Guidance note on scaling up social norm change

Brief 02

Types of scale-up

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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

Authors
Becky Carter
Institute of Development Studies
Marina Apgar
Institute of Development Studies
Shandana Khan Mohmand
Institute of Development Studies

The content of the report does not necessarily reflect the opinions of any of the experts consulted.

Introduction

Scale-up is achieved by identifying, developing and stimulating movement along change pathways through which outcomes and impact are attained. There are multiple possible pathways for a programme to achieve impact at scale, and they can be applied in combination. Scale-up pathways are not mutually exclusive; they enable insight into the different dimensions of scale-up.

Often with social norm work the focus has been on how an existing community-based intervention – sometimes a new innovation (or approach) successfully trialled in a pilot – can be scaled up by rolling it out (with adaptations) to reach new people, often in new locations (commonly referred to as horizontal scale-up). However, there are other programmatic pathways to scale-up impact.

Scale-up pathways include:[1]

- Horizontal scale-up: Expanding an intervention, achieving a wider (or deeper) coverage or adapting and implementing it in new contexts.

- Vertical scale-up: Engaging with the (formal) institutional framework (through policy, political, legal, regulatory, budgetary, or other changes); institutionalisation of scale-up (WHO & ExpandNet, 2010, p. 21).

- Functional scale-up. 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.

- Organisational scale-up: Growing the role and capacity of an original organisation, implementing scale-up through new organisations, and/or creating new partnerships (Hartmann & Linn, 2008; Cooley et al., 2016).

- Evidence and learning scale-up: Investing in local, national and international learning and research to build the evidence base on how to scale effectively and learn from experience.

Scale-up approaches tend to involve a strategic combination of programmatic pathways – this may be the key to unlocking impact at scale (WHO & ExpandNet, 2009, 2010). At the same time, scale-up needs to consider how to not overcomplicate programmes. This tension needs to be assessed for each intervention, and will depend on the particular context.

This Brief explores key issues and case studies for four of the scale-up pathways: horizontal, vertical, functional and organisational.

1. 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.

Horizontal scale-up

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Horizontal scale-up refers to the process of taking an intervention (often a new innovation and/or small-scale pilot) and expanding this to achieve a wider (or deeper) coverage or implementing it in new contexts.

Approaches can include expanding and rolling out community mobilisation approaches to support a community through a process of change (including awareness-raising, education and training), often involving strategies to diffuse effects and encourage organic scaling, beyond the immediate participants of an intervention (WHO & ExpandNet, 2010; Cislaghi et al., 2019). This involves investing in relationships, network-building, personal transformation journeys, and local change agents (activists, role models, local leaders and outliers). Other strategies and tools include behavioural change communications (e.g. mass media campaigns), social marketing methods, and a behavioural insights focus on mindsets, decision-making frames, and the social environment (Carter et al., 2018).

(Reaching more people can also be achieved through other scale-up programmatic pathways. For example, through functional scale-up – adding a social norm component to an existing programme with a wide reach, which is described in more detail on page 08.)

Challenges and Risks

(See Community for Understanding Scale-Up (CUSP) 2017, 2018)

- Shortcuts undertaken, compromising core principles. Thereby fidelity to original approach not upheld, or a pick and choose approach done that selects activities but disregards the essential elements.

- Replication of interventions without adequate adaptation to contexts.

- Inadequate training for facilitators and/or staff.

- Some aspects of the intervention cannot be safely scaled. For example, some activities might be quite sensitive and require small groups and a higher level of skilled facilitation.

- Limited evidence of what works at scale to shift social norms.

Considerations for Success

(See CUSP, 2017, 2018)

- Consult programme designers, in-country partners and other stakeholders from the outset to explore what makes the intervention work (its core components, delivery mode and operating environment) to collaboratively design scale-up.

- Consider how to maintain fidelity to the original model while responding and adapting to new, different contexts.

- Understand what dimension(s) of the intervention require adaptation (e.g. issues being addressed, materials, activities and implementation procedures).

- Invest in collaborative design (with a wide range of stakeholders) and stakeholder ownership of the scale-up, maintaining the quality of implementation (e.g. appropriate training and ongoing support for staff) and rigorous evaluation of social norm programming at scale.

