



# Social Norms Change at Scale: Insights from GREAT

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## The Approach

The Gender Roles, Equality, and Transformation (GREAT) project aims to promote gender-equitable attitudes and behaviors among adolescents (ages 10 to 19) and their communities with the goal of reducing gender-based violence (GBV) and improving sexual and reproductive health (SRH) outcomes in post-conflict communities in northern Uganda.

The **GREAT** model encompasses several components and centers on collaboration with local partners and the community. GREAT's elements are based on local research and community engagement, are evidence-based, and are scalable—as well as tailored to life stages within the broad category of adolescence. GREAT is simple, low-cost, and designed to respect positive norms and values even as it asks communities to examine and reconsider harmful norms.

The GREAT approach is based on five key principles (see box) and has four components, a set of participatory activities to get adolescents and adults thinking and talking about how to help girls and boys grow into healthy adults who live in communities that are free of violence and encourage equality between men and women. The four GREAT components include: the Community Action Cycle, simple steps to bring communities together to take action to improve adolescent well-being; Oteka, a serial radio drama with stories and songs about young people and their families living in northern Uganda; an orientation to help village health teams offer youth-friendly services; and a toolkit with lively stories and games, a flipbook, activity cards, and discussion guides.



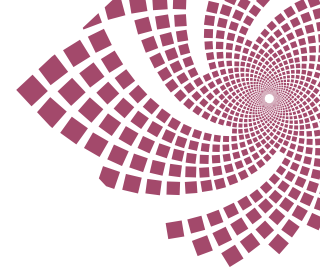
## GREAT Principles

- Transform social norms
- Focus on life transitions
- Engage all levels of the ecological system
- Apply a relational approach that engages women and men, girls and boys
- Work with existing groups to build trust and foster a foundation for sustainable change



## Where and How it is Being Used

GREAT was piloted in northern Uganda's Amuru and Lira districts from 2012 to 2014. The program was then scaled to the Oyam and Pader districts using the ExpandNet approach described in the next section. During scale-up, community-based organizations adapted the GREAT package and incorporated it into their existing programming. The GREAT consortium also worked closely with local government representatives to ensure GREAT was included in government budgets and work plans, and the GREAT radio drama was incorporated into regular radio programming and broadcast throughout the intervention districts.



Beyond northern Uganda, GREAT has been adapted and implemented in other parts of the country, as well as in Benin, Mozambique, and the Democratic Republic of the Congo. The materials and how-to-guide are available online and have been used in other settings as well. For example, consortium members—Pathfinder International, Save the Children, and the Institute for Reproductive Health, as well as partners such as Plan International and FHI360—have included GREAT in proposals submitted to the United Nations Population Fund, to the US Agency for International Development, and for other large bi- and multilateral initiatives in Uganda, as well as regional and global efforts.

To ensure the intervention worked as planned during scale-up, materials and strategies were designed to be lean (that is, affordable to produce and use without intensive orientation and coaching). This included a “how-to” guide to systematize staff orientation on core concepts, provide step-by-step implementation guidance, include approaches to monitoring fidelity, quality, and adherence to values, and explain how to adapt interventions for new contexts. The how-to guide was designed for program managers with a high school-level education.

A core task during scale-up was building the capacity of a resource team of the pilot user organizations to support new organizations implementing GREAT. The user organizations were those that worked together to obtain the original funding and developed and piloted the program. The resource team’s success depended on its ability to internalize scale-up goals and apply systems thinking while mentoring new organizations. Effective scale-up required more than one-off staff training to internalize the GREAT principles and values; sustained efforts were needed to intentionally develop the user organizations’ mindset and capacity through values clarification, regular check-ins, and reflections on the package. The resource team’s capacity to provide orientation, training, and support to new user organizations was critical. They needed to navigate other organizations’ internal systems—for example, using their work plans to identify needs and provide appropriate assistance.

Local government coordinated scale-up efforts, and effective mechanisms of government engagement included involving line ministries in the technical advisory group, obtaining their endorsement of intervention materials (specifically the toolkit and how-to guide), and including government officials in the review and vetting of pilot results. Buy-in was rooted in government involvement throughout the three-year research and pilot experience—in particular, representatives of the line ministries and district community development officers on the resource team (established in 2011) who advised the entire development-to-scale process. Regular check-ins and coordination and reflection meetings provided opportunities for the user organizations and district governments to share activity updates, lessons learned, and work plans for the coming quarter.




## Understanding Scale

GREAT’s scale-up approach was based on the World Health Organization ExpandNet model, which defines scale-up as “the implementation of deliberate efforts to increase the impact of health service innovations successfully tested in pilot or experimental projects so as to benefit more people and to foster policy and program development on a lasting basis.”<sup>1</sup> While

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<sup>1</sup> ExpandNet. (n.d.). Who we are. Retrieved from <http://www.expandnet.net/about.htm>



GREAT was not a health service innovation, the ExpandNet approach remained relevant in guiding strategic thinking on how to take the GREAT innovation to scale, adopting its strategy of building the capacity of the organizations that implemented the intervention during the pilot to coach new organizations during the scale-up phase.

