widespread.

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3. The Learning Collaborative to Advance Normative Change. (2017) _Identifying and describing approaches and attributes of normative change interventions._ Washington DC: Institute for Reproductive Health, Georgetown University.

Not all social and behavior change programs shift norms. Social and behavior change (SBC) interventions focus on changing people's personal attitudes, beliefs, and behaviors. NSI focus specifically on influencing social expectations around rules and shared beliefs.

Figure 2 describes features of community-based, SBC interventions that are unique (in bold) to NSI.

Figure 2 | Aspects of SBC interventions that have a norms focus (in bold)	
WHO	Individual and **community;** a locus of change
HOW	Behavior change strategies **address normative perceptions and expectations; new, alternative behaviors**
WHAT	- Uses mix of media channels and **social spaces to foster critical reflection rooted in cultural values** - Works at **different levels of social ecology**
AIM	Seeks to **redistribute power and social influence** that support individuals' health seeking actions
DESIGN	Based on **social norms assessment** and identification of relevant norms; **planned diffusion** of new ideas

Not all community-based SBC interventions are NSI. Both SBC and NSI have a high degree of community participation, but community-based NSI aim to generate community critical mass, reflection on community values and norms, and collective action to create new norms.

B. Extra sensitivities and opportunities related to NSI for AYSRH

Understanding the diversity among adolescents and youth: 'Adolescents' and 'youth' are broad terms that encompass multiple age groups and individuals who live in very different social contexts, each with different norms. Use segmentation to accurately diagnose the influential norms for adolescents and youth who differ by age, marital status, and disability status, for example. Strategies, activities, and materials that are carefully tailored for each sub-group will shift norms more effectively. Case Study Box 1 provides an example from Uganda.

Engaging gatekeepers: The social status of young people often limits their power to make their own decisions. It is thus important that you identify the gatekeepers with authority over young people's lives, and find ways to engage them. Gatekeepers may include parents, teachers, and community and religious leaders who can prevent adolescents and youth from accessing new information or participating in community events. Gatekeepers may become your allies in shifting AYSRH norms. Alternatively, they may resist change, or remain undecided about their commitment to an existing norm. Case Study Box 2 describes how the Ishraq program identified and engaged gatekeepers in Upper Egypt.

CASE STUDY BOX 1. GREAT'S SEGMENTATION OF ADOLESCENTS

The Gender Roles, Equality and Transformations (GREAT) Project, led by Georgetown University's Institute for Reproductive Health, with core partners Pathfinder International and Save the Children, aimed to improve gender equity and reproductive health in Northern Uganda by facilitating the formation of gender equitable norms and the adoption of attitudes and behaviors that positively influence health outcomes among boys and girls, ages 10 to 19.

Based on formative research that showed differences in social interactions and expectations over the adolescent years (ages 10-19), the GREAT team segmented the broad category into three distinct groups:

- very young adolescents, ages 10-14
- unmarried older adolescents, ages 15-19
- newly married and newly parenting adolescents, ages 15-19

(GREAT included adults as a fourth target group.)

The three adolescent groups, and adults with whom they interacted, had very different perceptions about gender and the acceptability of violence. GREAT tailored its life stage-specific activities, including radio drama storylines, activity and game cards, and flip books, for each group. Exposure to GREAT components varied by group, as did the impact of the interventions.

See Annex 1 for further information about GREAT.

CASE STUDY BOX 2. ENGAGING GATEKEEPERS IN GIRLS' EDUCATION IN EGYPT

The Ishraq Program, implemented by the Population Council with Save the Children US, provided adolescent girls in some of the most disadvantaged villages in Upper Egypt the opportunity to participate in sports coupled with learning. Implementers recognized that transforming girls' lives required changes in gender norms and in community perceptions about girls' roles in society, alongside activities to bring girls safely and confidently into the public sphere.

Because Egyptian girls are rarely allowed to make decisions about their lives without the explicit approval of parents and the support of community members, some Ishraq elements were aimed at educating and influencing boys (particularly the girls' older brothers), parents, community leaders, and the young women ('promotors') who would lead Ishraq activities with the girls. Ishraq program staff and promotors reached these gatekeepers via community events and home visits.

See Annex 1 for further information about Ishraq.

Addressing health provider bias: Health service providers are not immune to social norms. Their attitudes and behaviors when serving adolescents and youth usually reflect the prevailing social and gender norms around AYSRH. These norms may pose a barrier to adolescents' ability to realize their rights and health. Determine how to engage service providers and staff in critical reflection on values and norms, both to increase their awareness of bias and to reduce barriers for adolescents.

Leveraging young people's potential: Young people themselves are key resources for AYSRH NSI. Firstly, young women and men may be less tied to existing norms, and therefore more open to shifting to alternative norms. Secondly, young people can develop relevant messages and creative, non-traditional strategies to reach other young people. When given the opportunity and support to make their voices heard, young people can become strong advocates for shifted norms, as the example in Case Study Box 3 illustrates.

CASE STUDY BOX 3. YOUNG PEOPLE TAKE THE LEAD IN SHIFTING SOCIAL NORMS

The Young Men's Initiative in the Balkans supports gender-equitable social norms, and discourages males' violent behavior against women and peers. The initiative, managed by CARE, includes educational workshops on gender equality and violence, communication campaigns for the broader public, and 'Be a Man' Clubs for young men.

Be a Man Clubs are peer groups that give young men an opportunity to build awareness and practice new behaviors. After receiving training on gender equality, violence, substance abuse, and SRH, the club members take leadership roles in gender equality and violence reduction. They act as change makers and role models in their schools. They promote new attitudes and behaviors, challenge misconceptions about gender equality, and champion values that incorporate healthy concepts of masculinity. With technical support and guidance from the Young Men's Initiative, the club members design social mobilization activities that challenge popular conceptions of what constitutes 'manhood.' These activities range from public events to street art, flash mobs, radio shows, and films. The clubs' activities are linked to Young Men's Initiative's broader communication campaign.

Over ten years of implementation, many 'Be a Man' clubs sponsored by the Young Men's Initiative gained sufficient experience to become largely independent, planning and implementing their own activities, and forming an inter-club network. In 2011, the Young Men's Initiative facilitated a forum in which the clubs jointly planned activities. The club network expanded online, thanks to social media. Facebook pages for Be a Man clubs are now key to maintaining contact with club members beyond project activities.

See Annex 1 for further information about Young Men's Initiative.

2.2 SCALE-UP

→ **Scale-up:** Deliberate efforts to increase the impact of health innovations successfully tested in pilot or experimental projects, to benefit more people and to foster policy and program development on a lasting basis.

Scale-up is not simply business-as-usual on a larger scale. It is an intentional, planned process, occurring within complex systems over multiple years, that involves many and diverse actors – including the actors who support and carry out the scaled innovation.

The Learning Collaborative is guided by the scale-up framework developed by ExpandNet because it focuses on systems shifts, social equity, and other principles that drive and help sustain effects of a change processes. Other scale-up frameworks include those developed by Management Systems International and International Fund for Agricultural Development.[4]

ExpandNet's framework (Figure 3) depicts the key elements of scaling up. After carefully defining all aspects of **an innovation**--in this case, an NSI--an organization develops a scale-up strategy that encompasses:

> **RESOURCE BOX 2: FURTHER READING ON SCALE-UP FROM EXPANDNET**
>
> For an overview of planning projects to have potential to be scaled see: Beginning with the end in mind: Planning pilot projects and other programmatic research for successful scaling up.
>
> For a worksheet on rapid analysis for scale-up planning, see Annex 4.
>
> For an overview of guiding a stakeholder scale-up planning process see: 9 Steps for Developing a Scale-up Strategy.
>
> See the participant materials used for developing a strategic plan here: Worksheets for developing a scaling-up strategy.

- Who will guide scale-up (**resource team**)?

- Who will integrate the innovation into their programs (**user organizations**)?

- What is the **environment** (policy, political, sociocultural, health systems capacity, and more) in which scale-up will occur?

Understanding the scale-up context informs the types of scale-up processes that will be needed. Some combination of the three main **types of scale-up** is almost always in play:

- **Horizontal scale-up**: Expansion or replication, such as expanding an intervention to nearby geographic areas

- **Vertical scale-up**: Institutionalization through policy, political, legal, budgetary or other health systems change

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4. A useful discussion of these frameworks is provided by Cooley L and Linn JF (2014). *Taking innovations to scale: Methods, applications and lessons.* Washington, DC: Results for Development Institute. An interesting application of all three frameworks is provided by Carter B, Joshi A and Remme M (2018). *Scaling up inclusive approaches for marginalized and vulnerable people.* K4D Emerging Issues Report. Brighton, UK: Institute of Development Studies.

- **Adaptation or Diversification**: Also called functional scale-up, this involves testing then adding a new component to an NSI that is already being scaled up. The purpose is to make the intervention more relevant to the scale-up context (for example, adding an adolescent-focused component to an intervention that addresses the barriers that women face when accessing health services).

Understanding the scale-up context and types then informs the **strategic choices** in four areas that lead to finalization of a multi-year scaling-up strategy: how it will be managed; resources needed to support a scale-up process; monitoring and evaluation of the process, effects, and outcomes; and how to inform critical stakeholders to ensure continued support.

- **Organizational process:** Determining how centralized or decentralized the scale-up process will be, and what capacity building (of new user organizations and the growing resource team) is needed as expansion occurs.

Figure 3. ExpandNet/WHO scale-up framework (adaptation by the Learning Collaborative)

- **Costs/resource mobilization:** Strategizing how to reduce costs to implement the NSI to facilitate scale-up, while concurrently mobilizing funds for scale-up efforts

- **M&E**: Developing an M&E plan that incorporates real-time learning, process adjustments for implementation, and management of the changing environment and potential resistance.

- **Dissemination and advocacy**: Developing a plan to share information and results to advocate for continued horizontal (expansion) and vertical (institutionalization) scale-up, ultimately ensuring that the intervention gets integrated and used.
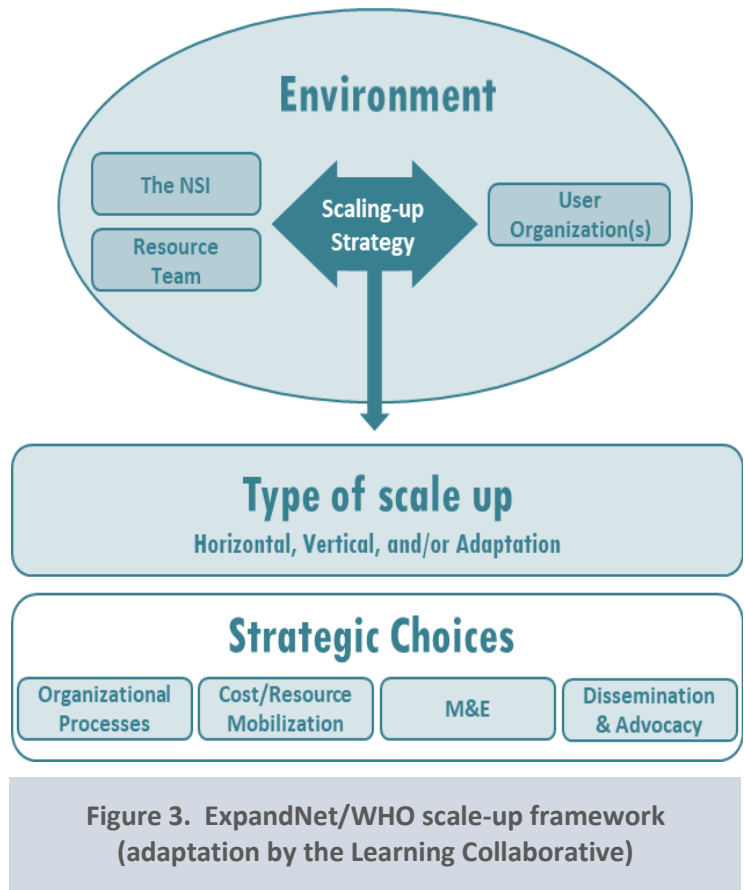
Visualizing scale-up as a phased approach over time

The ExpandNet model offers a roadmap for creating a strategic scale-up plan, but it is also useful to think about scale-up using an innovation life-cycle lens, starting from the initial piloting phase through full-scale expansion. Organizations that decide to scale up a successful pilot NSI typically take a gradual and phased approach: they scale up first to a limited number of settings and learn from the process, and only then expand further. Each phase can be called a wave.

Figure 4 illustrates how an NSI may transition from innovation or piloting (wave 1), to introduction to a non-pilot context (wave 2), then to further expansion or integration (wave 3).

INTEGRATE
expand for sustained health and social impact

INTRODUCE
demonstrate scalability in non-pilot contexts

INNOVATE
conceptualize and pilot

ADVOCATE   COLLABORATE   COMMUNICATE RESULTS
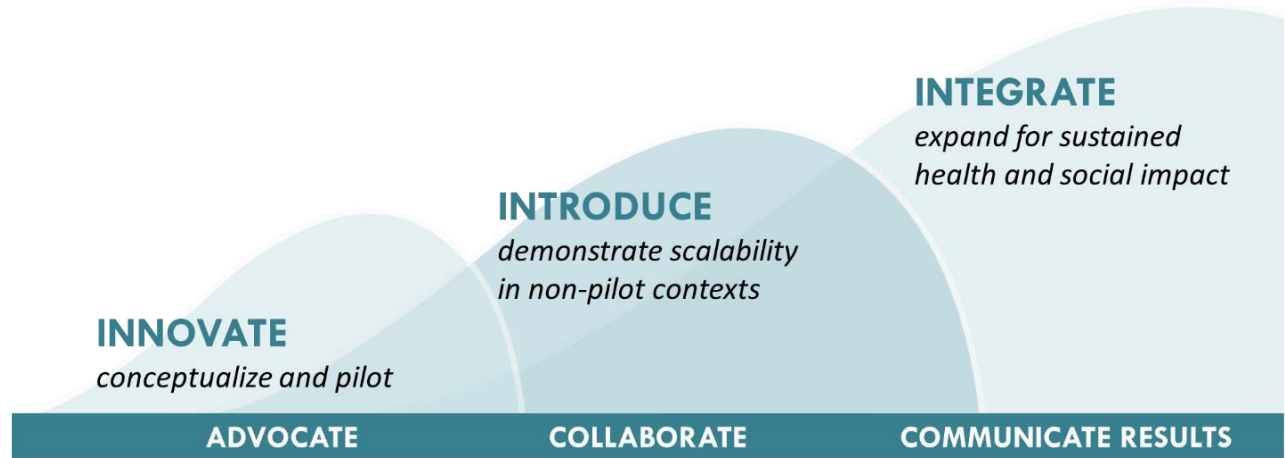
Adapted from the PATH scale-up diagram

Figure 4. Waves of scale up

The bottom band cuts across all waves and is a reminder of the *continuous* need for:

- advocacy about the potential returns of investing in NSI at scale,

- collaboration with a range of partners, and

- regular communication with stakeholders to build political and technical support.