- Assess what changes and compromises are required to activities when going from pilot to scale. There may be an activity that was critical in the pilot which cannot be done well – or safely – at scale. Key questions to ask are: will this activity work at scale? What are the implications? How will this activity change at scale? What safeguards need to be in place? What supports are needed in order to implement this activity at scale. For example:
  - ❋ Regarding communication materials, a pilot may use certain images for posters safely because the posters were always used as a tool for discussions that were facilitated by a trained community activist. When scaled, the same use of images may be unsafe if community members see a poster without this person-to-person interaction or support. The scaled-up intervention may decide not to use certain images for fear it may cause misunderstanding or be too risky – for example, for women.
  - ❋ The revised SASA! has developed "deeper discussions", which emerged from the experience of people needing space to delve into more intimate aspects of the issues around power, violence, consent, sexuality, etc. However, these should not be done at scale unless there is significant and quality training and support for the community activists who will be facilitating these activities.

- See organisational scale-up section on page 10 for points on organisations' human resource capacity (facilitators and staff) and investment required.

Horizontal scale-up

As with any social norm intervention that is not implemented effectively, the above issues could result in harm to people/communities; negative impact on credibility of initiatives; reduced effectiveness; and wasted investment. CUSP (2018) provides a set of case studies detailing challenging (and successful) scaling. Here is one of these:

Case study:
Challenges with going to scale – adaptation of Stepping Stones programme

A consortium of research institutions, civil society organisations, local government and others adapted the Stepping Stones programme in Uganda "to empower girls and young women, reduce health risks associated with sexual activity, strengthen families, and mobilize communities for change" (Bajenja & Webourn, 2018, p. 4). Key issues included:

- Not having the manual "in a language that local facilitators can use comfortably" (ibid., p. 5).

- Undertaking the Stepping Stones approach selectively, leading to missing out some critical components (e.g. participatory exercises during the training).

- Selecting only young girls testing negative for HIV: "This was stigmatizing and dangerous for the young women living with HIV, as they were excluded from the workshops and their status was exposed" (ibid.).

- Not training facilitators adequately – limiting their understanding of the programme's "gender-transformative process" – leading to "gender-insensitive messaging" (ibid.).

Source: Bajenja & Welbourn, 2018.

Vertical scale-up

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Vertical scale-up refers to acting to encourage and support "policy, political, legal, regulatory, budgetary or other... systems changes" to achieve national or subnational institutionalisation. (WHO & ExpandNet, 2010, p. 21).

Approaches

- Supporting political, policy and legal reform/changes through: political economy analysis to understand the appetite for change, and possible governance and political opportunities or blockers of change; advocacy and campaigning; networking and relationship building; and partnership and collaboration. This may involve working with and across governance levels within a country (local/community, district, regional, national). Consider what role the government and state institutions will play in supporting shifting social norms (legislation, policy, service delivery) and who is most appropriate to take on lead roles in community-wide norm engagement (Heilman & Stich, 2016; CUSP, 2018).

- Obtaining agreement on state implementation or other institutionalisation for the social norm intervention, in order to benefit from the state's reach and legitimacy, and enable operation at a (regional/national) scale. Involvement of government can work for: (a) scale-up across country and across sectors; (b) supporting political buy-in; and (c) making interventions sustainable by embedding all or some components of the intervention within public sector agendas, approaches and work plans.

- Innovations may also be scaled up through institutionalisation by NGOs or the private sector (WHO & ExpandNet, 2010, p. 22). Innovations tested and subsequently scaled up by NGOs will involve more limited but still important interactions with government (ibid.).

Challenges and Risks

- Dynamic political environments and shifting national funding priorities (Heilman & Stich, 2016, p. 21; also see CUSP, 2018, p. 7).

- Reflections on challenges to a government leadership role (also see findings Heilman & Stich, 2016; Hartmann & Linn, 2008, pp. 24–27):
  - Government may not have the legitimacy, desire or capacity to lead work on sensitive political and social issues, and facilitate safe, inclusive environment.
  - Government may not have the same "leave no one behind" focus, in particular if there is institutional inequality.
  - In both fragile and non-fragile contexts, and in some of the current political set-ups, maintaining certain harmful social norms may be politically expedient, and/or there is a risk government is associated with co-opting movements and shutting down political and civic space (Civicus, 2018).

- For innovations piloted within NGOs and scaled up within the public sector, policy, norm and procedural integration "will most likely be challenging" (WHO & ExpandNet, 2010, p. 22).