Other key elements of the ExpandNet approach used by GREAT were careful adaptation and attention to both horizontal and vertical scale-up:

- **Adaptation:** Following review of the pilot results, the GREAT consortium adjusted the package to improve its reach and effectiveness in 2014. Adjustments in Uganda included streamlining Community Action Cycle trainings, providing scripts to community drama groups, incorporating gender and adolescent SRH information into Ministry of Health village health team materials, reducing the toolkit production costs, and including more facilitation advice in the toolkit. Toolkit elements and GREAT guides, designed from the outset to be affordable to produce and easy to use, were further streamlined after the pilot to facilitate expansion. Adaptation outside of northern Uganda included the translation and redesign of visual and written materials based on formative research and community and stakeholder workshops, including youth review.
- **Horizontal scale-up:** GREAT was expanded within the two pilot districts and introduced to two new districts, reaching 184 parishes (comprising 2,208 villages in 33 sub-counties). Expansion to new geographic areas was supported by 33 new user organizations. The resource team held multiple dissemination events and followed up with individual meetings with organizations that expressed interest in integrating GREAT into their programs. An intensive “courtship” process helped ensure that GREAT would be a good fit for the organizations and that they had the technical capabilities and resources to successfully implement the program. Resource team members conducted organizational capacity assessments to identify areas in which capacity strengthening would be needed and put training plans in place. Organizations were asked to use their own funds for integration but received materials (flipbooks, activity cards, and the game board) and training of trainers. Resource team members also provided monitoring and supervision support. To assist new implementers, GREAT staff and partners developed the how-to guide and a monitoring, learning, and evaluation handbook containing step-by-step implementation guidance, including approaches to monitor fidelity, quality, and adherence to values and how to adapt interventions for new contexts.
- **Vertical scale-up:** Vertical scale-up, or institutionalization, was the purview of Community Development Office under the Ministry of Gender, Labour, and Social Development. This office included GREAT in sector and district operating plan meetings and chaired technical advisory group meetings. District community development and education officers managed coordination and monitoring structures.



## Going to Scale: A Success Story

The element of the GREAT project with the most success at scale was Oteka, the serialized radio drama. It was the simplest component to implement and had the widest reach—60 percent of endline survey respondents reported listening to the program. The drama was created to engage, entertain, inform, and spark substantive discussion on GREAT topics, with character trajectories mapped to reflect a gradual process of change with setbacks (see the [Prochaska](#)



[Stages of Change Model](#)). Additionally, it provided a framework in which community attitudes and norms related to gender roles, GBV, and adolescent SRH could be uncovered, discussed, and ultimately changed.

Initially, GREAT contracted two local radio stations to air Oteka. After all 50 episodes had aired over the course of a year, three additional radio stations agreed to play Oteka for free in the pilot districts of Amuru and Lira. During scale-up, the radio drama aired on five more radio stations in the intervention districts. The radio drama took on a life of its own as organizations were able to convince additional local and community radio stations to air the episodes. This was made possible by their popularity and the need for local-language content to fill radio airtime.

The radio drama was entertaining, free, popular, and recorded in the local language. Radio stations valued the content and were able to air the drama at little to no cost, thus exposing thousands to GREAT ideas. Two critical lessons contributed to scale-up success, both generally and in terms of the radio drama specifically:

- **Low-cost, entertaining, and simple materials designed from the beginning with scale in mind facilitate adaptation and scale-up.** Ready-made tools and implementation guides made it possible for new user organizations to implement GREAT with modest support. The straightforward guide, along with in-person support from the resource team, helped user organizations effectively implement GREAT. Additionally, the GREAT components were developed to address the specific reality of the northern Uganda context. This meant that program components were easy for participants to relate to and engage with.
- **In-person meetings and support.** While simple, low-cost materials are important, in-person support from resource organizations is also critical. Training to use the low-resource materials, facilitate the Community Action Cycle, or encourage engagement with the radio drama was also needed to scale effectively.



### Okidi's Story

(from the Oteka radio drama)

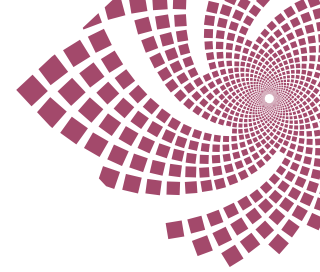
Okidi grows up seeing his sisters treated differently by his parents and thinks it is normal. While they spend time doing household chores, he plays with friends and goes to school. This causes Okidi's sisters to perform poorly in school. One day at a friend's home, Okidi realizes that his family treats girls differently. He also sees women in leadership positions in Oteka village. Okidi begins to reflect on these situations.