Overlapping waves indicate that scaling up is not a linear process, with one phase ending before a new phase begins. They are a reminder that scale-up occurs in a context of complex, shifting environments, including evolving relationships between stakeholders with implementation expertise during the initial pilot, and newer stakeholders with limited experience as expansion occurs. The waves also are a reminder that NSI are often adapted as they are scaled, to facilitate their integration into new organizations and projects.

Special attention is needed to manage the transitions between waves. Considerations for these transitions are discussed in Section 4.

3 | DESIGNING SCALABLE NORMS-SHIFTING INTERVENTIONS

3.1 KEY CONCEPTS AND PRINCIPLES FOR NSI DESIGN

Scaling up AYSRH NSI combines the elements and processes of both NSI *and* scale-up. Ask yourself the questions below to guide your design of scalable NSI.

What are the social norms that influence the health behavior of interest?

Shifting social norms first requires a clear understanding of the relevant norms and other factors that influence the behavior of interest.

→ **Social norms assessment:** A process of identifying, within a target population or a given reference group, the norms that surround a behavior of interest.

→ **Reference group**: People whose opinion matters to an individual (for particular behavior or context).

Your social norms assessment can use qualitative methods (including vignettes) and quantitative surveys. As described in the Social Norms Diagnosis Background Reader (Resources Box 3), questions may include:

- What behavior is typical, what behavior is approved?

- What norms, if any, influence the behavior of interest? How widely are these norms shared?

- What are the most influential reference groups for the specific norm?

- What happens when a person challenges or breaks the norm? Are there situations when exceptions can be made?

Case Study Box 4 describes a social norms exploration in India.

RESOURCE BOX 3: RESOURCES FOR DESIGNING NSI

For an overview of several organizational approaches to social norms assessments see: Social Norms Diagnosis Background Reader

A working draft of the Learning Collaborative's Social Norms Exploration Guide and Toolkit is here: Social Norms Exploration Guide & Toolkit

For a worksheet to guide project staff to better define an existing NSI see: Worksheet for defining the NSI (Annex 2)

If you want to develop a program change theory to articulate how NSI activities lead to normative outcomes, see: Guide to Developing Program Change Theories for Norms-Focused Interventions (Annex 3)

CASE STUDY BOX 4. IDENTIFYING THE NORM MOST LIKELY TO IMPACT GENDER-BIASED SEX SELECTION IN INDIA

In the Taaron-ki-toli (Group of Stars) initiative in Haryana, India, the Breakthrough project aimed to curb the practice of gender-biased sex selection by using communication strategies that appeal to different sections of society and challenge the power structure to redefine gender roles and improve the position of girls and women. In this, Breakthrough collaborated with UNFPA and Tata Trust.

To untangle the gender norms that influence gender-biased sex selection, Breakthrough conducted qualitative, formative research of community and stakeholders' perceptions, knowledge and attitudes towards gender-biased sex selection and towards gender equality. A range of stakeholders was interviewed, including local government members, religious leaders, frontline health workers, teachers, media professionals, NGOs, and youth.

Three normative areas emerged as key to improving gender equality and reducing gender-biased sex selection: women's property rights, the dowry system, and women's mobility. Of these, mobility was determined to face the least resistance to change. Households and communities use the notion of 'family honor' to restrict women's mobility and freedom, which, in turn, controls women's life choices, status, and access to opportunities including education and employment.

One campaign message became: "Do not tolerate violence, abuse or sexual harassment against women, and don't let that be an excuse to restrict women's freedom and mobility." Monitoring data assessed changes in the perceptions of adolescents on mobility and safety, and how these were linked to access to opportunities.

What is your program theory for achieving normative shifts, behavioral changes, and other results?

With an understanding of the norms that contribute to the specific behavior(s) that your program wants to influence, you can intentionally design NSI. A program's theory of change is a critical design tool that should explicitly show the kinds of normative shifts that are expected, and how they will contribute to expected outcomes. To date, very few program change theories explicitly articulate normative shifts in the design phase,[5,6] but this may change as we continue to learn about NSI. An example of a program theory of change, and a participatory process to develop it, is included in Annex 3.

Review the theory of change at each transition, from one wave to the next. This will help you determine the extent an NSI's activities can be adapted during scale-up, without losing the norms-shifting mechanisms.

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5. The Learning Collaborative to Advance Normative Change. (2017). *Identifying and describing approaches and attributes of normative change interventions.* Washington DC: Institute for Reproductive Health, Georgetown University.
6. *Scaling Up Normative Change Interventions for Adolescent and Youth Sexual and Reproductive Health: Literature Review Findings and Recommendations.* (2016). Washington, D.C.: Institute for Reproductive Health, Georgetown University and Save the Children for the U.S. Agency for International Development (USAID).

Who are your allies in shifting the norm?

Engage an array of allies in a participatory design process. This will increase their buy-in and strengthen the NSI's sustainability. Developing an alliance can also draw more attention than if your organization worked solo. Consider ways to engage:

- Target group: adolescents and youth as ultimate beneficiaries of the NSI.

- Gatekeepers: parents, caregivers or others who determine what information and community events the adolescent or young person has access to. (Gatekeepers may be the target group's reference groups.)

- Existing youth-serving structures: local community youth groups.

- Leadership structures: community leaders, including traditional and religious.

- Services: educators, health workers, community organizers.

- Government: national and local government officials.

Be intentional and sincere with requests for partnership and support: your efforts to create an 'ethical space,' where varying points of view are welcome, is key to NSI scale up. Partners can provide input on implementation sites; review strategies and materials; consult with the community on the appropriateness of the NSI; and/or participate in an oversight group (such as a youth advisory board), steering committee, or working group. Case Study Box 5 describes an important alliance in Egypt.

CASE STUDY BOX 5. MINISTRY OF YOUTH AS ALLY IN ISHRAQ

A key component of the Ishraq NSI was establishing safe spaces for girls at existing youth centers. During the Ishraq pilot, staff worked closely with the Ministry of Youth (MOY), which is responsible for improving girls' participation in youth centers, expanding capacity for development at the grassroots level, and transforming youth centers into viable community resources. The MOY role became more critical during scale-up: Ishraq partners signed a formal protocol with MOY that specified times and spaces for Ishraq participants and other young women at village youth centers. MOY also provided funds to some youth centers to construct walls to provide more privacy for girls.

During scale-up, MOY's role expanded to become a user organization. Cadres were trained at the national, governorate, district, and village levels to become part of "institutionalization teams," which then replicated Ishraq in other communities using local resources, advocacy, and networking.

How will adolescent/youth-friendly services be linked to or embedded in the NSI?

Many successful AYSRH NSI target social barriers to SRH. They rely on community or social mobilization approaches or media campaigns, and work outside of service delivery systems. As you prepare for scale-up, however, consider how to build linkages with services and structures to reduce service barriers. Strategies to link community-based NSI to SRH services such as antenatal, HIV/STI, and family planning services depend on context. Engaging with local ministries and facilities ensures that the adolescents and youth know what services are available and where.[7] You can make more explicit services linkages, for example, by working with partners to bring family planning services to adolescents and youth, and/or by reducing barriers so that adolescents and youth reach family planning services on their own.

How can the NSI be designed to facilitate scalability?

Many successful NSI cannot be sustained at scale because they are too complex or costly to be adopted by other organizations. To avoid this problem, consider during the design phase how to keep interventions lean by using existing platforms, low-cost so they can be absorbed by organizational budgets, and simple with clear guidelines that require minimum technical support and supervision. (See Resource Box 2: ExpandNet Beginning with the End in Mind.) Case Study Box 6 describes strategies that CARE identified when scaling up the Young Men's Initiative in the Balkans.

What are ethical considerations in NSI?

As you design and implement NSI, you will face a number of ethical dilemmas brought on by the relative power wielded by your organization, your donor, the communities you work in, community sub-groups, and individuals. You will most likely struggle to choose between benefiting individuals or sub-groups in the community or the community as a whole, and between advocating for your organization's values and respecting the community's self-determination. Some ethical considerations are described below.

Defining responsibilities for the common social good: Who drives an intervention, and why an external or internal actor is committed to scale-up, inevitably shape both how the innovation is designed and how it evolves. Interests, motivations, and resource commitment may vary if the driver is the donor, versus a local or national government. If responsibilities are not defined from the beginning, problems may arise when a donor ends support after NSI development (or piloting) and expects government to continue the scale-up process.

Likewise, different interests, motivations, and resources may come into play during scale-up if the driver is an NGO versus a community. NGOs may be motivated by pressures that are not relevant to the community, such as pressure to continue implementing a program or to leave a geographic area as priorities shift. This can lead to

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7. Passages Project. (2017). *How to Create Linkages between Normative Change Interventions and Family Planning Services: Guide for Program Managers of Community-based Adolescent and Youth Sexual and Reproductive Health Activities.* Washington DC: Institute for Reproductive Health.

unexpected consequences, such as community disengagement from an NSI, or community feelings of abandonment in the midst of an NSI. Encourage collaboration and dialogue by implementers, community representatives, and government stakeholders in the design process to identify the roles each actor could play to enhance scalability and sustainability. Box 7 describes how the Ishraq program adapted to better support graduates over the long term.

Focus on equity: NSI often collide with power imbalances in the community by striving for social equity around AYSRH decision-making and access to information and services. You will need to consider who wants adolescents to have access and information, and who does not, particularly considering gender and age differences, SRH and adolescent rights, and the responsibility of external actors to protect and prioritize vulnerable groups' unique needs, concerns, and aspirations.

Establishing an ethical space: During the design phase, create an 'ethical space' for community dialogue: an opportunity for facilitated, respectful understanding of the power imbalance between your organization and user organizations and the local community, and of whose knowledge and values have historically been given more weight. The dialogue is intended to result in an intervention that draws on the strengths of both sides' worldviews. Box 8 describes some of the ethical dilemmas that arose during the *Nabilan* project in Timor Leste.

CASE STUDY BOX 6. THE YOUNG MEN'S INITIATIVE APPROACH TOWARDS SUSTAINABLE SCALE UP

During ten years of implementing the Young Men's Initiative in the Balkans, CARE developed three strategies for facilitating scale-up and ensuring sustained NSI efforts once dedicated scale-up resources ended:

1) Formal accreditation of Gender Transformative Life Skills Program. The Life Skills Program's deliberate simplicity and ease of implementation allowed it to be accredited by the Ministries of Education in all five countries. Accreditation motivated schools to implement the training, and to position it as a professional development opportunity. This, in turn, encouraged principals, teachers, and other school staff to become trained as Young Men's Initiative facilitators.

2) Strengthening capacities of local partners to become resource organizations. Local partners grew from five during the pilot phase to nine in 2018. Some have become "M" Centers, acting as national resources for the promotion of boys' and men's youth and gender-related activism, and sources of technical assistance to schools for implementation of the Young Men's Initiative. Partner organizations are also beginning to raise funds independently of CARE, building on the regional momentum.

3) Mobilizing private sector linkages to ensure the resource base. CARE and partner organizations are offering the Young Men's Initiative to the business sector, reaching out to corporate social responsibility funds, and inviting firms and corporations to "adopt" a school and fund the program within it.

CASE STUDY BOX 7. RESPONDING TO THE UNEXPECTED LONG-TERM NEEDS OF ISHRAQ GRADUATES

The Ishraq program in Egypt worked with out-of-school girls aged 12 to 15 years, supporting their entry or re-entry into the formal education system. Ishraq also worked with local youth centers to provide the girls with a safe space where they could gain literacy and life skills and participate in sports. As participants graduated from the program, however, many lost access to the youth center and the Ishraq support network. They also faced academic, financial, and social obstacles during their transition to formal schooling. Recognizing the graduates' need for further support, Ishraq developed a package for graduates that included:

- girls' clubs that provided financial support for private tutoring;
- legal rights training to help graduates obtain official identification cards and increase their sense of citizenship;
- business skills training and tutoring, using PlaNet modules on savings and budgeting, to provide graduates basic knowledge and skills for starting businesses and improving marketing and financial skills;
- continued financial education to expand livelihood opportunities, teach basic financial skills, and encourage graduates to open individual savings accounts; and
- tutoring and refresher sessions on basic health, nutrition, hygiene, and reproductive health.

CASE STUDY BOX 8. ETHICAL AND SAFETY CONCERNS EMERGING FROM AN NSI TO REDUCE MALE VIOLENCE: THE NABILAN PROGRAM IN TIMOR-LESTE

The Nabilan Program, implemented by the Asia Foundation in Timor-Leste, reduces the proportion of women who have experienced violence, and improves the wellbeing of women and children affected by men's violence. Drawing on the SASA! Model, Nabilan piloted a community-based program, which identifies and supports men and women to become active change agents in their own milieu. Community mobilizers and the Nabilan team create safe spaces in which community members can reflect on challenges, including violence.

As Nabilan staff discussed how to mitigate ethical and safety concerns, four key issues were identified:

- Implementation transformed the thinking of Nabilan staff, creating tension in their private lives. For some, discussing work at home resulted in a violent response. Staff highlighted the need to be self-reflexive and to recognize their own responsibility in the process of change.
- Who should be the authors of social change: donors, the program, the community? Staff concluded that while Nabilan aimed to end male violence, their role as external agents was to catalyze discussion and spark reflection on whether it should be a community priority. At the same time, staff said they were not forcing change: rather, they were advocating that cultural change is possible and can have benefits.

- Given the high prevalence of male violence against women and children, it was no surprise that many Nabilan staff and community mobilizers had themselves experienced (or perpetrated) violence, nor that they had to deal with cases of violence during implementation. Program managers developed several scenarios to guide staff on what they were and were not allowed to do.