Considerations for Success

- A participatory political economy and power analysis (at the start and throughout scale-up) can identify opportunities and champions for the initiative. See Hudson et al.'s (2018) work drawing on 10 years of research by the Developmental Leadership Program and setting out how donors can support building political will to make change happen.

- Work with state stakeholders at scale-up design stage to bring them on board (IRH et al., 2017a). Identify if obstacles are due to a lack of knowledge or more deep-rooted basis. A lack of knowledge may require advocacy and training efforts.

- Use a non-aggressive collaborative approach with information sharing and dialogue supported by appropriate institutional set-ups (Heilman & Stich, 2016). Those seeking scale-up may not want to get involved in political agendas that support certain parties/groups, or even push certain changes that become prominent electoral issues. In terms of timing and opportunities, elections can both provide great moments of change, or moments that should be avoided because it can unnecessarily politicise an issue. This is why scale-up must be contextually grounded (Hartmann & Linn, 2018).

- Consider how to combine vertical scale-up and horizontal roll-out of community-based activities (WHO & ExpandNet, 2009, 2010).

- Consider the phasing of – and linkages between – vertical engagement at various levels (local, regional, national, international) and within state, NGO and private sectors.

- Consider which institution is the right actor to lead and undertake social norms work. A political economy analysis should reveal the right approach and actors. Also extensive consultation with the people involved in any pilot and/or inception work – both implementers and beneficiaries – to understand their thoughts on government role(s).

Vertical scale-up

Case study: PRACHAR programme in India

In 2001, Pathfinder International launched the Promoting Change in Reproductive Behavior (PRACHAR) programme in the north Indian state of Bihar. The programme aimed to improve maternal and child health in Bihar by challenging social norms related to early marriage and subsequent early childbearing. PRACHAR was piloted in two phases, implemented through local NGO partners (2001–2005 and 2006–2008). (Pappa et al., 2015, pp. 9-10).

"Evaluations of PRACHAR reported a wide range of positive health outcomes, including increased contraceptive use to delay first birth among young married couples, increased age at marriage in intervention communities"; improved provider clinical skills and knowledge related to antenatal care, delivery and postnatal care, and a number of gender outcomes such as "increased decision-making power among women and joint decision-making among couples... [and] increased positive attitudes toward girls' education" (ibid., p.10).

PRACHAR was then scaled up in two states: Bihar (2011–2012) and Haryana (2014). In each state, the Department of Health and Family Welfare adapted and incorporated select intervention components or strategies of PRACHAR into its reproductive, maternal, neonatal, child, and adolescent health programme. Both states trained local community health workers to deliver enhanced services under PRACHAR (ibid., pp. 10-11).

There are no evaluations of the scale-up process in Bihar or Haryana. However, the comparative analysis by Pappa et al. (2015) examined the scale-up by the Government of India of three gender-integrated health programmes, including PRACHAR, and found:

- The pilot programme's ability to demonstrate observable results in improving contraceptive uptake motivated the governments of Bihar and Haryana to scale the programme, due to their interest in improving poor maternal and child health indicators (ibid., p. 17).

- The Bihar government did not agree to use male change agents; leaving out that component left the scaled-up version of the programme in Bihar less able to address gender norms. In contrast in Haryana, the government was more supportive of involving men in the process. It was also more in tune with local gender-related constraints and barriers, and recognised the need to engage and mobilise male religious leaders (ibid., pp. 18, 21).

Source: Pappa et al., 2015.

Case study: SERVOL (Service Volunteered for All)

"SERVOL is an NGO in Trinidad and Tobago that manages education programmes in poor neighborhoods. It is an example of an effective private–public partnership in early childhood and adolescent education, where the government gradually assumed increasing funding responsibilities" (Hartmann & Linn, 2008, p. 48). It is a success story built over 20 years. In 2002 SERVOL was reported to be running a national early childhood education programme with 160 centres and over 300 teachers for nearly 5,000 children aged two-and-a-half to five years (Kirpal, 2002, p. 328). Teachers are well trained and programmes are operated entirely by the community (ibid., p. 295). Originally set up as a private initiative that depended initially (1971–86) on the financial support of overseas foundations, as it expanded over time it built a strong partnership with the Ministry of Education (ibid., pp. 331-334). The 2002 report found that the Ministry of Education treats SERVOL as the implementing agency for the development and dissemination of early childhood education in the country with, since 1990, the government budget providing an annual subvention to SERVOL (ibid., p. 333). At the same time, SERVOL has been able to remain community-based and community-managed. Over this period, national policy shifted to recognise the importance of preschool education, following SERVOL's successful development and advocacy efforts (Hartmann & Linn, 2008, p. 49).