## Going to Scale: A Challenging Story

The government played a critical role in coordinating scale-up, yet its effectiveness varied by district. This was in part due to the strength of the user organizations and their ability to engage with the government, but in large part, it was due to the individual capacity and motivation of local officials. At the district level, early stakeholder engagement helped facilitate broad institutionalization of GREAT by incorporating costs into the district budget through the sub-county planning process and by lobbying districts, partners, government, and donors for sustained support. However, the level of success varied: while local governments were able to coordinate expansion to some extent, certain elements of GREAT such as the Community Action Cycle were difficult for organizations to integrate into their work without additional dedicated





funding. The Community Action Cycle requires the most training and resources of the GREAT components, and some organizations struggled to find sufficient staff time and funds to mobilize community members to come together in parish-level meetings.

Local government structures successfully coordinated GREAT expansion, and national officials endorsed scale-up. However, meaningful support at the national level did not materialize, and scale-up was eventually blocked when local organizations planned to implement GREAT but were not allowed to due to broader national or donor priorities. Further, backlash to family-life education programs resulted in a blanket ban in 2017 on all but one government-approved approach.

### The Takeaway: What Made it Ineffective?

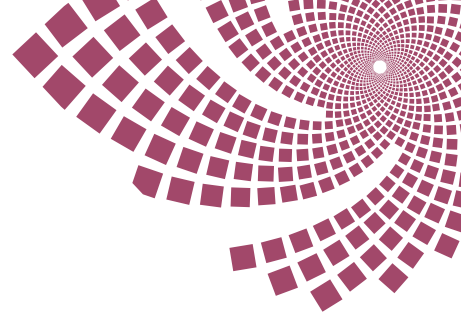
Two key challenges GREAT faced during expansion, especially with community mobilization, include that:

- **Some elements of GREAT are more difficult to scale in a timely, quality manner without dedicated funding.** The results of the pilot experience suggest that given a supply of intervention materials, along with orientation, training, and modest financial support, user organizations could introduce GREAT into their activities. Organizations struggled, however, with two elements: the Community Action Cycle and the collection and use of monitoring data to support scale-up.
- **The scale-up model encompassed multiple organizations implementing different components according to their focus areas (such as youth-friendly services, the serial radio drama, or in-school clubs), and activities often did not roll out in a synchronized way to reach all life stages in a coherent manner.** Frequently, the radio drama started first, and other activities came later.



## Reflections

The process of scaling up GREAT provided several important lessons: First, success depends on the resource team's ability to internalize scale-up goals and exercise scale-up thinking throughout the pilot and scale-up phases. This ability is often called "adaptive capacity"—the ability to apply knowledge and critical thinking to modify interventions in response to a changing implementation environment with an eye to ensuring sustainable outcomes. Specifically, this entails strengthening the capacity of implementers to anticipate intervention components susceptible to change over time, propose modifications, and effectively interrogate assumptions—one's own and others'. This requires more than one-off implementation training. Rather, continuous and intentional effort must be made to develop the team's mindset and capacity through values clarification, regular staff check-ins, and reflections on the package. Second, regular reviews of data from strong monitoring, learning, and evaluation systems and learning discussions help maintain fidelity during scale-up. Third, to foster sustainability and transfer the intervention properly to local stakeholders, there is a need for accessible, easy-to-use guidance materials, clear documentation, local technical assistance, and continuous attention to external factors that can cripple expansion efforts.



## For Reference: GREAT Scale-Up Framework

| HOW GREAT can be scaled   | WHO should be involved  | WHAT needs to happen  | WHEN should it happen  |
|---|---|---|--|
| <p>Use the GREAT How-To Guide, available online in English (French coming soon) to help interested partners implement similar programming. Follow the step-by-step process laid out in the guide. Developed with scale-up via integration in mind, GREAT uses low-cost materials that can be adapted to new contexts.</p> <p>Recognize the importance of rolling out the entire GREAT package.</p> <p>Different organizations may implement individual components and reach specific age groups; ideally, GREAT is implemented in a synchronized fashion so that in each community, all ages are reached by each component.</p> <p>Track progress using monitoring and evaluation tools. The GREAT How-To Guide provides indicators to incorporate into existing monitoring and evaluation systems.</p> | <p>Actors from the organization (project manager, field staff) and the local community (community mobilization and village health teams, community groups, school-based clubs, radio stations).</p> <p>GREAT may be implemented by multiple organizations working on their core area (e.g., radio, health services, or school clubs).</p> <p>Local government officials play a critical role, ensuring activities are implemented in concert.</p> <p>The project manager, in collaboration with community groups, implementers, and local government.</p> | <p>Acknowledge the human rights-based political dimension to change processes.</p> <p>Diffuse new ideas and information through different levels of the community.</p> <p>GREAT works at multiple levels of society because each supports and catalyzes the others to foster and sustain social change.</p> <p>Track activities using participatory and visual reporting tools.</p> | <p>12-month active phase, but the process can be adapted as needed, while staying true to intervention principles outlined in the GREAT How-To Guide.</p> <p>Each component can be rolled out at its own pace, but all should eventually be in place to reinforce key messages.</p> <p>Integrate GREAT indicators and track on a monthly basis with regular reflection/feedback.</p> |

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