- Understanding the local context and how it differed from the program was crucial. Implementers must listen, learn, respect, and adapt to local needs. An in-depth understanding of community norms around violence was essential to fostering change.

Source: Asia Foundation (2017) [Community-based approaches: Ending violence against women through community action: A reflection on research, ethics, and practice]. Dili: Asia Foundation.

Questions for ethical consideration include:

- Who decides which norms to shift? Who determines which norms are for the community's common good? How clearly are the norms-shifting intentions stated for everyone involved?

- To whom is your NGO and user organizations accountable? To the donor? To the local or national government? To the community?

- Is the community involved in the design process, is their voice truly heard and represented, and how does their ownership of the NSI remain sustainable?

- Are communities buying into or resisting the norms shifts?

- Does the community have the opportunity to voice opinions on the NSI, their motivation (or lack of motivation) to scale up the NSI, and the role they want to play in these processes?

- How can the voice of adolescents and youth be supported and magnified? How can adolescents and youth contribute to design and implementation?

- What to do when social pushback happens? What is your organization and user organizations' responsibility?

- What is the best way to anticipate the impact of norm shifts on existing power structures which might derail the NSI or cause conflict? Who decides which community subgroup benefits?

- Does the community want to take on or appropriate the innovation? Do they have the resources?

Use these questions to guide discussion within your team and with stakeholders, including your donors and the communities you work with. There are no correct answers. Rather, the purpose of the dialogue is to clarify competing values and reach consensus.

3.2 DECIDING WHETHER THE NSI SHOULD BE SCALED UP

Organizational and environmental factors will influence your decision to scale up an NSI. No simple, standardized checklist of minimum criteria exists, because every context is unique. However, several key questions at transition moments – from wave 1 to wave 2, and from wave 2 to wave 3 – can help your scale-up decision-making.

Make time for in-depth discussion with colleagues, partners, and stakeholders at all levels to ensure clear understanding of the context, and of the motivations, resources, and commitment of all involved. Resources Box 5 offers two tools to facilitate in-depth discussions.

A. From the NSI perspective: What is the evidence of effectiveness, ease of implementation, and community acceptability?

Use qualitative and/or quantitative monitoring data and targeted process evaluation studies to assess the NSI's effectiveness and ease of use.

Key questions for the wave 1 to wave 2 transition:

Did the NSI effectively shift norms?

- Was pilot effectiveness sufficient to argue for further investment in scale-up to achieve wider impact?

- What key elements of the NSI had impact and must be maintained? Could additional NSI adjustments increase effectiveness?

- Was the intensity of activities (sometimes called the 'dosage level') an important factor for facilitating impact?

How did NSI implementation and community readiness help the NSI succeed?

- Was the NSI easy to implement by new user organizations?

- How much did implementation cost?

- How much did implementation quality (e.g. performance of change agents) fuel effectiveness? What aspects of implementation quality were critical for success?

- What aspects of the political and community context enabled norm shifts?

What is the evidence of diffusion of new ideas that lead to normative shifts?

- Are new ideas, generated via community dialogues, spreading through the participants' social networks, both adults and young people?

- Are community leaders speaking publicly about the issues?

> ### RESOURCE BOX 5: ASSESSING NSI SCALABILITY
>
> For an exploration of contextual questions to consider when deciding whether to scale up NSI, see the worksheet: Does the innovation have potential to be scaled (Annex 5).
>
> For a review of the intervention design and need for adaptation, think of CORRECT attributes of scalable interventions (Credible, Observable, Relevant, Relative advantage, Easy to install and understand, Compatible, Testable), see ExpandNet's Nine steps for developing a scaling-up strategy.
>
> To determine the financial feasibility of scale-up – the cost to implement an NSI - see the webinar Costing of social norms interventions
>
> For a list of critical competencies, attitudes, and aptitudes of community social change agents, see Annex 6.

- Does the community as a whole support or discourage the idea of spreading the new norm to other communities?

- How can the program leverage the adolescents and youth who have graduated from the program as advocates?

What is the evidence that the community accepts the NSI?

- What ethical dilemmas may emerge in scaling up to new communities?

- What is the community capacity to receive and absorb an NSI?

- Does the community–adults and youth–like the intervention activities? Do they find the activities relevant and innovative?

- Is social pushback visible? Is pushback manageable by community structures and by change agents and their support organization?

- How are new generations of adolescents and youth different from the previous generation; how do the implementing organizations monitor and adapt to these changes?

B. From an organizational expansion perspective, is it feasible to move to wave 2 and then to wave 3 with a new set of user organizations?

To scale up, you will need to dedicate time and other resources to: building the network of actors, strengthening local capacity, and monitoring to determine if norms are being shifted. Any implementation issues and community reactions to implementation that arose during the pilot will likely be magnified at scale.

During each wave transition, it is a good idea to have NSI-related discussions similar to those held above, although the evidence may not need to be as rigorous as during the pilot phase. Key questions for you to consider as you identify new user organizations and stakeholder-allies, and the resources that they can bring to a scale-up effort, are:

- Do ethical challenges arise as we change organizational roles and involve new partners in implementation?

- What capacity-building is needed so new user organizations - actors and change agents – can effectively catalyze critical reflection with a minimum amount of training and coaching?

- Do new user organizations have the flexibility to integrate the NSI into their other project activities?

- Can new user organizations commit to the long project time-frame and resources typically needed for shifting norms?

4 | CONSIDERATIONS FOR TRANSITIONING BETWEEN WAVES

Assuming the pilot demonstrates that the NSI is effective in achieving individual and normative outcomes, *and* stakeholders agree to scale up, *and* a reasonable amount of resources are available, critical scale-up transition points occur as the NSI moves from Wave 1 (pilot) to Wave 2 (introduction to non-pilot contexts) and then to Wave 3 (integration). Each wave involves new implementation actors with differing resources, mandates, and outreach structures. Scale-up into new communities also engages new sets of people in differing socio-political contexts. The following issues will likely arise at one or both transition moments, so be prepared to address them.

4.1 ADAPTING THE NSI

Adaptation during scale-up is a response to evaluation findings, to the involvement of new user organizations, and/or to new socio-political contexts. For example, as described in Case Study Box 9, new elements may be added to the NSI, or elements of the original NSI may be deprioritized or dropped based on the results of the pilot. What works well in one community may not work well in another. Case Study Box 10 describes adaptation as an intervention was scaled up to socially conservative districts.

As you adapt the NSI at a wave transition point, ensure that the key norms-shifting mechanisms inherent in the NSI remain effective post-pilot. You can also document how to implement the activities in **implementation**

guidance (e.g. understanding core concepts, sequencing, intensity or dosage, repetition, how staff build the capacity of change agents). Making norms-shifting mechanisms explicit will help programs maintain fidelity during implementation, and provide a standard for measuring quality implementation by different user organizations.

CASE STUDY BOX 9. ADAPTATION OF ISHRAQ FROM PILOT THROUGH SCALE UP

The initial Ishraq intervention package centered on establishing safe spaces where girls could gain literacy and life skills (including health), gain access to recreational opportunities (sports), and benefit from peer interaction led by "promoters," or young women who had completed high school, but whose lives and experience were grounded in village customs. Ishraq also included activities to influence gatekeepers, such as parents and community leaders, and advocacy with leaders at governorate and national levels.

During the pilot, the Ishraq team observed that boys played a key role as guardians of their sisters. In adapting the NSI for the expansion phase (Waves 2 and 3), the team added an educational component for 13- to 17-year-old boys with discussion topics such as gender equity, partnership with women, and responsibility to self, family, and community. The team also made adjustments to the village selection process, the duration of each round of activities in a village, the girls' educational schedule, and promoter capacity building.

In transitioning to the scale-up phase, the Ishraq team added two components in response to the girls' needs: financial education and nutrition. As the NSI was expanded to 30 more villages, the curriculum and program content were streamlined, increased attention was given to engaging parents and communities, and village selection was again fine-tuned, while paying attention to ensuring that norms-changing mechanisms were not altered during adaptation.

To support new user organizations as they scaled up the adapted NSI to new areas, the Population Council, its partners, and the new organizations themselves collaborated to develop a procedural manual and accompanying how-to manuals.

CASE STUDY BOX 10. LEVERAGING LOCAL GOVERNMENT SUPPORT DURING ADAPTATION IN INDIA

Pathfinder International designed the Promoting Change in Reproductive Behavior of Adolescents (PRACHAR) Project to shape norms related to early marriage and subsequent early childbearing among youth and other key community members in Bihar, India. Pathfinder piloted PRACHAR in 2001.

During scale-up (Waves 2 and 3), PRACHAR expanded within Bihar State and to two districts in Haryana, working with the Departments of Health and Family Welfare. In Haryana, the DOHFW was very aware of local gender-related constraints and barriers, and of the need to engage and mobilize local Muslim leaders. Pathfinder engaged local Islamic scholars to help develop intervention strategies that themselves reinforced norms-shifting mechanisms and were responsive to the sociocultural environment. These strategies included:

• New modules to highlight how family planning messages aligned with Muslim texts.

• Involvement of religious leaders in discussions about family planning, and their engagement as change agents in the community.

• Recruitment of local men as change agents to work with other men in the community, given men's role as primary decision-makers in the household (PRACHAR also recruited female government health workers to reach young, newly married women).

• The successful adaptation of PRACHAR to the Haryana context, and the support that the DOHFW provided to all components of the PRACHAR NSI, including norms-shifting activities such as facilitating greater couple communication and garnering support from key community stakeholders, highlight the importance of engaged government partners to ensure implementation fidelity and sustainability.

Source: Pappa S, Muralidharan A, Dayal R, Das M. (2015). *Promoting Gender Equality in India: Three Approaches to Scale-up.* Washington, DC: Futures Group: Health Policy Project.

4.2 ADJUSTING ORGANIZATIONAL ROLES

In preparation for wave transitions, the implementing organization(s) may decide to take on new partners in order to expand horizontal or vertical scale-up. Table 1 describes potential actors, their roles in each wave, and key questions to consider. Note that the role of national actors shifts in the transition from Wave 1 to Wave 2: they move from providing design inputs and advocacy to being responsible for problem-solving and advising on future scale-up, and may take on implementation roles. The roles of implementation actors also shift, as some become resource team members while also being user organizations. During each transition, you will need to consider how the NSI fits with the institutional interests, capacities, and programs of other organizations and of the government operating in the new scale-up environment.

Identifying new user organizations: In preparation for a wave transition, you will identify new *user organizations* with the skills, resources, and motivation to participate in scale-up. Involving future user organizations in NSI design, evaluation, and adaptation can increase their ownership and motivation. However, as described in Case Study Box 11, identifying new user organizations is not without challenges.

Building capacity of new organizations – as technical and as social change actors: In addition to technical training on activity implementation, new user organizations should anticipate the need to orient their staff to the

principles underpinning the NSI prior to implementation. Staff bring their own stakes, motives, and experiences, and these influence how they understand and represent the NSI.[8] While staff may already endorse the norms in question, they need time and guidance to reflect on their own values, and on their responsibilities as change agents. New concepts include how the NSI influences norms, staff roles in supporting community dialogue, and how staff can manage potential social pushback at the community, organizational, and national levels.

New user organizations also need support and supervision to maintain NSI fidelity as they scale up. As described in Case Study Box 12, rapid expansion may be tempting to partners who are highly motivated, but lack sufficient resources.

Resource team: The original implementing organizations typically take on the role of a *resource team* when delegating responsibility for NSI implementation to new user organizations. The resource team provides technical support, coaching, mentoring, and process facilitation to the new user organizations. Resource team staff may need guidance to transition from implementer to mentor, and to let go of control over implementation.

NSI champions: Exceptionally engaged staff and dynamic external stakeholders (community or political leaders or other motivated advocates) can help push the intervention forward. When these individuals move on to new opportunities and responsibilities, the NSI can suffer. You should continually seek and cultivate champions who can contribute to shifting norms.

CASE STUDY BOX 11. GREAT CHALLENGES IN IDENTIFYING USER ORGANIZATIONS

As the GREAT consortium planned scale-up, it faced three challenges related to recruiting user organizations: timing, funding, and organizational capacity to implement package components.

GREAT staff began courting potential user organizations before the pilot phase was completed: the intention was that user organizations could include GREAT activities in their proposals, budgets, and work plans. In some cases, a potential user organization was keen to move forward, but GREAT had to counsel patience until evidence of pilot effectiveness was available. Some interested organizations had funds when initially approached, but lost funding by the time the consortium was ready to scale up. For others, GREAT missed their organizational planning and budgeting cycles by waiting too long to solidify engagement. GREAT staff met with some organizations so early that they lost interest or funding by launch time. In short, it was difficult to keep the organizations (and consortium staff) engaged, motivated, and properly resourced.

The GREAT consortium initially planned a franchise model, in which local organizations would purchase the GREAT toolkit and technical assistance for implementation. In reality, few potential user organizations had funds to do so. In the end, consortium partners contributed toolkits to many user organizations to offset costs, and organized (and funded) quarterly trainings.

Finally, the GREAT package had multiple components operating at community, school, and clinic levels, and no single organization could feasibly take implementation responsibility for all components. User organizations also varied in terms of the GREAT components that fit their organizational interests and capacity. This made it difficult to ensure that all components could be offered in all communities.

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8. For more discussion, see Petraglia, J. (2018). *The Complexity-Scalability Dilemma and the Role of Adaptation, Part 1 and Part 2.* Presentation on July 30, 2018.

CASE STUDY BOX 12. PACING GEOGRAPHIC EXPANSION AND NSI ADAPTATION WITH ORGANIZATIONAL CAPACITY: THE YOUNG MEN'S INITIATIVE IN THE BALKANS

During scale-up of the Young Men's Initiative (Phase II), local user organizations were given wide latitude to test new ideas and scale up geographically so that the message could reach as many youth and community members as possible, not only through schools as originally designed, but also outside of schools. In Serbia, the user organization designed a multi-city pilot that would reach out-of-school youth and community members. This organization implemented a three-day training event for young men from schools in 10 cities, with support from local youth offices. The events attracted young people who would not typically participate. The user organization then expanded the activity to 20 cities.