Kirpal attributes SERVOL's success to: the idealism that permeates the organisation, with staff as change agents empowering people to transform their own lives every day; its decentralised structures, giving participants autonomy to be creative; constant training and retraining of staff; tight fiscal control; and high staff retention (Kirpal, 2002, pp. 334–335).

"SERVOL has expanded its early childhood and adolescent training programmes to most countries in the English-speaking Caribbean as well as to South Africa and Ireland" (Hartmann & Linn, 2008, p. 49).

Source: Kirpal, 2002; summarised in Hartmann & Linn, 2008, pp. 48–49.

Functional scale-up

Functional scale-up refers to the integration of inclusive norm components with existing services and programmes. Existing programmes can be a platform to achieve scale, enabling social norm interventions to benefit from an established service or programme's reach and legitimacy, as well as benefit from the synergy between their outcomes (Carter et al., 2018).

Approaches

Social norm approaches – such as community-based activities, behaviour change communication campaigns, training and curricula-based activities, and use of mentor-led groups or "safe spaces" can be added to (integrating or layering) existing workplace, schools, life skills, social protection, microfinance and livelihood, education, and health programmes (Remme et al., 2015). The aim is to "piggyback" on pre-existing reach and legitimacy, and for the interventions to benefit from synergies in aims and activities.

Challenges and Risks	Considerations for Success
• The combination of new and original activities could have (unanticipated) contradictions or trade-offs. • Separate policy, institutional and financing processes may constrain incentives to combine the programme components. • There is a limited evidence base to guide the design of integrated programmes.	• Understand the core principles, delivery model and operating environment of the original intervention, and consider how these will be affected by adding a new component. • Understand the organisational and staffing resource required for the combined programme. Do existing staff have the capability, resource (time, funding), appropriate support (preparatory training and ongoing technical assistance) and incentives to deliver the new components? This is particularly an issue if the proposal is to scale up using government workers. • What preparatory training and ongoing support do original and new staff need? Source: drawing on Hargreaves et al., 2010.

Further reading
See the DFID series of guidance notes produced by the DFID-funded Violence Against Women and Girls (VAWG) Helpdesk on addressing VAWG in programmes on economic development and women's economic empowerment (Georgia, 2015a, b); education (Fancy & McAslan Fraser, 2014a, b); health (Bell & Butcher, 2015a, b); and in humanitarian settings (2018). The full set of DFID guidance notes is available here.

Functional scale-up

Case study:
Tékponon Jikuagou package in Benin

Georgetown University's Institute for Reproductive Health (IRH), in consortium with CARE International and Plan International, designed, tested and rigorously researched the USAID-funded Tékponon Jikuagou package in Benin. This intervention developed a low-cost package of activities that rely on existing social networks and communities' own resources to diffuse new ideas and address social and gender barriers to support family planning. Extensive research throughout the project found it was effective: "In the Benin context, where unmet need was high and social barriers prevented family planning use, the package greatly increased the odds that women and men met their family planning needs" (IRH et al., 2017b, p. 1).

In the pilot phase, two organisations field-tested the approach with two health projects and 90 communities. The scale-up phase involved four new organisations (three Béninois NGOs – Autre Vie, CBDIBA and GRAIB – and CARE's ACCES Project), four non-health projects and 88 communities. Scale-up occurred in projects focused on literacy, savings and loans, and water and sanitation. An assessment found that Tékponon Jikuagou benefited the programmes it integrated with, and was "a critical marker for sustainability" (IRH et al., 2017b, p. 3). Adding the package was found to have "led to increased impact of existing programs, and led to greater community

demand for both project and package activities. New organizations claimed that the focus on social norms, and the integration of family planning themes into non-health projects, contributed significantly to host project results and, more generally, to improving the lives of community members. Using the social network mapping component in projects helped to identify new beneficiaries to engage, for example, facilitating the spread of ideas and new behaviors. In another example, demand for the package was spontaneously created as news of Tékponon Jikuagou (and buzz around its materials) spread. Integration also provided new tools to organizations, and they began to use communication for social change techniques in all projects to more effectively engage participants and reach their goals" (IRH et al., 2017b, pp. 3–4).

Source: IRH et al., 2017b.

