

**Guidance note on scaling up social norm change**

**Brief 01**

# **Concepts and resources**

**April 2019**

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This paper is one of four companion Briefs to the main guidance note:

- Brief 01 Scaling up social norm change: Concepts and resources
- Brief 02 Scaling up social norm change: Types of scale-up
- Brief 03 Scaling up social norm change: Resourcing and value for money
- Brief 04 Scaling up social norm change: Risk management and monitoring

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Figure 01: Elements that can maintain behaviours, p.2. reproduced with permission. © Institute for Reproductive Health, Georgetown University 2017. Colours adapted for style.

# Social norms and social norm interventions

Social norms are “the informal, mostly unwritten, rules that define acceptable, appropriate, and obligatory actions in a given group or society” (Cislaghi & Heise, 2018, p. 2).

They are “a rule of behaviour that people in a group conform to because they believe: (a) most other people in the group do conform to it; and (b) most other people in the group believe they ought to conform to it” (Alexander-Scott et al., 2016, p. 6). Social norms “are both embedded in institutions and nested in people’s minds” (Cislaghi et al., 2018, p. 7). They “play a role in shaping women’s and men’s (often unequal) access to resources and freedoms”, thereby affecting “voice, agency and power” (ibid.).

**Social norm interventions support shifting social norms that sustain harmful practices** such as intimate partner violence, child marriage, female genital mutilation/cutting, and the exclusion of people with disabilities. These approaches tend to support community-level change, are concerned with power inequalities, and involve organised diffusion (change beginning with a core group who then involve others) (Yaker, 2017).

A key recommendation in the literature is that **culturally embedded, complex**

**social norms require change to be “people-led”,** with interventions helping “participants develop both internal motivations to change local norms and strategies to do so in ways that are compatible with the local cultural and social context” (Cislaghi & Heise, 2018, p. 7).

**Social norms may be just one focus of an intervention** as preventing harmful behaviours may require other engagement with individual attitudes and/or material and structural conditions (Yaker, 2017, p. 9). Harmful behaviours are sustained by multiple factors (which include social norms) “that need to be understood in their interactions” (Cislaghi & Heise, 2018, p. 1). See Figure 1.

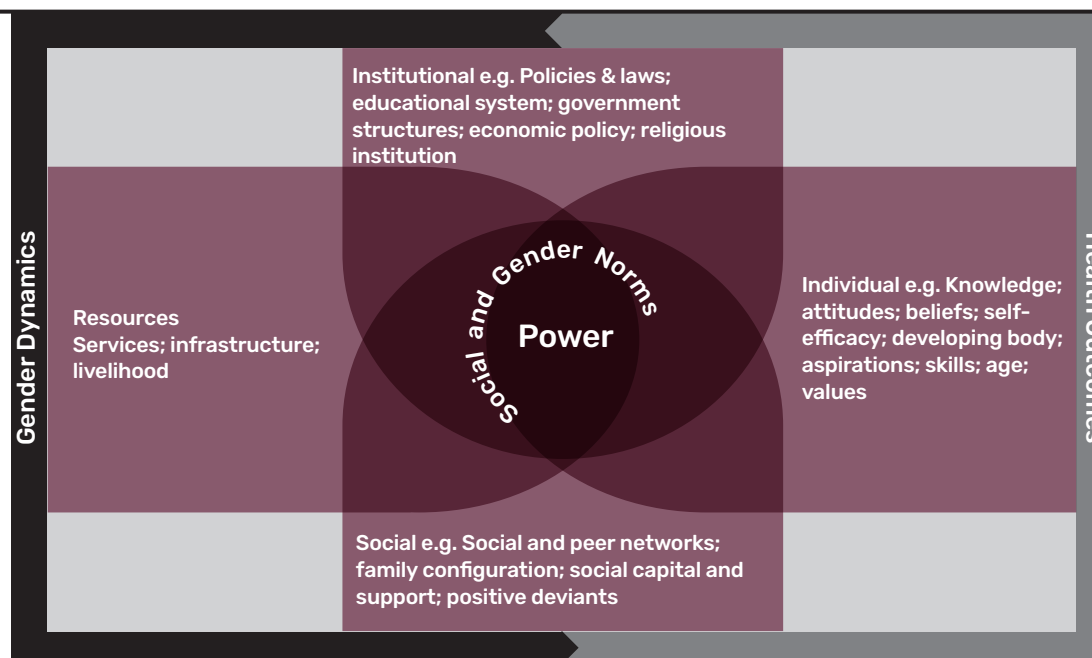


## Further reading

Literature on social norm interventions tends to focus on gender-related norms. [Cislaghi & Heise \(2018\)](#) identify common pitfalls when applying a social norm perspective to health-related behaviour change interventions. [Cislaghi et al. \(2018\)](#) provide further in-depth exploration of social norms and what works to change gender-related harmful practices. [Yaker \(2017\)](#) unpacks the common attributes of social norm change interventions (with a focus on public health). The Learning Collaborative to Advance Normative Change provide a guiding conceptual framework ([IRH, 2017](#)).