The user organization, however, was unprepared for the rapid expansion. Managing and coordinating activities in so many sites was difficult, and the pilot competed with other priorities. The organization also lacked sufficient resources to manage and monitor the quality of the peer educator training conducted by the local youth offices. Implementation was slowed to a more manageable pace to ensure higher quality.

Table 1. Relationship of Scale-up Actors and Roles by Scale-up Phase

	Who might be involved?	What might be their roles?	Why would they be involved?	Some important questions to ask before transitioning to next wave
Wave 1 -Pilot/Initial Implementation	Central level Technical experts (multidisciplinary), Ministry stakeholders, NSI developers Implementation level Community stakeholders, target population representatives, civil society organization reps, local government reps	Central level ▪ Provide inputs into NSI design ▪ Political and technical advocacy Implementation level ▪ Identify implementation sites and scale ▪ Serve in an advisory capacity ▪ Assist in implementation design ▪ Identify key norms/intended impacts ▪ Implement pilot and/or scale up	Central level ▪ Ethical considerations ▪ Government legitimization ▪ Identify additional partners, networks for next wave ▪ Identify potential avenues for institutionalization Implementation level ▪ Ethical considerations ▪ Community acceptability ▪ Feasibility of implementation from a scale-up perspective	NSI ▪ Is the NSI effective enough to significantly shift the normative environment? ▪ Should it be scaled from perspective of effectiveness, reasonable cost, and other scalability domains? ▪ What level of implementation fidelity, especially norms-shifting mechanisms, is necessary for wide scale change? Implementation context ▪ Does/ how does scale-up contribute to larger social movement or movement building? ▪ Does this NSI contribute without replicating what's being done by others?
Wave 2 – Introduction	Central level ▪ *As above plus* new user organizations Implementation level ▪ Similar actors as above, but in new, expansion areas	Central level ▪ Monitor progress, impacts, and acceptability ▪ Problem solve ▪ Advise on future scale-up directions ▪ Provide resources ▪ Political and technical scale-up advocacy Implementation level ▪ Implement outside pilot areas ▪ Demonstrate feasibility to implement and impact	Central level *As above plus* ▪ Ensure adequate and growing resource base for scale-up, supporting capacity for implementation ▪ Identify/facilitate options for task shifting (taking on pieces or all of NSI implementation) Implementation level *As above plus* ▪ Create bottom-up evidence and demand for NSI	NSI ▪ Are there other ways to make NSI more scalable for future expansion (simpler, cheaper)? ▪ What adaptations are needed to allow core NSI to fit into new projects and contexts, while ensuring norms-shifting mechanisms remain intact? ▪ What learning about scale-up adaptations and factors – facilitators and barriers – can we share with others? NSI & Implementation context ▪ Did wave 2 present significant problems that lead to question: Is it still worth scaling?
Wave 3 – Integration and Subsequent Waves	*As above*	As above. *If scale-up moves to a new country, new country-specific roles may emerge*	*As above plus* ▪ Maintain continuity of key players and institutional knowledge until no longer needed ▪ Ensure continued and adequate resources for implementation and sustainability	NSI and Implementation context ▪ Are support system adjustments (management, supervision, training) needed as expansion grows? ▪ What are alternative support system adjustments that work well and address the growth issues? ▪ What learning about scale-up adaptations and factors – facilitators and barriers – can we share with others?

4.3 RESPONDING TO A CHANGING ENVIRONMENT

Scale-up is a multi-year process, and the external environment will change as scale-up proceeds. Factors can emerge at any time to affect (positively or negatively) the prospects for successful scale-up. External environmental factors include, but are not limited to:

- Politics: Changing power structures and relationships among and between local, national, and donor actors. Shifting funding streams. Administrative reorganization, such as new government or health districts. Case Study Box 13 describes a political change and subsequent social backlash that affected GREAT in Uganda.

- Policy and program priorities (local, national, and donor) related to adolescents and youth, including health, education, women's empowerment, food security and nutrition, economic development, good governance. New initiatives or changes in direction.

- Changing socio-economic conditions, economic growth and income distribution. Shifting cultural values, new influences. Environmental crises. Migration.

- Systems capacity of the public health and non-health sectors, the private sector and civil society. New partners and collaboration. Availability of human and financial resources. Capacity to address the needs of adolescents and young people.

Each wave of scaling up introduces a new set of often-unpredictable environmental factors, providing both opportunities and challenges. For example, a video created by an opposition group might go viral with the potential to catch the NSI in a backlash, or implementers could leverage it to accelerate momentum towards the normative shift. Your challenge is to remain aware of the changing environment and build flexibility into the NSI design. Thus, you will be able to minimize constraints, take advantage of opportunities, and increase the potential of scale-up success.

CASE STUDY BOX 13. INFLUENCE OF EXTERNAL FACTORS ON GREAT IMPLEMENTATION

An external threat to GREAT scale-up unexpectedly occurred in 2014 when the Ugandan Parliament passed the Anti-Homosexuality Act. The tense atmosphere resulted in a crackdown on AYSRH programs perceived as promoting homosexuality. Managing the political situation required more than technical explanations. GREAT staff increased contact with government partners, going beyond the usual ministerial technical meetings to hold individual conversations with government counterparts about GREAT's purpose and process. Meanwhile, part of GREAT's approach had been to guide participating communities to use the community action cycle to define their own desired outcomes. This increased community ownership of GREAT, even in the face of central level backlash against AYSRH programs. As a result, GREAT was able to continue operating in the country.

4.4 USING ADAPTIVE MANAGEMENT APPROACHES TO MANAGE THE COMPLEXITIES OF SCALING UP NSI

→ **Adaptive management:** An intentional approach to making decisions and adjustments in response to new information and changes in context.[9]

The complexity of an NSI implementation is accelerated during scale-up. Adaptive management means understanding how an implementation package may need to be adjusted as it is integrated and expanded into new contexts by new user organizations and in response to environmental changes. As adjustments are made, be sure to test their feasibility, acceptability, and fidelity to the norms-shifting mechanism inherent in the original NSI.

> ## RESOURCE BOX 6: RESOURCES ON ADAPTATION
>
> USAID Learning Lab: What is adaptive management?
>
> Global Learning for Adaptive Management initiative
>
> *The Complexity-Scalability Dilemma and the Role of Adaptation,* Part 1 and Part 2. Presentation on July 30, 2018 by Joseph Petraglia.

Creating a learning culture is a principle that underpins adaptive management. This requires support from the top, and intentional efforts to engage organizational staff, government and community partners, young people, and other stakeholders. Systematic learning is a critical part of scale-up implementation process.

To deploy adaptive management, your M&E system will need to provide data to stakeholders on how the NSI is working in terms of technical implementation and organizational capacity, and on changes in the external environment. Figure 5 summarizes M&E considerations during scale up of NSI.

DESIGN AND THEORY OF CHANGE
- Which norms influence behavior?
- What are the primary and secondary target groups and their reference groups?
- What are the ethical concerns?
- Is there sufficient organizational capacity?
- What are the norms-shifting mechanisms?

Feedback to adaptive management and use in program planning
Decisions about whether to advance to next wave of scale-up

EVALUATION
- How much exposure was there to the new norm (direct, indirect, or diffusion)?
- Did the norm shift?
- What was the tipping point?
- Was organizational capacity sufficient?
- Is the intervention sustainable?
- How did environmental changes influence implementation?
- Was the theory of change correct?

MONITORING
- Are norms-shifting mechanisms implemented correctly?
- Are the norms-shifting mechanisms having an effect?
- Is diffusion taking place?
- Is the social pushback manageable?
- Are there unanticipated effects?
- How is organizational capacity changing?
- What environmental changes are taking place?

Figure 5. M&E Considerations during Scale-Up

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9. ADS 201.6 referenced in USAID Learning Lab (2018). *What is adaptive management.*

As more partners become involved during scale-up, it is increasingly important to do *implementation or process monitoring*. You will need to monitor which activities are being implemented, by whom, when, and how, and whether fidelity to norms-shifting mechanisms is being maintained throughout the scale-up process.

You may consider additional monitoring tasks during scale-up. For example:

- **Monitoring the diffusion of new ideas** in the community by tracking community attention and/or media attention to the norm being shifted.

- **Community feedback mechanisms,** such as a meeting during a supervision visit, to obtain insight into some of the ethical questions identified by the program.

- **Context monitoring** (sometimes called **environmental scanning**) to assess changes and trends in key elements of the environment or context.

- **Organizational capacity assessments** to help identify user organizations' implementation weaknesses and corrections needed. A high-scoring assessment implies a user organization can implement the NSI without external support.

> ## RESOURCE BOX 7: RESOUCES ON M&E
>
> *USAID Learning Lab: Complexity-aware monitoring*
>
> *Complexity-Aware Methods* (MEASURE *Evaluation*)
>
> *Guide to monitoring scale-up of health practices and interventions*
>
> Sample M&E of scale-up strategy for a gender-integrated health governance project
>
> Stay tuned for guidance from the Learning Collaborative's Measurement Community!

All the above information can be discussed with stakeholders *via* **stakeholder feedback mechanisms,** such as learning and reflection sessions to review data, track progress, and weigh potential changes in the context of the program change theory.

> ## CASE STUDY BOX 14. MONITORING AND EVALUATING GREAT'S SCALE-UP PROCESSES
>
> Mixed methods can provide a more comprehensive picture of scale-up of NSI than single methods. The GREAT Project evaluated NSI scale-up via three methods:
>
> A **household survey** using lot quality assurance sampling to assess the coverage/exposure of each GREAT component in four scale-up districts.
>
> A **capacity assessment** of user organizations' strengths and capacity to implement independently and with fidelity/quality. The GREAT 'How to' Guide provided standards against which to assess implementation fidelity.
>
> An **ethnographic study** to:
>
> - assess the pace and coverage of expansion and determine fidelity;
> - identify the factors that supported and constrained expansion and sustained implementation of GREAT components through new user organizations, coordinated by a resource team and community development officers; and
> - draw general lessons from the scale up of community-based gender transformative interventions to support AYSRH.
>
> Periodic meetings with implementing and resource team staff allowed review of information from these studies. Combined with discussions of new user organization experiences and challenges in implementing GREAT, adjustments could be made to the scale-up process.

4.5 SPECIAL CONSIDERATIONS FOR TRANSITIONING TO WAVE 3 (INTEGRATION)

As scale-up continues and implementation of an NSI becomes widespread, you will face new questions about management and about gaining cost-efficiencies. Some considerations in transitioning from Wave 2 to Wave 3 and beyond include:

- **Organizational needs to manage further scale-up.** Is it possible to create management efficiencies while maintaining technical and implementation integrity? Consider adding new management levels to maintain workable support and quality of implementation. It may be possible to task-shift: in other words, elevate skilled implementers to become coaches who support community level work. When is it appropriate or feasible for the original implementers to disengage completely?

- **Help staff become agents of change.** Ensure that new user organizations have not only the technical skills to scale up the NSI, but also the management skills and a norms-shifting mindset. Are staff prepared to be agents of social change? Have they embraced the NSI as their own? Are organizational values aligned with the values inherent in the NSI? Are processes in place to discuss community power dynamics and manage social pushback? Case Study Box 15 describes how the Young Men's Initiative leveraged partner organizations to effectively scale up into new contexts.

- **Creative ways to accelerate diffusion.** What strategies could be used to accelerate the pace of diffusion of an existing NSI? Would a re-sequencing of components help advance community acceptance or foster better reflection? In adapting an NSI, might new segmentation (by age, sex, marital status, other) advance reflection by audiences? Case Study Box 16 describes research findings on the diffusion of the SASA! Intervention in Uganda.

CASE STUDY BOX 15. THE YOUNG MEN'S INITIATIVE LEVERAGES PARTNER CAPACITIES TO DEVELOP EFFECTIVE STRATEGIES FOR LOCAL CONTEXTS

With implementation in five Balkans countries, the Young Men's Initiative relied on local partner organizations from the outset. These organizations co-conducted the participatory research with young men that informed the program design and the regional adaptation of the Program H curriculum originally developed by Promundo. While remaining true to the original core components – in-school educational workshops, Be a Man clubs, and the Be a Man campaign – partners also had freedom to innovate new strategies for their local contexts.

- In Serbia, the Center for Promotion of Healthy Lifestyles ventured beyond the pilot school in 2010 to test a three-day training event for young men from schools in 10 cities, with support from local youth offices.

- In Bosnia and Herzegovina, eight active youth and organized multimedia creative workshops made videos and short movies. With mentoring from a journalist, a radio broadcaster, a video director, and an audio director, the eight produced a radio show that reached over half a million people and a TV documentary.

- Some partner organizations explored ways to reach disadvantaged young men, such as those in the Roma community, and young (often unaccompanied) males who entered the region as part of the mass migration that began in 2015 and who now reside in temporary reception centers.

This flexibility has been key to the initiative's scale-up success, allowing it to respond to local interests and emerging issues and capitalize on partner organizations' strengths. Coherence across countries is maintained through regional partner conferences and working groups, regional events for program participants, and a regional M&E system (under development).

CASE STUDY BOX 16. DIFFUSION OF SASA! THROUGH INTERVENTIONS ON MULTIPLE LEVELS

SASA! is a combined HIV and violence prevention program that addresses power imbalances between women and men. It facilitates a community change process using multiple channels: trained community activists who foster open discussion, critical thinking, and activism within their networks through grassroots initiatives; media and advocacy; and communication materials such as posters and comics. Diffusion was indicated by non-program participants, such as participants' friends, neighbors, and friends, initiating discussions about SASA!

A comprehensive evaluation (which included a randomized control trial, qualitative studies, a process evaluation and a costing study) sought to determine how new ideas and behaviors around intimate partner relationships and violence were diffused in communities. The evaluation found that SASA! materials and media channels increased awareness and knowledge, particularly when content reflected people's lives. However, concurrent reinforcement through interpersonal communication with community activists, partners, and elders (among women) was more likely to change behaviors. Diffusion into the wider community and collective change was facilitated most powerfully by mutually enforcing messages received from multiple channels.

Sources: SASA! Mobilizing Communities to Inspire Social Change. Kampala: Raising Voices and Starmann E. et al. (2018) *Examining diffusion to understand the how of SASA!, a violence against women and HIV prevention intervention in Uganda*. BMC Public Health, 18(1):616.