Case study:
The Intervention with Microfinance for AIDS and Gender Equity

The Intervention with Microfinance for AIDS and Gender Equity (IMAGE) and a nonprofit microfinance organisation, the Small Enterprise Foundation (SEF) partnered on a joint intervention that combines group-based microfinance with a gender and HIV training curriculum for poor, rural women in South Africa. The intervention seeks to improve communities economically, as well as reducing vulnerability to HIV and gender-based violence. From 2007 to 2017, IMAGE expanded from reaching 800 women to over 35,000 in three provinces: "… as one of the few initiatives proven to prevent intimate partner violence, IMAGE has inspired similar programs in Tanzania, Kenya, Burundi, Zimbabwe, and Peru by new implementers (mainly NGOs that have adapted the original model for their setting)" (Muvhango, 2018, p. 2).

The intervention was evaluated as a randomised controlled trial conducted from 2001 to 2004 in South Africa's Limpopo province: "After two years, relative to matched controls, the intervention group demonstrated a 55 percent lower risk of physical or sexual violence from an intimate partner, as well as improved access to HIV counselling and testing and reduced HIV risk behaviour", and other empowerment and poverty impacts (ibid.). Meanwhile "A study of the relative benefits of IMAGE found that while microfinance on its own produced economic benefits, only the combined IMAGE model facilitated wider gains in

empowerment, social well-being, and health – including the observed reductions in the risk of HIV and violence" (ibid.).

Reflections on success
- "[A] good choice of implementing partner – a proven microfinance organization – and a decision to keep separate roles based on the expertise of each, as well as joint and participatory management";

- "[A] successful pilot and demonstrated impact to the microfinance program meant demand for scale-up within the microfinance program"; and

- Staff capacity-building that involved "investment in quality staff training for up to six months that is based on personal reflection and development" (ibid., p. 3).

Challenges
Tied into success (or not) of the microfinance partner (e.g. in terms of attracting clients); high community mobilisation costs; staff dissatisfaction arising from differences between the NGO and the microfinance partner (e.g. benefits); introduction of online banking affecting group attendance (pp. 3–4).

Source: Muvhango, 2018.

Organisational scale-up

Scale-up is likely to involve some form of organisational scaling. This could include: growing "an 'originating' organisation that develops and pilots the models", with that one organisation continuing to implement scale-up through its own structures; involving new organisations, in new locations and/or new capacities, to implement the scale-up; and expanding other partnerships and networks (Hartmann & Linn, 2008, p. 28; Cooley et al., 2016).

WHO & ExpandNet (2010, p. 6) distinguishes between the roles during scale-up of:

● **Resource team:** the individuals and organisations that promote and facilitate wider use of the innovation. (Examples are researchers, technical experts programme managers; trainers/educators; service providers; policymakers from relevant ministries; representatives of other governmental organisations; representatives of national and international NGOs or private sector institutions.)

● **User organisation(s):** the institution(s) or organisation(s) that adopt and implement the innovation on a large scale. (Examples are the ministry of health, education or social welfare; several ministries working together; NGOs or other community-based organisations; a network of private providers; and a combination of such institutions.)

Looking at the adaptation and roll-out of community-based programmes, these can be undertaken as:

● Wholly-owned: original designers/ implementers work directly in new region;

● Additive/partnerships: original designers/ implementers provide technical assistance with new partners;

● Multiplicative: new implementers take on work without the benefit of those with prior implementation experience.

Case study: SASA!

"A large bilateral funder recommended SASA! as an evidence-based community mobilization approach to be considered for implementation by grantees in Africa, although Raising Voices was not involved in designing the strategy or aware of the inclusion of SASA! After grantees were funded and included SASA! in their work plans, this funder, through its coordinating agency, asked Raising Voices to conduct a training for the grantees. Despite short notice, Raising Voices conducted the training based on the understanding that it would not be a one-off engagement—that is, that Raising Voices would provide the training as a first step in a broader technical assistance partnership with the grantees to support quality programming. The individuals sent for the training were mostly senior managers and not those who would be programmatically supporting SASA! … Raising Voices was also told not to communicate directly with implementing agencies, even though many of them reached out to us independently for support.

The result? … SASA!'s three-year holistic, community-wide program was reduced to a three-day training with community activists, with a requirement for those activists to have 10 "contact hours" with community members. The technical assistance providers, staff, and community activists had inadequate training to raise sensitive discussions about violence, power, and women in communities … ."

Source: Michau et al., 2018, p. 4.

