

# Social Norms Change at Scale: CUSP's Collective Insights

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The Community for Understanding Scale Up (CUSP) is a group of nine organizations with robust experience in developing social norms change methodologies that are now being scaled across many regions and contexts: the Center for Domestic Violence Prevention (CEDOVIP), Intervention with Microfinance for AIDS and Gender Equity (IMAGE), the Institute for Reproductive Health at Georgetown University, the Oxfam-initiated “We Can” campaign, Puntos de Encuentro, Raising Voices, Salamander Trust, Sonke Gender Justice, and Tostan. CUSP members currently work in Latin America, Africa, the Pacific, Caribbean, and South Asia.

CUSP originated in 2016, when Raising Voices and Salamander Trust began informal conversations about challenges and opportunities in their methodologies (*SASA!* and *Stepping Stones*, respectively) being taken to scale. Critical issues emerged such as: How can fidelity to the core structures and principles of our models be maintained when our initiatives are taken to scale? How can programming at scale be led by, and accountable to, communities? What types of organizations or institutions are well suited to manage scale-up? What adaptations and changes are needed at scale, and how does this affect fidelity? With these and other questions in mind, we organized CUSP as a community of practice to draw on a broader collection of experiences on social norms change interventions to prevent violence against women and girls (VAWG) and improve sexual and reproductive health and rights (SRHR).

CUSP represents a unique perspective on evidence-based methodologies from organizations that have worked both autonomously and with a variety of partners to implement, adapt, and/or scale their interventions. With donor demand growing for social norms change programming at scale, CUSP offers insight into what it takes to adapt and scale methodologies effectively and ethically; the challenges and opportunities in bringing the innovations to scale; and the political implications of the donor landscape with the growing emphasis on such methodologies.

In our [first collective publication](#), CUSP identified core collective principles for social norms change programming (see box to the right). We received

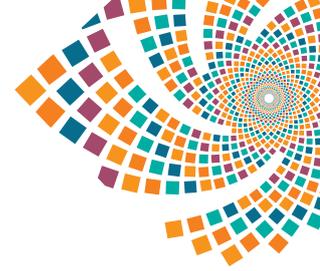
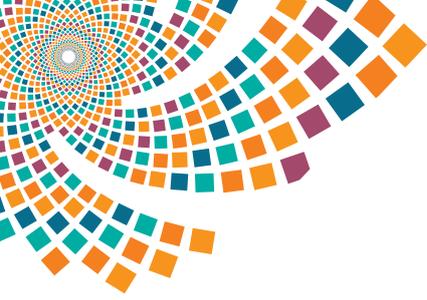


**Core collective principles for social norms change programming:<sup>1</sup>**

- Do no harm
- Work across the ecological model and change matrix
- Use an intersectional, gender-power analysis
- Ensure sustained commitment
- Promote personal and collective critical reflection through aspirational programming
- Support and invest in staff and community activists/facilitators
- Support theory- and evidence-informed innovations

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<sup>1</sup> Community for Understanding Scale Up (CUSP). (2017). [On the cusp of change: Effective scaling of social norms programming for gender equality](#).



requests following that publication to share detailed, real-life examples—both positive and negative—of how our methodologies have gone to scale. Over 2018, through a process of reflection and analysis, we worked together to consider and expand our collective understanding of the importance of holding to these core principles as our methodologies go to scale. As a result of this process, several CUSP members share case studies here on their methodologies at scale—[GREAT](#), [IMAGE](#), [SASA!](#), [Stepping Stones](#), and [Tostan](#)—with the intention of supporting programmers’ and funders’ efforts in scaling existing, and creating new, social norms change programs.

## What is Scale?

The World Health Organization/ExpandNet Consortium defines scale as “deliberate efforts to increase the impact of...innovations successfully tested in pilot or experimental projects so as to benefit more people and to foster policy and programme development on a lasting basis.”<sup>2</sup> Scale can include increasing the coverage of health interventions or increasing financial, human or capital resources.

ExpandNet classifies four types of scale: **horizontal** scaling up (expansion or replication); **vertical** scaling up (policy/political/legal/institutional scaling); **functional** scaling up (adding interventions to an existing package); and **spontaneous** diffusion (when the innovation addresses a need within the programme or when a key event draws attention to a need).



## Introduction to the Case Study Collection

This case study collection is designed for funders, practitioners, and activists. It seeks to identify key elements for success, highlight challenges, and provide recommendations for adapting and scaling the methodologies of CUSP members and, more broadly, social norms change interventions.

The case studies draw on over 120 years of combined experience and practice-based learning among five CUSP programs.