5 | NEXT STEPS IN NSI FOR AYSRH

Adolescents and young people, particularly adolescent girls and young women, often lag behind in health status indicators due to institutional and social barriers. Social norms frequently discourage young people from seeking information and services for SRH. A focus on shifting norms around AYSRH can accelerate efforts to improve their health status. However, the explicit use of NSIs, and evaluation of their contribution to impact, are still relatively new. More evidence and discussion are needed to develop evidence-based practices.

Knowledge about *scaling up* AYSRH NSI is even more limited. Scale-up is a long-term, non-linear process. NSI are already complex, and scale-up brings additional complexities: adapting the interventions, shifting organizational partners and roles, and expanding to new communities, all while operating within a dynamic environment.

This working paper introduces initial considerations for the scale-up of AYSRH NSI, drawing on practitioner experiences and insights. We still have much to learn about criteria that can help determine whether an NSI should be scaled up, and how long scale-up efforts should continue. Not all NSI should be scaled: some are better used for fostering deep and profound localized change, while the lighter touch of others may lead to incremental change, which creates a foundation for continuing incremental change over time.

NSI that *are* scaled are influenced by both internal organizational and external environmental factors at multiple levels. Scaling up an NSI requires a thorough understanding of program objectives, change theory, and norms-shifting mechanisms, plus flexibility to adapt as circumstances change.

Readers of this document: You can help to advance our collective understanding of NSI scale-up by documenting NSI change theory and sharing scale-up processes.

ANNEX 1. CASE STUDIES

A. BALKANS YOUNG MEN'S INITIATIVE[10]

Since 2007, CARE International, in partnership with the International Center for Research on Women (ICRW) and Promundo, has spearheaded efforts to change young men's attitudes and to promote behaviors that support more gender-equitable social norms and discourage violent behavior against women and peers. The guiding philosophy for the Young Men's Initiative is that boys should be understood not as obstacles to peace and gender equality, but as critical allies in promoting nonviolent, healthy relationships and communities.

The NSI

The Young Men's Initiative is based on the understanding:

• that adolescence is a pivotal moment in boys' socialization process, when attitudes towards violence and gender roles are formulated and solidified, and

• that schools are important institutions in constructing and reinforcing gender norms.

If students learn to recognize harmful gender norms, and are provided safe spaces in which to practice questioning these constructs, then the likelihood is greater that they will internalize new ideas in support of gender-equitable, healthy, and non-violent behaviors. But this process of change cannot happen only at the individual level. It must also be supported by certain broader influences and structures, such as positive peer groups and role models, and the policy environment.

LEARN new ideas and skills about gender norms

PRACTISE critical reflection and new skills in a safe environment

INTERNALISE new gender attitudes

LIVE gender-equitable, nonviolent lives and relationship

SUPPORTING INFLUENCES AND STRUCTURES
Peer groups critically reflecting together; Process led by influential role models; Relevant institution, services, and policies support programme aims

Participatory action-research with boys from across the five participating countries informed the design of The Young Men's Initiative and the regional adaptation of Promundo's Program H curriculum. The Young Men's Initiative works through several norms-changing mechanisms:

Educational workshops for boys (Program M) and girls (Program Y) are highly participatory and address gender equality, violence, substance abuse, and SRH. Trained facilitators (young men) and peer educators lead the workshops. Young men and women can also participate in optional, multi-day retreats for further learning on advanced modules.

The initiative also engages **supporting influences and structures.** After participating in Program M, young men can join **Be a Man Clubs,** in which peers can practice new behaviors. Club members may engage further by participating in Youth Leadership Camps. Members are also responsible for leading and coordinating the **Be a Man campaign,** whose purpose is to change popular conceptions of what constitutes 'manhood.' Young people and

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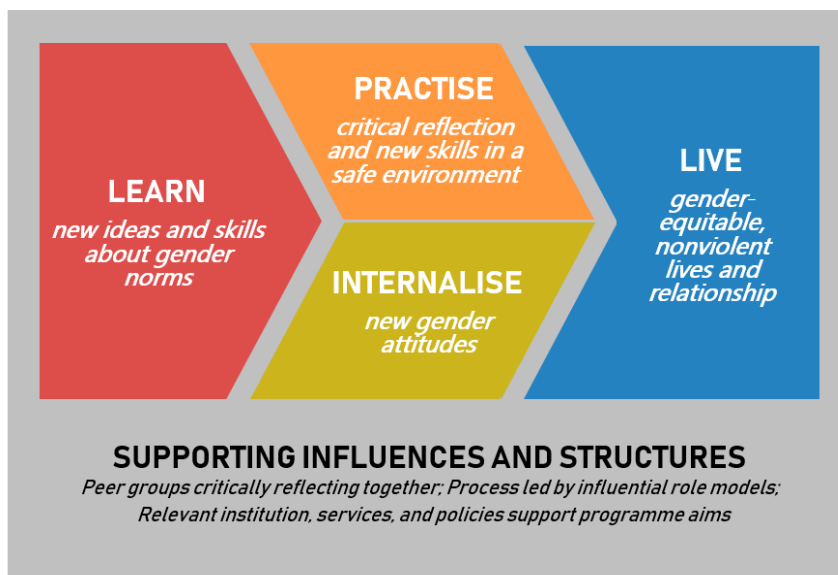
10. Text is drawn from The Young Men's Initiative publications including *The Strategic Review of the Young Men Initiative* (2013), *Case Study: YMI in Kosovo* (2016), and other project documents.

social marketing experts manage the campaign's activities, ranging from moderating the interactive pazisex.net website to supporting documentary theater, flash mobs, and production of songs, documentaries, and drama.

Adults also play a key role in evolving understandings of masculinity and gender equality. The Young Men's Initiative trains teachers and sports coaches and involves parents through information packages, parent-teacher meetings, and through out-of-school Be a Man activities.

At the **institutional** level, the initiative works with schools, and with local and state institutions, to advocate that sex education and gender equality be included in schools. Each country's Ministry of Education obtained accreditation for The Young Men's Initiative curriculum and facilitated teacher training as a professional development opportunity.

Pilot phase, 2007-2010

The initial research, coupled with intensive partner training, prepared the ground for the project team to begin adapting the Program H curriculum, originally developed by the Instituto Promundo in Latin America and the Caribbean. The Young Men's Initiative chose five secondary/technical schools in five cities, and eight local youth organizations to implement activities. CARE engaged yet another local organization, Smart Kolektiv, to help craft the BE A MAN or "Budi Muško" campaign materials. The school-based, lifestyle campaign confronted rigid norms of masculinity.

Phase II, 2011-2013

Adaptation: Phase I results led to two key adjustments for Phase II. Basic sessions became a compulsory part of the curriculum in participating schools, and voluntary offsite retreats were added for more intensive training and engagement. The Young Men's Initiative also extended its influence to teachers, parents, sports coaches, policymakers, and the community at large, and introduced Program Y for mixed groups of boys and girls.

Horizontal scale-up: The initiative expanded its geographic scope and target population, to a total of 17 schools and two new cities, taking on two and eventually three new partner organizations. Smart Kolektiv developed a set of manuals to support the new partners.

Vertical scale-up: Strategies to institutionalize the Young Men's Initiative include:

1   Formal accreditation of Gender Transformative Life Skills Program by the Ministries of Education in all five countries. Accreditation means that every high school can integrate the Young Men's Initiative into their curriculum by the existing pool of teachers and school-based peer educators. The initiative also advocated for other policies to support boys and men, including parental leave policies that support fathers and men to become active caregivers.

2   Strengthening partners' capacities, which gives them status as national resource centers for the topic of social norms surrounding masculinities. Pilot phase partner organizations transitioned to more expert roles, training other organizations, teachers, government, and civil society. They opened resource or 'M' centers that are clearinghouses for other NGOs and government agencies to embed good practices in a broader network of responsible actors.

3   Engaging the business sector, mobilizing resources from corporate social responsibility funds, inviting firms and corporations to 'adopt' schools and fund the Young Men's Initiative in them.

Evidence of change

The pilot phase demonstrated that all three core elements of the initiative were effective in reaching young men. In terms of attitudinal and behavioral effects of educational workshops, evaluation findings were inconclusive due to the small sample size of young men. Nonetheless, evidence was found among them in favor of more gender equitable and non-violent attitudes and behaviors. Overall, the pilot generated sufficient evidence for CARE and partners to feel confident in the Young Men's Initiative, and to want to explore further what it would take to bring about enduring change in the attitudes and behaviors of male adolescents.

CARE also evaluated the intervention itself, to assess effectiveness of scale-up and to make informed decisions about future scale-up, including:

4   The quality of teachers and peer educators as facilitators of the curriculum.

5   The percentage of participating schools that undertook some of the optional elements of the program.

6   The ability of schools to mainstream the initiative into their regular curriculum.

7   The minimal costs that schools and Ministries can cover, and fundraising options for shortfalls or additional activities.

8   The capacity and interest of schools and of Ministries to compile data and examine research results.

Key lessons of scale-up

A major lesson for all aspects of the Young Men's Initiative is the importance of ***maintaining a fluidity between program content and the changing issues that occupy adolescent minds***. Leveraging current debates in the media, popular culture, or adolescents' immediate surroundings can be a powerful way to help them grapple with issues that challenge their own notions of masculinity, sexuality, and gender equality. Media accounts of a religious leader challenging women's rights; public debates on whether Belgrade should host a Gay Pride Parade; a case of domestic violence: all these were opportunities to use the safe spaces created by the Young Men's Initiative for in-depth discussions with youth. Therefore, ***flexibility in adapting the course material to the lived realities of young people, rather than adhering rigidly to plans***, will augment the initiative's relevance and impact.

Much can be gained from supporting creative local approaches. ***Although the Young Men's Initiative was planned, coordinated, and structured, leave room for tailor-made approaches at the local level.*** For example, Be a Man Clubs were supported to define and implement their own local initiatives, such as small-scale campaigns, flash mobs, public events, school actions, and other creative, impactful activities. This ensured development of creative activities and campaigns which have not been seen before, both in terms of content (engaging fathers in gender equality), and formats (such as Macho man theatre play).

Young Men's Initiative Pathway to Scale-Up (through 2016)

Pilot phase, 2007-2010
Adaptation of Program H model to Program M for young men:
- Educational workshops
- Be a Man campaign
- Be a Man clubs (BMC)

Implementation by 8 local NGOs in 5 schools in 5 cities in Bosnia-Herzegovina (BIH), Croatia, *Montenegro,* and Serbia
Technical support from CARE, Instituto ProMundo, ICRW, and Smart Kolektiv

Phase II, 2011-2013
Previous partner organizations take expert roles, establishment of M Centres
Expansion to total of 17 schools, including in 3 additional cities
Four new user organizations
Program adaptations:
- Basic in-school sessions now compulsory
- Voluntary offsite/residential retreats
- Training programs for peer educators and for youth leaders
- Model Y for both boys and girls
- Increased focus on parents, teachers, sports coaches
- Pilots to include Roma

BMCs become a self-organized movement!
In-school program accredited by Ministries of Education (MOE)

Expansion to Kosovo, 2012-
Latest model
In school:
- Group education sessions
- Optional residential retreats
- Be a Man clubs

Outside school:
- Public actions, flash mobs etc.
- Music videos, documentary films, etc.
- Media outreach
- Training on YMI approach
- Advocacy
- Conferences and networking

Further scale-up
Technical support from M Centres
Full scale-up to all 28 schools and institutionalization as mandatory program in a BIH canton (2016)
Scale-up of Program Y nationwide by MOE in BIH and Serbia (2016)

Replication in new countries
Latvia, Moldova, Burundi, DRC, Germany

Participatory research (2007)
Base/endline outcome evaluation (intervention/control schools)

Participatory research with boys and girls (2011)
Literature review (2012)
Evaluation of outcomes and process using mixed methods with students, teachers, YMI facilitators

Add school in Kosovo (testing expansion area)

Follow-up studies in Pristina, Kosovo (2014-2015)

Systematic activity monitoring

B. GENDER ROLES, EQUALITY, AND TRANSFORMATIONS (GREAT)[11]

The Gender Roles, Equality and Transformations (GREAT) Project improved gender equity and reproductive health in Northern Uganda by facilitating the formation of gender equitable norms and the adoption of attitudes and behaviors that positively influence health outcomes among boys and girls ages 10 to 19. From 2010 through 2017, GREAT was led by Georgetown University's Institute for Reproductive Health, with partners Pathfinder International and Save the Children.

The NSI

Formative research helped the GREAT team and its Ugandan partners design a comprehensive intervention to shift gender norms and foster healthier, more equitable behaviors. The design leveraged life course transitions[12] during which adolescents learn new roles and social norms; engaged women and men *in relation to one another;* and involved all spheres of the ecological framework to shift norms. The ability of young people to forge healthy sexual relationships is determined, in large part, by factors in multiple spheres of the ecological system: norms operating in each sphere influence their behaviors, and GREAT aimed to influence all spheres.

The GREAT ecological framework

Community leaders play a crucial role in setting and maintaining behavioral norms in communities and households. The primary intervention in the community sphere of the ecological system was the **community action cycle** (CAC). The six-step CAC involves collective planning and action by communities who first define their current status vis-à-vis a topic or problem, the outcomes they wish to achieve, and how to make change happen at community level.

The **Oteka Radio Drama** motivated communities and individuals to engage in GREAT activities and exposed them to alternative norms that promote gender equality and adolescents' access to SRH information and services. The drama told the stories of several families who must make challenging decisions about relationships, sexuality, violence, parenting, and more. As the fictitious families struggle with existing norms, they also discuss the relevance and utility of alternative norms to the adolescents' lives and to the well-being of the family and community.

To shift norms at the institutional level and encourage use of SRH services, particularly by adolescents, GREAT trained existing **Village Health Teams** (VHTs) and facility-based workers to strengthen their ability to meet the SRH needs of adolescents, reduce stigma associated with seeking SRH services, improve referral systems for adolescents, and provide more gender-sensitive services to all community members.