Case study: USAID

"Following the election-related ethnic violence in 2007, USAID saw the constitutional reform process as an opportunity to use civil society organisations (CSOs) funding to advance women's and other progressive rights, but also recognised the importance of reaching a broad range of Kenyans. USAID therefore selected an international NGO, PACT, to manage a programme aimed at national and regional organisations, such as the Federation of Kenyan Women Lawyers (FIDA), but deliberately chose a Kenyan umbrella organisation, Uraia Trust, to manage a second programme aimed at grassroots CSOs and networks able to influence the broader population. While Uraia Trust was able to reach relatively inaccessible and unconventional groups, such as working with 'bar girls' to spread messages, USAID found that Uraia Trust lacked the organisational capacity to manage a large number of grants. USAID staff therefore had to invest significant time to support the Trust to, inter alia, plan its work, manage its finances and workload. USAID also had to be creative and flexible in order to be able to work with small organisations while also meeting their own bureaucratic requirements (e.g. providing cash for grantees without bank accounts, using 'spot checks' rather than formal reporting to not overburden partners). Given these challenges, the programme manager reflected that USAID should have begun building relationships with the grassroots organisations much sooner… ."

Source: O'Neil, 2016, p. 10.

Organisational scale-up

Challenges and Risks

- Insufficient understanding of the investment required in (1) organisational capacity and (2) partnership working – and how to achieve this.

- Risky assumption that existing staff will have additional time and expertise for new/expanded activities. Availability of human resources can create a bottleneck during scale-up (Remme et al., 2015).

- Governance structures and organisational incentives that do not support (1) efficient coordination, and (2) collaborative partnerships. In particular, organisations scaling alone may not understand the value of partnerships and may miss government and NGO opportunities to scale and reach places that their organisations cannot achieve alone.

- Lead organisation too "wedded" to the original model and unwilling to adapt an intervention during scale-up.

- Pace of scale-up is limited by the reality of constraints of the lead organisation's staff resource (e.g. the core group of intervention experts to train others).

- Mismatch of organisational functioning with the intended social norms.

- Donor-driven organisational scale-up undermining local level ownership and long-term sustainability.

Considerations for Success

- Systematically consider the different types of organisations and partners required during scale-up, and their roles (resource team, user organisations). For example, the range of organisations could include community-based organisations; local/national/ international NGOs; women and disability rights' groups; private sector telecommunication companies, advertising/marketing agencies, social marketing companies and the media (Alexander-Scott et al., 2016, p.22); and others.

- Assess the investment required in the respective organisation(s) core capacities in finance, IT, HR, safeguarding, risk management, and others.

- Programme developers of social norm-shifting methodologies that have been taken to scale recommend identifying local partners who champion social justice principles to lead implementation. Based on their experience "often, the organizations best placed to lead social norms change efforts are local women's organizations with strong social justice principles, a willingness to reflect critically on organizational culture, and interest in tackling the issues in a community-wide, politicized manner" (CUSP, 2018, p. 5). Consider how to work with these groups, i.e. what kind of capacity support they need to engage with a large donor-funded programme, opportunities for pairing with a larger institution with infrastructure (multiple country offices, vehicles, etc.), and build this into programme design.

- Undertake a capacity assessment of organisational partners (values, ability to implement intervention and management capacity – i.e. the ability to advocate, supervise, support, etc.).

- Understand what staffing capacity and skills are required, and what training and technical support are required to prepare for scale-up, during scale-up, and when operating at scale.

- Allocate resources (financial, human, time) to plan adaptation (e.g. adequate pre-inception and inception phases), for new organisational partners to internalise norms change concepts as well as how to implement components, and for continuous support to staff (CUSP, 2017). Will the organisations live the values of justice and equality and rights they promote in the community?

- Consider how governance set-up will support coordination and partnership working (Cooley et al., 2016).

- Consider how donor activity may impact on local ownership and put in mitigating actions to prevent undermining sustainability (Hartmann & Linn, 2008, p. 28).