**Figure 01**  
**Elements that can maintain behaviours**

The Flower for Sustained Health: An integrated socio-ecological framework for normative influence and change



Source: IRH, 2017, p. 10; originally adapted from Cislaghi & Heise, 2017 by the Learning Collaborative. Reproduced with kind permission of Institute for Reproductive Health, Georgetown University.

Scale-up is used to refer both to scaling up the ends (desired impact) and scaling up the means (intervention)

(Hancock et al., 2003, p. x).

Commonly, the aim of scaling up is to enable more people to have a better life (*the impact*) through shifting harmful social norms (*the outcome*) in order to prevent a harmful behaviour. Achieving this impact involves understanding what population level of change in social norms is required (i.e. what the required tipping point is in the group/community/location of focus). Scale-up is often assumed to be only about reaching more people but there are other key objectives of scaling up that can also increase impact, for example: improving the depth and sustainability of impact and reaching different, more marginalised population groups (Gargani & McLean, 2017, p. 38; Cooley et al., 2016).<sup>1</sup>

Scale-up is achieved by identifying, developing and stimulating movement along programme pathways through which outcomes and impact are attained. There are multiple possible programme pathways for achieving impact at scale, which can be strategically combined:<sup>2</sup>

### Horizontal scale-up

Horizontal scale-up involves taking an intervention and expanding it in one area or adapting it to roll out across new locations. This can involve scale-up of a programme in different places by the one originating organisation. For example, Save the Children has scaled up Choices, “a behavioral change curriculum aimed at stimulating discussion between boys and girls on gender and power” to seven countries after the pilot evaluation in Nepal (IRH & Save the Children, 2016, p. 11). Or an intervention can be adapted and implemented by multiple organisations, a popular approach for violence against women and girls prevention models that use community-embedded volunteers, translating group education/discussion models into locally relevant content (Remme et al., 2015). For example, SASA! has been implemented in multiple countries (ibid.; Heilman & Stich, 2016).

Guidance on scaling up development interventions recommends combining scaling up horizontal reach with vertical (political/policy/legal) influencing and engaging activities through advocacy, collaboration, and partnership (WHO & ExpandNet, 2009, 2010).

### Vertical scale-up

Vertical scale-up involves reforming the (formal) institutional framework (policies, laws) and engaging the state to support widespread change, and sometimes, state institutionalisation of the intervention. Interventions to shift harmful gender norms have invested in supporting policy and legal reform at global, regional and national levels. Some interventions establish technical steering committees situated within government institutions; others aim for mainstream institutionalisation of their activities. Innovations may also be scaled up through institutionalisation by NGOs or the private sector (ibid., p. 22).

### Functional scale-up

Another pathway is functional scale-up – which involves adding new components to existing programmes and services. The aim is to “piggyback” on pre-existing reach and legitimacy, and for the interventions to benefit from synergies in aims and activities. For example, one approach is to layer “cash plus” services, interventions, and messaging onto social protection programmes to address interrelated social and economic vulnerabilities (Roelen et al., 2017). There are also experiences of mainstreaming disability-inclusive approaches in education services, which combine community sensitisation and training alongside improving infrastructure, resources and training for service providers, and supporting government policy reform (Leonard Cheshire, 2017).

### Other scale-up pathways

These pathways may involve some form of **organisational scale-up** – either through growing the role and capacity of an original organisation and/or creating new partnerships – as well as **scaling up evidence and learning strategies**.

1. This is based on the summary provided in Carter et al., 2018. The Carter et al. 2018 summary also draws on Uvin, Jain, & Brown, 2000; Holcombe, 2012; Robinson et al., 2016; Jonasova & Cooke, 2012; Remme et al., 2015.

2. These definitions and examples draw on WHO & ExpandNet, 2009, 2010, 2011; Cooley et al., 2016; Uvin, 1995; Hartmann & Linn, 2008; Robinson et al., 2016 – and others referenced in detail in Carter et al., 2018, where the explanations were first provided.

The guidance note draws on literature on scaling up development interventions across a number of sectors:

**ExpandNet** – a global network of individuals from international organisations, NGOs, research institutions, and ministries of health – has published a series of resources for scaling up health service delivery (WHO & ExpandNet 2009, 2010, 2011). The approach is based on management science, social diffusion and systems theory, and extensive experience in testing with ministries of health/reproductive health units in many countries. The approach has been used outside of health service delivery settings, including for community-based interventions such as the USAID-funded Gender Roles, Equality and Transformations (GREAT) project in Uganda (IRH et al., 2017). (IRH & FHI 360, 2016, p. 23).

ExpandNet has identified that innovations (practices that are new in the local setting where they are being introduced) with the “CORRECT” attributes listed opposite are most likely to be successfully scaled up. Here are the guiding questions provided by ExpandNet to use to assess an intervention against these attributes:

## ExpandNet CORRECT attributes and guiding questions

**Credible** in that they are based on sound evidence and/or advocated by respected persons or institutions

- 01. Have results of pilot testing the innovation been documented?
- 02. How sound is the evidence?
- 03. Is further evidence/better documentation needed?
- 04. Has the innovation been tested in the type of setting where it will be scaled up?