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11. The text has been drawn from the GREAT Project Results Brief, *The Gender Roles, Equality and Transformations Project (GREAT): From Pilot to Scale* (June 2017), and other GREAT Project documents.
12. From very young adolescents ages 10-14 to unmarried older adolescents ages 15-19 and newly married and newly parenting adolescents ages 15-19, and to adults ages 19 and up.
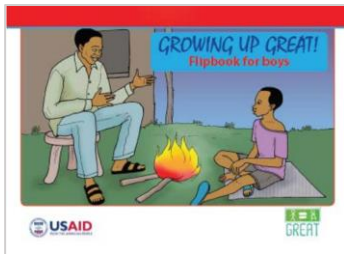
To foster normative change at the individual and interpersonal levels, GREAT developed materials for use by existing community groups and clubs. These included **Radio Discussion Guides** to facilitate discussion about weekly Oteka broadcasts; **Simple Activity Cards** with fun and participatory activities tailored to the four age-segmented audiences; a **GREAT Community Engagement Game**; and **Coming of Age Flipbooks** to help very young adolescent girls and boys understand puberty and explore gender norms.

Pilot phase, Aug 2012-Oct 2014

During the 22-month pilot, consortium members guided the NGOs Straight Talk Foundation and Concerned Parents' Association to implement GREAT in 33 parishes of Lira and Amuru districts. A technical advisory group, which had also participated in project design, provided critical input into implementation: it included the Ministry of Health, Ministry of Gender, Labor, and Social Development (MGLSD), Ministry of Education and Sports, USAID, district governments, civil society organizations, cultural institutions, and Gulu University. An M&E working group developed the GREAT monitoring, learning and evaluation system, and reviewed and adapted monitoring tools throughout the pilot phase.

Scale-up phase, Sep 2015-Sep 2016

Adaptation: Following review of the pilot results, the GREAT consortium adjusted the package to improve its reach and effectiveness, including: streamlining CAC trainings, providing scripts to community drama groups, incorporating gender and adolescent SRH information into VHT materials, reducing the materials production costs, and including more facilitation advice in the toolkit. Toolkit elements and GREAT guides, designed from the outset to be affordable and easy to use, were further streamlined after the pilot to be even simpler and cheaper to reproduce.

Horizontal scale-up: GREAT was expanded within Lira and Amuru, and introduced to two new districts, reaching a total of 184 parishes. Geographic expansion was supported by 33 new user organizations. To assist these new partners, GREAT developed a *How-to Guide* and a *Monitoring, Learning and Evaluation Handbook* containing step-by-step implementation guidance; approaches to monitoring fidelity, quality and adherence to values; and explaining how to adapt GREAT for new contexts.

Vertical scale-up: Institutionalization was the purview of District Community Development Offices under the MGLSD. Officers included GREAT in sector and district operating plan meetings, and served as chairs for technical advisory group meetings. District CDOs, along with District Education Officers and District Health Officers managed coordination and monitoring structures.

Evidence of change

GREAT staff used extensive research to determine the intervention's effects, quality and scalability. The pilot phase evaluation included a household- and youth club-based survey, a cohort study, and a costing exercise. The survey found positive, significant associations between exposure to GREAT on one hand, and gender equitable attitudes and family planning and gender-based violence outcomes on the other. Among findings after the two-year pilot phase:

- Equitable partner decision-making increased by 9 percent among newly married/parenting adolescents.

- Male involvement in household chores increased 17 percent among newly married/parenting adolescents, and 21 percent among very young adolescents.

- Current family planning increased by 10 percent among newly married/parenting adolescents.

- Intention to use family planning in the future increased by 16 percent among older adolescents.

- Violent response to partner conflict diminished by 16 percent among newly married/parenting adolescents.

After four years of implementation, GREAT deployed an endline coverage survey using lot quality assurance sampling, an ethnographic study, and a capacity assessment to evaluate the scale-up phase. Findings included:

- *Fidelity and quality:* Generally, those implementing the GREAT components were able to remain faithful to the design and process. CAC implementation was challenged by training and lack of funds for participant mobilization. Implementation of VHT linkages was limited by the limited number of VHTs and overwhelmed health workers.

- *Feasibility and capacity:* Between 80 and 96 percent of user organizations were judged highly capable, with slightly lower capacity in M&E (66 percent), highlighting a need for capacity strengthening and support in the collection and use of monitoring data.

- *Institutionalization*: As NGOs and districts were incorporating the approach into projects, new organizations were trained to implement GREAT, including the Ministry of Education.
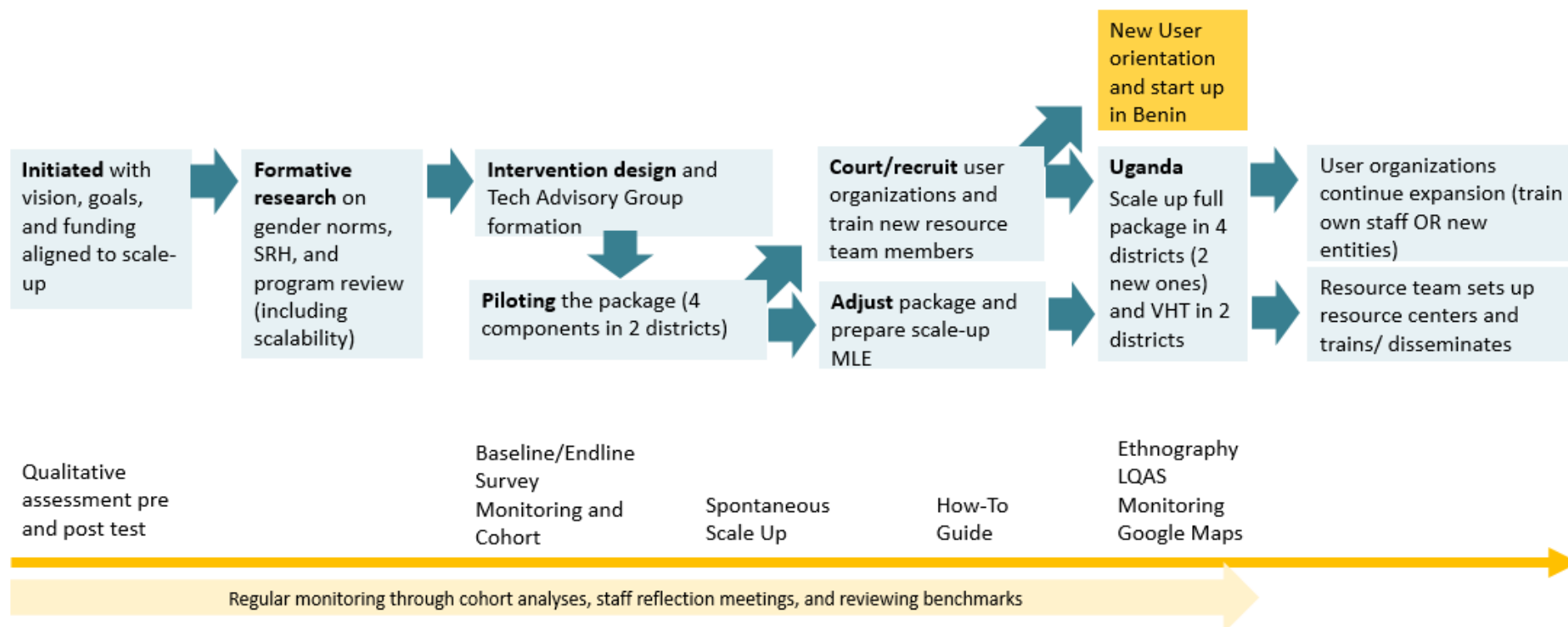
Key lessons of GREAT scale-up

Design lean interventions with scale-up in mind. To ensure that GREAT worked as planned during scale-up, materials and strategies were designed to be lean: that is, affordable to produce and usable with minimal orientation and coaching. An easy-to-use how-to guide devoted a section to each component to orient new user organization staff to core concepts; provide step-by-step implementation guidance; include approaches to monitor fidelity; quality and adherence to values; and explain how to adapt interventions for new contexts.

Build capacity of implementing organizations so they may become resource organizations to new users during scale-up. The success of the resource team depended on their ability to internalize scale-up goals and to exercise systems thinking throughout the pilot and scale-up phases. This meant more than one-off staff training. Rather, it required intentionally developing the team's mindset and capacity through ongoing values clarifications, regular check-ins, and reflections on the GREAT package. Capacity of the resource team to provide orientation, training, and support to new user organizations was vital. They needed to navigate the internal systems of other organizations, for example, using their work plans to identify needs and provide appropriate assistance.

Ensure sustainability by thinking about NSI integration into existing projects and organizational efforts. Ongoing check-ins and coordination and reflection meetings provided opportunities for the user organizations and districts to share activity updates, lessons learned, and work plans for the coming quarter. Among effective mechanisms of engagement were: including line ministries in the technical advisory group, obtaining their endorsement of GREAT materials (specifically the tool kit and how-to guide), and including them in the review and vetting of pilot results.

GREAT Pilot to Scale-Up Pathway (through 2016)

Initiated with vision, goals, and funding aligned to scale-up

Formative research on gender norms, SRH, and program review (including scalability)

Intervention design and Tech Advisory Group formation

Piloting the package (4 components in 2 districts)

Court/recruit user organizations and train new resource team members

Adjust package and prepare scale-up MLE

New User orientation and start up in Benin

Uganda Scale up full package in 4 districts (2 new ones) and VHT in 2 districts

User organizations continue expansion (train own staff OR new entities)

Resource team sets up resource centers and trains/ disseminates

Qualitative assessment pre and post test

Baseline/Endline Survey Monitoring and Cohort

Spontaneous Scale Up

How-To Guide

Ethnography LQAS Monitoring Google Maps

Regular monitoring through cohort analyses, staff reflection meetings, and reviewing benchmarks

C. THE ISHRAQ PROGRAM IN RURAL UPPER EGYPT, 2001-2013[13]

The Ishraq (sunrise) Program was a collaboration between the Population Council and Save the Children US, to determine whether sports coupled with learning could provide a pathway to empowerment for adolescent girls in some of the most disadvantaged villages in Upper Egypt. From the outset, Ishraq was designed as a holistic program, intended to shift the perceptions girls had about their own life opportunities and the ways communities provided space and encouragement for girls to learn, play and grow. That meant that, in addition to literacy and life skills for girls, Ishraq engaged with parents, community leaders, and adolescent boys. Caritas contributed an innovative literacy curriculum with strong civic components, while the Center for Development and Population Activities (CEDPA) implemented a component geared to village boys. Previous Population Council research had identified rural, out-of-school girls aged 13 to 16 as those with the most limited access to schooling, and the most restricted mobility and participation within the community. They were most at risk for child marriage, poor health outcomes, female genital cutting (FGC), and other forms of violence.

The norms-shifting innovation

Ishraq partners hypothesized that intervening early in girls' lives would be the most effective strategy to prepare them for a safe and productive adulthood. In designing the program, they sought to remove social and institutional barriers that limit girls' full participation in society. Transforming girls' lives required shifting gender norms and community perceptions about girls' roles in society. The components of the Ishraq package aimed to influence normative change at the individual, social, resource, and institutional levels.

Resources: The Ishraq program established safe spaces within the public arena where girls could meet to play sports and learn. By reclaiming part of existing youth centers for girls, Ishraq increased social recognition of the right of women and girls to participate in public life. In these safe spaces, the girls could socialize and learn new skills.
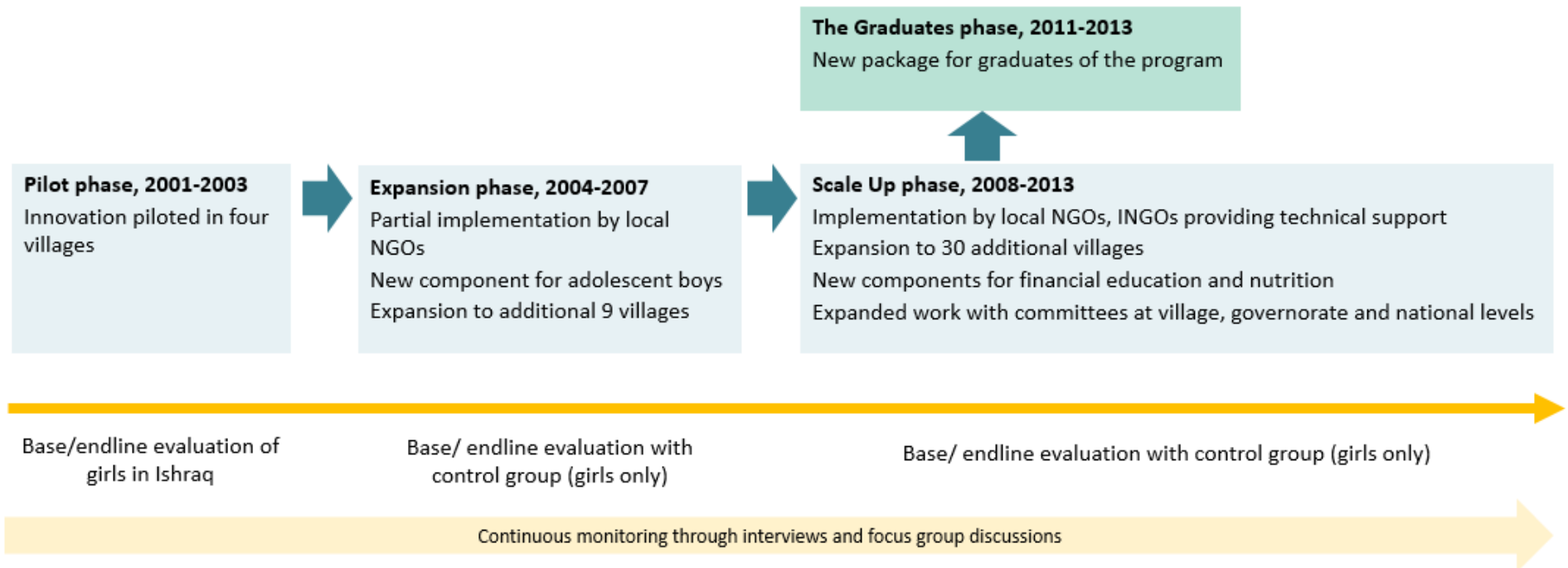
Individual girls and social networks: To shift norms toward increased gender equality among the adolescent girls themselves, Ishraq organized classes on functional literacy, life skills, health, mobility, and civic participation. Trained promotors delivered the curricula: they were young, educated women whose lives and experience were grounded in village customs and who could serve as role-models. Ishraq also emphasized group formation to help girls build friendships, gain confidence, enhance social networks, and gain a sense of solidarity with groupmates. Belonging to a group provided the peer support for the shifting norms around the girls' role in society.