References

● Bajenja, E. & Welbourn, A. (2018). *Social norms change at scale: Insights from stepping stones* (CUSP 2018 Case Study Collection). Community for Understanding Scale Up. Retrieved from: http://raisingvoices.org/wp-content/uploads/2013/02/1.CUSP%E2%80%99s-Collective-Insights_interactive.FINAL_.pdf

● Bell, E. & Butcher, K. (2015a). *DFID guidance note on addressing violence against women and girls (VAWG) in health programming – Part A*. London: VAWG Helpdesk. Retrieved from: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/446113/Health-guidance-note-partA_3_.pdf

● Bell, E. & Butcher, K. (2015b). *DFID guidance note on addressing violence against women and girls (VAWG) in health programming – Part B*. London: VAWG Helpdesk. Retrieved from: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/446114/Health-guidance-note-partB_3_.pdf

● Carter B., Joshi, A., & Remme, M. (2018). *Scaling up inclusive approaches for marginalised and vulnerable people* (K4D Emerging Issues Report). Brighton, UK: Institute of Development Studies. Retrieved from: https://opendocs.ids.ac.uk/opendocs/handle/123456789/13964

● Cislaghi, B., Denny, E. K., Cissé, M., Gueye, P., Shrestha, B., Shrestha, P. N., ... & Clark, C. J. (2019). Changing social norms: The importance of "organized diffusion" for scaling up community health promotion and women empowerment interventions. *Prevention Science*. Retrieved from: https://link.springer.com/content/pdf/10.1007%2Fs11121-019-00998-3.pdf

● Civicus. (2018). *Closing space, open government? Civil society response to restrictions in OGP countrie*s. Open Government Partnership. Retrieved from: https://www.opengovpartnership.org/sites/default/files/OGP-Civicus_Closing-Space-Open-Gov_20180508.pdf

● Cooley, L., with Kohl, R. & Ved, R. R. (2016). *Scaling up – From vision to large-scale change: A management framework for practitioners*. Third Edition. Washington, DC: Management Systems International. Retrieved from: https://msiworldwide.com/sites/default/files/additionalresources/2018-11/ScalingUp_3rdEdition.pdf

● CUSP. (2017). *On the cusp of change: Effective scaling of social norms programming for gender equality*. Community for Understanding Scale Up. Retrieved from: http://raisingvoices.org/wp-content/uploads/2013/03/CUSP.SVRIpaper.Final_.6sept2017.forWeb.pdf

● CUSP. (2018). *Social norm change at scale: CUSP's collective insights* (CUSP 2018 Case Study Collection). Community for Understanding Scale Up. Retrieved from: http://raisingvoices.org/wp-content/uploads/2013/02/1.CUSP%E2%80%99s-Collective-Insights_interactive.FINAL_.pdf

● Fancy, K. & McAslan Fraser, E. (2014a). *DFID guidance note on addressing violence against women and girls (VAWG) in education programmes – Part A*. London: VAWG Helpdesk. Retrieved from: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/318899/Education-guidance-note-partA.pdf

● Fancy, K. & McAslan Fraser, E. (2014b). *DFID guidance note on addressing violence against women and girls (VAWG) in education programmes – Part B*. London: VAWG Helpdesk. Retrieved from: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/318900/Education-guidance-note-partB.pdf

● Georgia, T. (2015a). *DFID guidance note on addressing violence against women and girls (VAWG) through DFID's Economic Development and Women's Economic Empowerment Programmes – Part* A. London: VAWG Helpdesk. Retrieved from: https://www.oecd.org/dac/gender-development/DFID-Addressing%20Violence%20Against%20Women-GuidanceNote_PartA.pdf

● Georgia, T. (2015b). *DFID guidance note on addressing violence against women and girls (VAWG) through DFID's Economic Development and Women's Economic Empowerment Programmes – Part* B. London: VAWG Helpdesk. Retrieved from: https://www.oecd.org/dac/gender-development/DFID-Addressing%20Violence%20Against%20Women-GuidanceNote_PartB.pdf

● Hargreaves, J., Hatcher, A., Strange, V., Phetla, G., Busza, J., Kim, J., ... & Bonell, C. (2010). Process evaluation of the Intervention with Microfinance for AIDS and Gender Equity (IMAGE) in rural South Africa. *Health Education Research, 25*(1), 27-40. Retrieved from: https://doi.org/10.1093/her/cyp054

● Hartmann, A., & Linn, J. (2008). *Scaling up: A framework and lessons for development effectiveness from literature and practice* (Wolfensohn Center for Development Working Paper No. 5). Washington, DC: Brookings. Retrieved from: https://www.sdc-learningandnetworking-blog.admin.ch/uploads/2010/12/Wolfensohn-Center-2008-scaling_up_aid_linn.pdf