**Observable** to ensure that potential users can see the results in practice

- 01. How observable are results?

**Relevant** for addressing persistent or sharply felt problems

- 01. Does the innovation address a felt need, persistent problem or policy priority?

**Relative** advantage over existing practices so that potential users are convinced the costs of implementation are warranted by the benefits

- 01. Does the innovation have relative advantage over existing practices?
- 02. Is it more cost-effective than existing practices or alternatives?

Source: Adapted from WHO & ExpandNet, 2010, pp. 10–11. Note: “User organisation(s)” refers to the organisation(s) that seek to or are expected to adopt and implement the innovation on a large scale.

**Easy** to install and understand rather than complex and complicated

- 01. What degree of change from current norms, practices and level of resources is implied in the innovation?
- 02. What is the level of technical sophistication needed to introduce the innovation?
- 03. Does the innovation have the potential for creating conflict in the user organisation?
- 04. Were major additional human or financial resources and commodities needed to introduce the innovation?

**Compatible** with the potential users’ established values, norms and facilities; fit well into the practices of the national programme

- 01. Is the innovation compatible with current values or services of the user organisation?
- 02. Will it be difficult to maintain the basic values of the innovation as expansion proceeds?
- 03. Will changes in logistics need to be made to accommodate the innovation?
- 04. Which components will need local adaptation to be relevant for changes in local context?

**Testable** so that potential users can see the intervention on a small scale prior to large-scale adoption

- 01. Can the user organisation test the innovation in stages without fully adopting it?

# Further resources

The [Management Systems International \(MSI\) scale-up management framework](#) concentrates on translating successful pilot projects into established systems, with a strong focus on ensuring sustainability by building up local priorities, incentives, and capacity to adopt and maintain the intervention ([the framework – Cooley et al., 2016](#); [the toolkit – Cooley et al., 2012](#)). There is relevant learning from the experience of supporting the scale-up of 22 pilot projects in Mexico, Nigeria and India in the fields of rural health, maternal mortality, HIV/AIDS, micro-insurance, family planning, and early childhood education (IRH & FHI 360, 2016, pp. 24–25).

The IFAD framework – first published in 2008 as a Brookings working paper by Hartmann & Linn, then developed collaboratively with IFAD – provides high-level policy and operational guidance on scaling up (Cooley & Linn, 2014, p. 1; [Hartmann & Linn, 2008](#); [Linn et al., 2010](#)). It is well suited for understanding the broad design of development programme scale-up approaches, with particular attention to multisectoral coordination and using behaviour change communication (IRH & FHI 360, 2016, p. 24).

[Robinson et al.'s \(2016\) review](#) of scaling up educational interventions in developing countries: this framework could be helpful to inform the functional scale-up of inclusive education.

[Fox's \(2016\) work](#) on scaling transparency and accountability civic initiatives: Fox sets out how sustainable institutional change can be driven by coordinated civil society policy monitoring and advocacy across local, subnational, national, and transnational levels (vertical scaling), while also broadening pro-accountability constituencies to extend their territorial reach and social inclusion (horizontal scaling). This is a conception of scaling up through strategising at multiple levels to achieve leverage over the multi-level nature of power structures.

[Burns & Worsley \(2015\)](#) set out how to navigate complexity and facilitate sustainable change at scale, outlining a process of innovative adaptation of ideas using participatory practices to foster a practice and culture of learning across relationship-based networks.

There is also guidance and other research on scaling up interventions to change social norms (in publication year order):

- The [Learning Collaborative to Advance Normative Change](#) provides a set of resources (IRH, 2017; IRH & FHI 360, 2016; Yaker, 2017; Learning Collaborative, 2019).
- Recommendations and case studies by the [Community for Understanding Scale Up \(CUSP\) working group](#), sharing experiences of scale-up from the perspective of programme designers and implementers of social norms change initiatives for preventing violence against women and girls and improving sexual and reproductive health and rights (CUSP, 2017, 2018).
- The [Global Women's Institute of the George Washington University and the World Bank Group's guidelines](#) for replicating community mobilisation interventions to address intimate partner violence (Contreras-Urbina et al., 2016).

- The [International Center for Research on Women \(ICRW\) and Raising Voices analysis](#) of scaling up community mobilisation for gender equality (Heilman & Stich, 2016).
- The [IRH & Save the Children \(2016\) literature review](#) of scaling up normative change for adolescent and youth sexual and reproductive health interventions.
- The [USAID-commissioned framework and checklist](#) for scaling up gender-based violence interventions (dTS, 2015).
- The [What Works to Prevent Violence Against Women and Girls evidence review](#) of approaches to scale-up and assessing cost-effectiveness of programmes to prevent violence against women and girls (Remme et al., 2015).

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