Gatekeepers: Because girls are rarely in a position to make decisions about their lives without the explicit approval or gatekeeping of parents, brothers and community members, some Ishraq aspects aimed to educate and influence boys, parents, community leaders, and the promoters who would assume leadership and carry out activities. With village committees, the promoters held orientation meetings and community dialogues, parent and community meetings, and home visits. Shifting gatekeeper norms supported the girls' own empowerment.

Institutional: Ishraq strengthened local and national policymakers' support for girl-friendly measures and policies, particularly the Ministry of Youth, the Girls' Education Initiative of the National Council for Childhood and Motherhood, and local entities at the governorate and village levels.

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13. Adapted from Selim, Mona, Nahla Abdel-Tawab, Khaled Elsayed, Asmaa El Badawy, and Heba El Kalaawy. (2013). *The Ishraq Program for out-of-school girls: from pilot to scale-up*. Cairo: Population Council and other Ishraq project documents.

Ishraq Pathway to Scale-Up (through 2013)

The Graduates phase, 2011-2013
New package for graduates of the program

Pilot phase, 2001-2003
Innovation piloted in four villages

Expansion phase, 2004-2007
Partial implementation by local NGOs
New component for adolescent boys
Expansion to additional 9 villages

Scale Up phase, 2008-2013
Implementation by local NGOs, INGOs providing technical support
Expansion to 30 additional villages
New components for financial education and nutrition
Expanded work with committees at village, governorate and national levels

Base/endline evaluation of girls in Ishraq

Base/ endline evaluation with control group (girls only)

Base/ endline evaluation with control group (girls only)

Continuous monitoring through interviews and focus group discussions

Pilot phase, 2001-2003

Following a baseline assessment, Ishraq was launched in four villages; two other villages served as controls. Ishraq staff trained promoters, each of whom was then assigned to a group of girls from her community. Village committees were established and parents were engaged in discussions about gender, education, SRH, and FGC.

Expansion phase, 2004-2007

Adaptation: Ishraq's main components remained the same, but some structural adjustments included shorter duration, village selection, and adding classes for 13-to-17-year-old boys.

Horizontal scale-up: Ishraq was scaled up in five additional villages, and two years later into five more villages in another area. The program also increased the role of local NGOs who became responsible for implementing, coordinating, and managing activities and participating in Ishraq-related advocacy and policy work at the governorate and village levels.

Scale-up phase, 2008-2013

Adaptation: Two new components were added to the curriculum. To build financial skills, participants learned budgeting and savings, and were helped to open bank accounts. To increase enrollment and attendance, girls received snacks and a food ration box from the Egyptian Food Bank.

Horizontal scale-up: Ishraq expanded to 30 more villages as part of the effort toward national institutionalization. The original four implementing NGOs became a resource team, while responsibility for implementation shifted to new user organizations, namely the Ministry of Youth (MOY), local NGOs, and youth centers that established institutionalization teams (cadres from the MOY at the national, governorate, district, and village levels and of staff from NGOs and youth centers) to replicate Ishraq in other communities.

Vertical scale-up and institutionalization: In addition to village committees, Ishraq formed committees at governorate and national levels to provide ongoing support. The governorate committee met quarterly to provide support for Ishraq (e.g. providing birth certificates to girls to ensure legal status). Nationally, Memoranda of Understanding were signed with the MOY and the Ministry of Family and Population to align Ishraq activities with existing girls' education programs. Ishraq staff developed a how-to toolkit and built capacity of the institutionalization teams to replicate Ishraq in new communities.

The Ishraq graduates phase, 2011-2013

The experience of graduates from the early phases indicated that the transition from Ishraq to formal schooling was a critical time: the girls faced academic, financial, and social obstacles. Ishraq staff also noticed that once the program ended in a village, girls no longer had access to youth centers. The program therefore developed a spin-off for Ishraq graduates that included components such as girls' clubs, tutoring, and legal rights training to help graduates obtain an official identification card and increase their sense of citizenship.

Evidence of change

A rigorous M&E system allowed for effective learning and adjustments to streamline activities. The pilot evaluation used a quasi-experimental pre- and post-test study design and qualitative methods (interviews, focus group discussions, observations) to compare Ishraq participants with a matched control group of adolescent girls. Subsequent phases used the same design, adding interviews with participants' parents and brothers before and after the program, and with community leaders on the village committee after the program.

Among findings at the individual level:

- *Literacy and education:* 81 percent of Ishraq participants who took the government literacy exam passed, and more than half of those girls entered school.

- *Empowering knowledge and skills:* Ishraq participants were more likely to successfully identify at least one contraceptive method (66 versus 38 percent of non-participants) and to think that the appropriate age at marriage should be 18 or older (85 versus 63 percent).

- *Life skills:* Participants were more likely to save money for an emergency (17 versus 10 percent) and to seek advice from a health professional when sick (82 vs. 60 percent).

- *Mobility and social networks:* 20 percent of graduates reported having visited the youth center unaccompanied by a family member in the month prior to the endline survey, versus no girls in the comparison group.

At the community level, parents' attitudes became more progressive about girls' roles, rights, and capacities. Many developed a greater appreciation for girls' education and mobility. Parents and the community also became more comfortable with the youth center being a place for girls to gather, and the idea that girls can play sports.

At the institutional level, the institutionalization teams started a second round of 50 new Ishraq classes in all Ishraq villages, and in four new villages in three governorates.

Key lessons of Ishraq scale up

Rigorous evaluation of Ishraq allowed effective learning, providing a basis for course correction of the original program and the design of additional elements to meet critical needs that emerged. Evaluation also proved vital to making the case for scale-up.

The involvement of local communities through the village committees and as champions was critical to the effective implementation, ownership, and sustainability of Ishraq, particularly given the conservative social norms around gender equity. Creating an enabling environment via community mobilization is essential when working with adolescent girls who do not have a voice in the public sphere.

Program flexibility to adapt activities during scale-up, either to better address community needs or to simplify activities or systems, facilitated Ishraq replication by user organizations.

Achieving ***sustainability*** required several tracks: working with communities, government, and community-based organizations. The buy-in and engagement of senior officials in governorate committees was crucial for effective implementation, and for winning support from other governorate and district level agencies.

ANNEX 2. WORKSHEET: DEFINING THE NSI

1. What is needed to offer the NSI?

What are the key components of the NSI, and related activities and materials?	For each component at left, what is needed to offer it? Training, monitoring, supervision visits and materials/tools, other managerial supports.

2. What philosophies, values, and principles underlie the NSI, and provide guidance for all decisions and evaluations, promote consistency, integrity, and sustainable efforts?		
What behaviors does the NSI address?		
What social norms are being addressed by the NSI?		
What elements of the NSI relate to equity and underlying human rights, reproductive rights, gender and social justice accountabilities? Which are supportive of normative shifts in the NSI?	What elements of the NSI relate to gender? Are they gender-neutral, gender-aware, or gender-transformative?	What are the norms-shifting mechanisms (NSI activities and their change effects) that influence normative shifts?

3. For whom is the NSI intended? Who will most likely benefit?			
Main beneficiaries?	Other audiences?	Other audiences (important reference groups)?	Who is not the intended audience?

4. Governmental support	
What national laws and policies facilitate this intervention's adoption and expansion?	
Which national laws and policies might hinder it?	

ANNEX 3. DEVELOPING A PROGRAM-BASED THEORY OF CHANGE FOR NSI (ADAPTED FROM THE PASSAGES PROJECT)

A program-based Theory of Change allows stakeholders to:

- ✓ Create a shared understanding of the rationale/logic behind how an intervention works (how and why certain changes are expected to come about).

- ✓ Track shared contributions to complex change processes and outcomes by multiple actors.

- ✓ Test assumptions and thereby gain a field-based understanding of the work and resources needed to effect change, and to identify where evidence exists to support the theory of change and where evidence is lacking.

- ✓ Learn and build evaluative thinking capacity.

SET UP THE TOC EXERCISE WITH PROGRAM STAFF- DEFINING THE ACTIVITY PACKAGE AND OUTCOMES

1. Be clear about what constitutes the intervention's package of activities and related implementation supports.

- We want to define the innovation 'package' of activities. How do you define your package currently? (If not already done, how would you group the main activities or components of your intervention?}

- What are the philosophies, values, and principles that underlie your intervention that are critical for its implementation success – that guide its consistency, integrity, and sustained efforts?

- What are the support activities behind the activities – what is needed to ensure successful implementation? These can be training, organizing campaigns or products, duplicating reflection materials, technologies, etc.

- (Worksheet is available for group work)

2. Be clear about expected outcomes.

- Each intervention will differ, and outcomes can range from individual behaviors to structural changes to normative shifts, etc., depending on the intervention.

- *NB: Our experience is that for NSI, outcomes are initially stated as individual outcomes only, and normative shifts/outcomes are implicit. It is fine to begin the definition exercise with explicit outcomes. But at the end of the theory of change exercise, we have found it useful to discuss normative shifts and add them as a separate outcome if the group so desires.*

DEVELOP A PROGRAM TOC

NB: As this is a participatory activity, it ideally includes not only program staff but other stakeholders, e.g., local MOH authorities, other collaborating entities. We have held three-quarter day workshops to develop and refine program TOCs with the larger stakeholder audience.

3. Prepare the TOC activity

- Prepare flip chart paper (often 2-3 sheets taped together). Have post-it notes and markers ready for later work on the TOC.

- On the left side of the paper list the intervention components (in smaller type, list the related activities). On the right side of the paper list expected outcomes. The middle section is left blank for pathways. (See example at end of exercise.)

4. Gather people around the prepared paper and explain that they are going to flesh out their program's change theory.

- Ask the group: *What are the effects of the different components of the intervention? How do these effects lead to program outcomes seen on the right-hand side of the paper? Do an initial example, e.g., this component involves training grandmothers, what is the effect of training grandmothers? These are first-level effects, which are placed to the right of the activity. Then ask the group to continue creating chains of effects for each component (not each activity within components) that logically arrive at the expected outcomes.*

- Often an intervention component (set of activities) leads to multiple, sequential and non-sequential effects to arrive at the outcomes. You should expect the TOC pathway to reflect that complexity/reality.

NB Effects are not activity outputs in the classic log frame thinking, e.g., we are not noting that people are trained, but instead the effects of training, such as people with base understanding of core attitudes/knowledge/skills or other individual changes due to the training. In Stewart Donaldson's program theory work, he calls these effects 'moderating' and 'mediating' factors.

5. Once the group has charted effects on post-it notes, ask them to draw arrows to show cause-effect relationships. Arrows can go in multiple directions, touch multiple effects, etc.

EXPLORE AND INTERPRET THE TOC DIAGRAM

6. Once the diagram is completed, ask questions to explore the logic. This may lead to adjustments in the TOC diagram – new post-it notes/effects, new arrows.

- How are the components interacting with each other? Are some effects common to all/most components (potential change-multiplier effects)?

- Are there any effects missing?

- Are there any relational arrows missing?

- Looking at outcomes in relation to effects, are any outcomes missing? (Here is where normative shift outcomes may be added.)

7. Look at the pathways from a norms shift perspective. Some possible questions:

- Should norms-focused outcomes be added to the TOC (e.g., creating new outcomes that articulate specific normative shifts, or more generically stating, 'improved enabling environment' as an outcome)?

- Where do you see community normative shifts occurring? How do you know this? (Use stars to indicate where norms shifts seem to be occurring.)

- Where do you see diffusion of new ideas/new model behaviors is occurring? (Indicate where this is happening; it can be within an effect box or in the between-effects arrow areas.)

OPTIONAL: Have each group present their TOC diagram to the larger group. Then have a larger discussion on state of the evidence (someone should document discussion points):

- Where do we have evidence that the changes are occurring as planned? Where are the gaps in evidence? (Evidence can be internal studies, supervision and monitoring reports, formal evaluations, research, etc.)

- What common elements exist that could help us move forward with a generic TOC? What and/or where are the differences between the different TOCs and pathways of change?

CLOSING: NEXT STEPS

- Explain that the program TOC the group just created is the granular one– our collective understanding of how the program works. If desired, your team can further adjust it and collapse it to make a higher-level, more refined version.

Ask if there are any other comments or suggestions for using the change theory to improve NSI implementation, e.g., are changes needed in strategies, activities, or materials. Is a small learning study needed to provide evidence that an activity is working well? Develop a plan!