● Heilman, B., & Stich, S. (2016). *Revising the script. Taking community mobilization to scale for gender equality*. Kampala, Uganda; Washington, DC & New Delhi, India: Raising Voices and International Center for Research on Women (ICRW). Retrieved from: https://www.icrw.org/wp-content/uploads/2016/11/Revising-the-Script..pdf

● Hudson, A., Mcloughlin, C., Marquette, H., & Roche, C. (2018). *Inside the black box of political will: 10 years of findings from the Developmental Leadership Program*. Birmingham, UK: Development Leadership Program. Retrieved from: http://publications.dlprog.org/DLPsynthesis.pdf

● IRH, Pathfinder International, & Save the Children. (2017a). *Moving from pilot to scale: Lessons learned from the GREAT project*. Washington, DC: Institute for Reproductive Health, Georgetown University (IRH). Retrieved from: http://irh.org/wp-content/uploads/GREAT_ScaleUp_Results_Brief.pdf

● IRH, Care International & Plan International (2017b). *Taking a social change intervention to scale: Learnings from Tékponon Jikuagou in Benin.* Retrieved from: http://irh.org/wp-content/uploads/TJ_ScaleUp_Brief_English.pdf

References

- Kirpal, S. (2002). Communities can make a difference: Five cases across continents. In: Mary Eming Young (Ed.), *From early child development to human development: Investing in our children's future.* Washington, DC: World Bank. Retrieved from: http://siteresources.worldbank.org/EDUCATION/Resources/278200-1099079877269/547664-1099079922573/From_early_child_dev_to_human_dev_En02.pdf

- Michau, L., Letiyo, E., Musuya, T. & Goldmann, L. (2018). *Social norms change at scale: Insights from SASA!* (CUSP 2018 Case Study Collection). Community for Understanding Scale Up. Retrieved from: http://raisingvoices.org/wp-content/uploads/2013/02/6.CombinedCUSPcasestudies.FINAL_.pdf

- Muvhango, L. (2018). *Social norms change at scale: Insights from IMAGE* (CUSP 2018 Case Study Collection). Community for Understanding Scale Up. Retrieved from: http://raisingvoices.org/wp-content/uploads/2013/02/6.CombinedCUSPcasestudies.FINAL_.pdf

- O'Neil, T. (2016). *Using adaptive development to support feminist action.* London: ODI. Retrieved from: https://www.odi.org/sites/odi.org.uk/files/resource-documents/10388.pdf

- 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. Retrieved from: https://www.healthpolicyproject.com/pubs/573_PromotingGenderEqualityinIndiaFINAL.pdf

- Remme, M., Michaels-Igbokwe, C., & Watts, C. (2015). *Approaches to scale-up and assessing cost-effectiveness of programmes to prevent violence against women and girls* (What Works to Prevent Violence Against Women and Girls Evidence Review No. 4). Retrieved from: https://www.whatworks.co.za/documents/publications/38-2-global-evidence-reviews-paper-4-approaches-to-scale-up-and-assessing-cost-effectiveness-of-programmes-to-prevent-violence-against-women-and-girls/file

- Robinson, J. P., Winthrop, R., & McGivney, E. (2016). *Millions learning: Scaling up quality education in developing countries.* Washington, DC: The Brookings Institution. Retrieved from: https://www.brookings.edu/wp-content/uploads/2016/04/FINAL-Millions-Learning-Report-1.pdf

- Uvin, P. (1995). Fighting hunger at the grassroots: Paths to scaling up. *World Development, 23*(6), 927–939. Retrieved from: https://doi.org/10.1016/0305-750X(95)00028-B

- WHO & ExpandNet. (2009). *Practical guidance for scaling up health service innovations.* Geneva: World Health Organization. Retrieved from: http://apps.who.int/iris/bitstream/10665/44180/1/9789241598521_eng.pdf

- WHO & ExpandNet. (2010). *Nine steps for developing a scaling-up strategy.* Geneva: World Health Organization. Retrieved from: http://apps.who.int/iris/bitstream/10665/44432/1/9789241500319_eng.pdf

- WHO & ExpandNet. (2011). *Beginning with the end in mind. Planning pilot projects and other programmatic research for successful scaling up.* Geneva: World Health Organization. Retrieved from: http://apps.who.int/iris/bitstream/10665/44708/1/9789241502320_eng.pdf

Contact

Email info@k4d.info

Twitter @K4D_info

Website www.ids.ac.uk/k4d