Example of the theory of change for the girls' holistic development approach, The Grandmother Project

Components and key activities at left, expected outcomes at right, and effects and inter-relationships in the middle. (Numbers in the boxes refer to an analysis of where evidence existed to support the changes; they were not part of the initial diagram.)
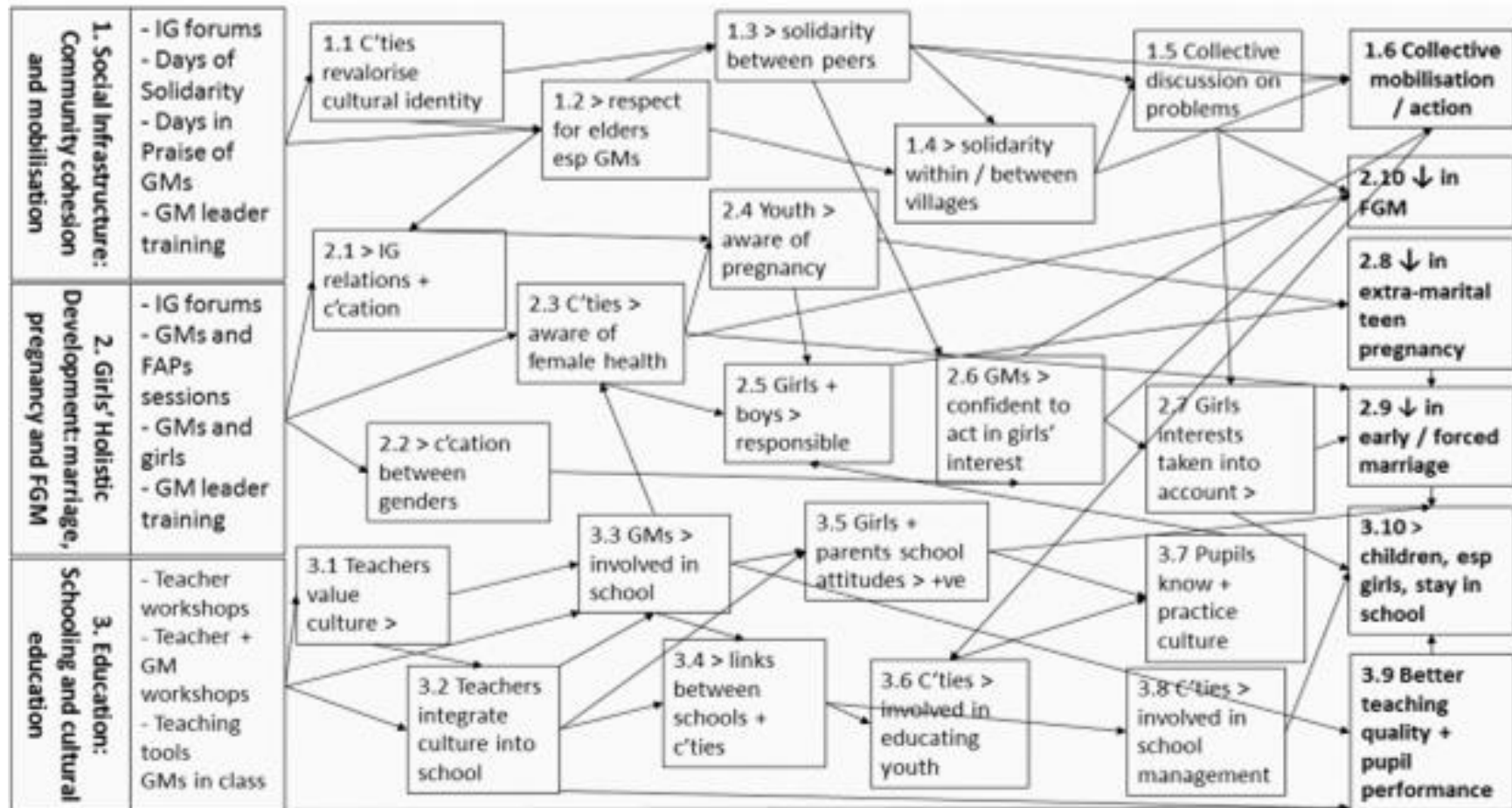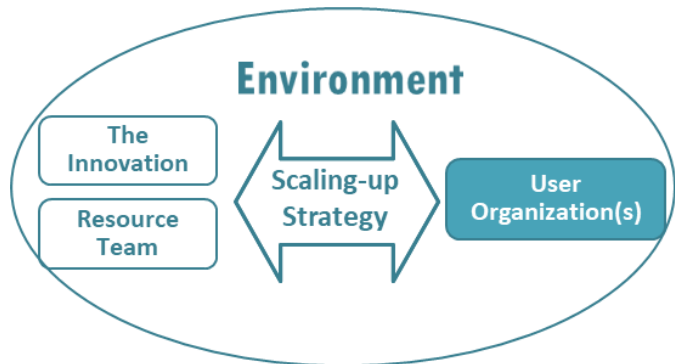
ANNEX 4. WORKSHEET: RAPID ANALYSIS FOR SCALE-UP PLANNING

EXPANDNET DEFINITIONS OF USER ORGANIZATIONS, THE RESOURCE TEAM, AND THE ENVIRONMENT
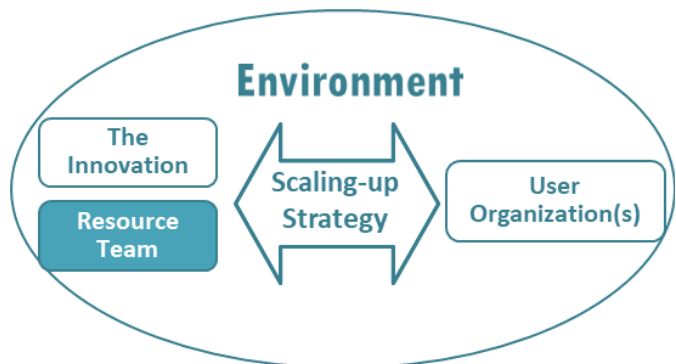
User organizations:

- The institutions or organizations that seek to adopt and implement the innovation.

- Often transitions to a member of the resource team.

Resource team often includes multiple organizations:

- Individuals and organizations that have been involved in developing and testing the innovation

- Those gaining skills as they engage in expansion

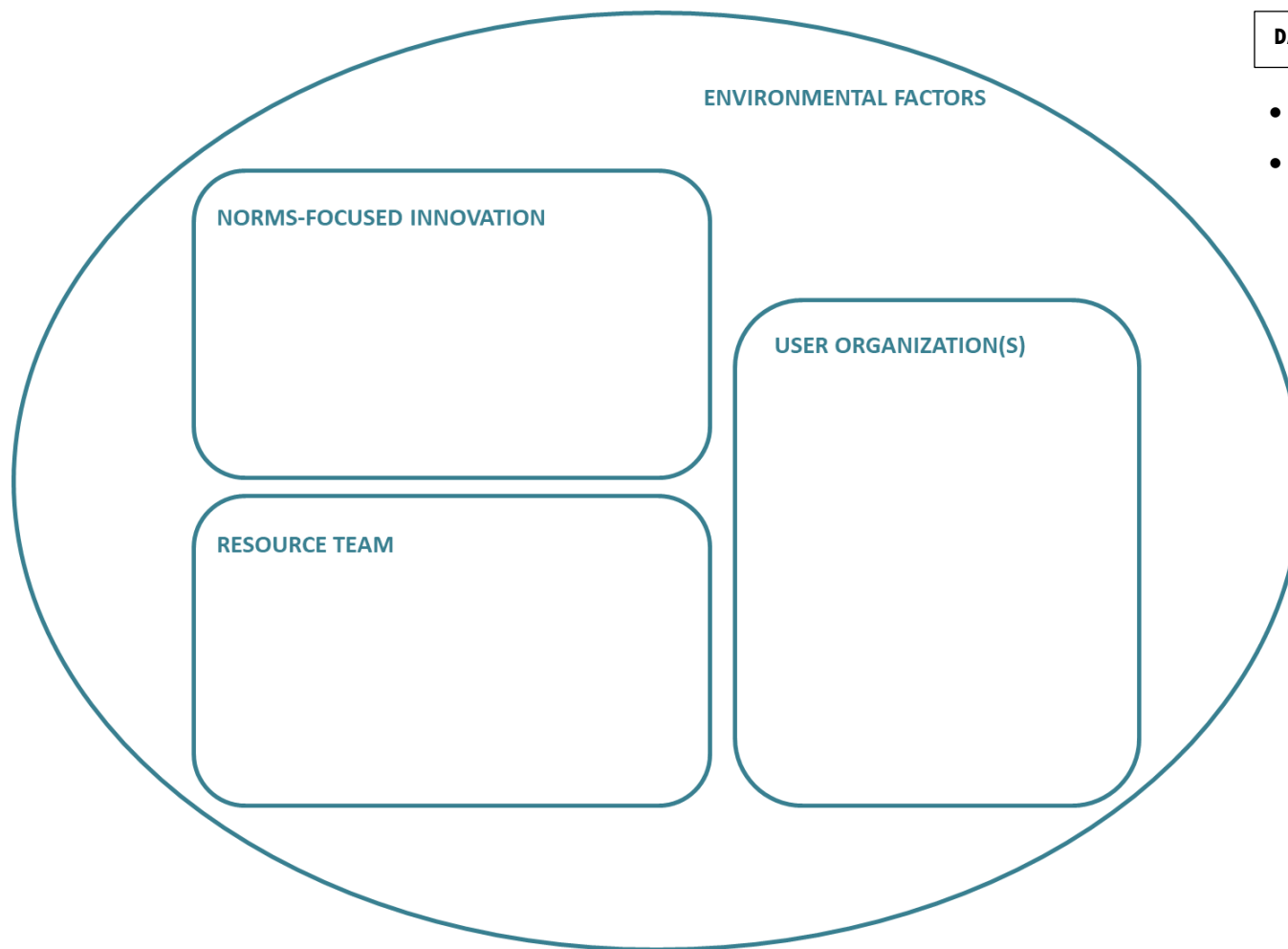- Those who seek to promote its wider use

Environment

- Conditions and institutions which are external to the user organization, but fundamentally affect the prospects for scaling up

WORKSHEET: RAPID ANALYSIS FOR SCALE UP PLANNING

ENVIRONMENTAL FACTORS

NORMS-FOCUSED INNOVATION

USER ORGANIZATION(S)

RESOURCE TEAM
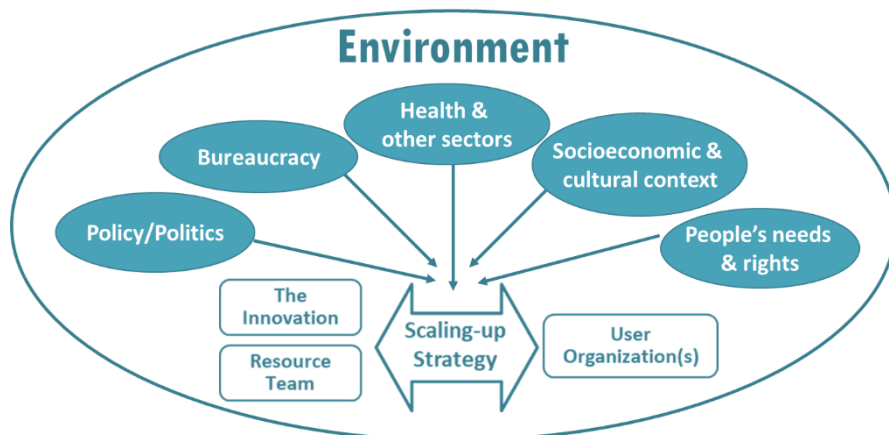
DATE OF DISCUSSION: _____

- Who will be engaged?

- What external factors might influence scale-up processes? Are they positive (+) or less positive (-) for scale-up processes?

ANNEX 5. WORKSHEET: DOES THE NSI HAVE POTENTIAL TO BE SCALED

(Adapted from ExpandNet's Guide, *Beginning with the End in Mind*)

	Yes	No	Maybe	COMMENTS What information and decisions are still needed?	NEXT STEPS Who will address these gaps and by when?
1. Is a wide range of stakeholders interested in using this NSI (policy makers, program managers, 'providers' of the intervention, beneficiaries)?					
2. Does the NSI design take into account the expectations of stakeholders for where and to what extent it will be scaled up?					
3. Has the NSI (all aspects including training and beneficiary materials, approach) been kept as simple as possible without jeopardizing outcomes?					
4. Is the NSI being tested in a variety of sociocultural and geographic settings?					
5. Will intervention costs (human, material, financial) be reasonable for others to want to use it, and to be able to afford to use it?					

	Yes	No	Maybe	COMMENTS What information and decisions are still needed?	NEXT STEPS Who will address these gaps and by when?
6. Are there plans to assess and document health *and* normative change outcomes, plus implementation process?					
7. Are there plans to regularly engage with donors and technical partners to build a broad base of financial and political support for scale-up?					
8. Are there plans to advocate for changes in policies, regulations within the institution that will offer the NSI, e.g., the Ministry and NGO plans to include the NSI as a high-impact practice?					
9. Are there plans to advocate for changes in policies, regulations within the larger health system (for example, to advocate that the NSI become a high impact Ministry practice, to have resources allocated for one or all of the intervention components)?					
10. If scale-up is not directly through a Ministry but instead through an NGO network, are there plans to advocate its wider use (such as, inclusion in new projects and proposals)?					

ANNEX 6.

COMPETENCIES, ATTITUDES, AND APTITUDES OF COMMUNITY SOCIAL CHANGE AGENTS AND HOW THEY DIFFER FROM COMMUNITY HEALTH WORKERS		
	Community Change Agents	Community Health Workers
Competencies		
1. Be able to identify and collaborate with formal and informal leaders of different generations and social groups in a community	✓	
2. Be able to formulate clear and precise objectives in the conduct of an activity	✓	
3. Have the ability to identify leaders' interests and organize them to enable them to lead change in their community	✓	
4. Have the ability to use the principles of adult education	✓	✓
5. Capacity to use the dialogical approach with community members to resolve situations and plan community actions	✓	
6. Have skills in formulating good questions	✓	✓
7. Have note-taking skills and write case studies and analyze them to improve intervention	✓	
8. Have the ability to lead intergenerational and gender discussion sessions	✓	
9. Have the ability to work with seniors and especially grandmothers	✓	
10. Master the language of the intervention zone	✓	✓
Attitudes		
1. Be humble	✓	✓
2. Be flexible and adapt to all situations	✓	✓
3. Love your work	✓	✓
4. Be receptive and open to suggestions, criticisms and comments from others	✓	
5. Have a positive spirit	✓	
6. Have a sincere commitment to working with communities	✓	✓
7. Show respect for the values, cultural traditions and elders of your area of intervention	✓	
8. Have faith and sincere belief in the potential of communities through the strengthening of formal and informal leaders	✓	✓
9. Have a team spirit	✓	✓
10. Be rigorous and tolerant	✓	✓
Aptitudes		
1. Have the ability to use the tools at their disposal	✓	
2. Have the ability to listen more than to speak	✓	✓
3. Know and value the local knowledge, values and cultural traditions of the project area	✓	✓
4. Master the techniques of facilitation of group discussions and of paraphrasing	✓	✓
5. Know how to build trusting relationships with communities	✓	✓
6. Know the techniques of taking notes	✓	
7. Know how to delegate tasks	✓	
8. Know how to question yourself	✓	
9. Able to live in a community	✓	✓
10. Master the objectives of the organization's program	✓	✓

COMMENTS ON DIFFERENCES SEEN BETWEEN THESE 2 TYPES OF COMMUNITY AGENTS:
1) Both share a common set of attitudes with more differences seen in competencies and aptitudes. Most shared elements are soft skills/attitudes such as patience, dedication, commitment & conviction in program work & objectives, listening, etc.
2) Social change agents may be seen as having a larger view and actions of community social systems and related skills, such as facilitating group discussions and working with leaders.
3) Table was constructed based on a non-exhaustive review of internet-based literature. See below for references used.

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