GREAT	is a set of participatory activities designed to support girls’ and boys’ growth into healthy adults and promote nonviolence and SRHR in northern Uganda. An evaluation revealed improvements in attitudes and behaviors around gender equity, partner communication, family planning use, and gender-based violence (GBV). <sup>3</sup>
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<sup>2</sup> ExpandNet, WHO. “Practical guidance for scaling up health service innovations.” Geneva: World Health Organization (2009).

<sup>3</sup> Institute for Reproductive Health, Pathfinder International, & Save the Children. (2015). *GREAT project results*. Retrieved from <http://irh.org/resource-library/brief-great-project-results/>



IMAGE	is a combined microfinance, HIV, and GBV training and community organizing intervention in South Africa. Results from its randomized control trial (RCT) revealed lower rates of intimate partner violence (IPV) among clients. <sup>4</sup>
SASA!	is a holistic community mobilization approach for preventing VAW and HIV. An RCT demonstrated SASA!'s community-level impact on preventing violence against women from male partners, reducing the social acceptability of violence against women and sexual concurrency among men. <sup>5</sup>
STEPPING STONES	is a holistic, gendered, intergenerational, rights-based program to address VAW, SRHR, and related complex attitudes and practices towards people with HIV. In a cluster RCT, <i>Stepping Stones</i> significantly improved reported risk behaviors in men, with fewer men reporting IPV perpetration, transactional sex, and problem drinking. <sup>6</sup>
TOSTAN	is a three-year non-formal education program that empowers African communities to create positive social transformation based on respect for human rights. Findings from the intervention demonstrated improved knowledge, attitudes, and behavior among men and women around environmental hygiene, respect for human rights, and health. <sup>7</sup>

While each of the programs is unique and designed for a different audience, all embody the principles described above to achieve ethical and effective social norms change.

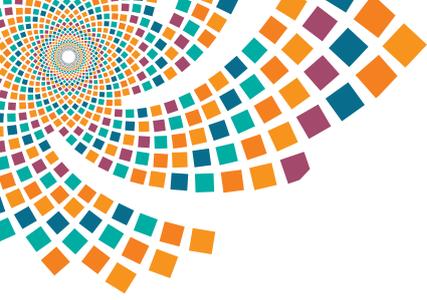


## Shared Practices: CUSP Methodologies Going to Scale

This section identifies and analyzes commonalities across CUSP's collection of case studies to enrich the global dialogue and knowledge base on what it takes to take social norms change approaches rooted in social justice practices and principles to scale. Here we offer six interconnected insights.

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- <sup>4</sup> Pronyk, P. M., Hargreaves, J. R., Kim, J. C., Morison, L. A., Phetla, G., Watts, C., ... & Porter, J. D. (2006). Effect of a structural intervention for the prevention of intimate-partner violence and HIV in rural South Africa: A cluster randomised trial. *The Lancet*, 368(9551), 1973-1983.
  - <sup>5</sup> Abramsky, T., Devries, K., Kiss, L., Nakuti, J., Kyegombe, N., Starmann, E., ... Michau, L. & Watts, C. (2014). Findings from the SASA! Study: A cluster randomized controlled trial to assess the impact of a community mobilization intervention to prevent violence against women and reduce HIV risk in Kampala, Uganda. *BMC Medicine*, 12(1), 122.
  - <sup>6</sup> Jewkes, R., Nduna, M., Levin, J., Jama, N., Dunkle, K., Puren, A., & Duvvury, N. (2008). Impact of Stepping Stones on incidence of HIV and HSV-2 and sexual behaviour in rural South Africa: Cluster randomised controlled trial. *BMJ*, 337, a506.
  - <sup>7</sup> Diop, N. J. (2004). *The TOSTAN program: Evaluation of a community based education program in Senegal*. New York, NY: Population Council.





## Prioritize accountability to communities

Social norms transformation can be difficult and sometimes dangerous. Ensuring fidelity to a methodology's core elements is necessary, yet implementers also need to be mindful of contextual differences and possible repercussions that arise during programming. *Tostan's work on female genital cutting illustrates this principle. Early on, Tostan used a press conference to encourage diffusion of one community's decision to end female genital cutting to other communities. However, a prominent village imam explained that all intra-marrying communities would need to be visited and engaged more fully, especially with support from religious leaders. Tostan changed its course in response, to much success.*

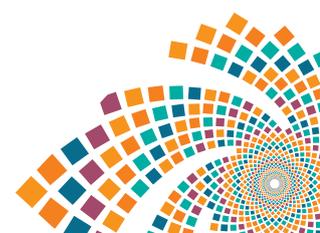
Accountability requires community insights and substantive community involvement in planning, implementing, and monitoring social norms change programming. Typically, there is some reference to community involvement in planning documents; however, in practice, CUSP members often see that programs overlook meaningful community input and are instead driven by external factors such as organizational outputs and targets or funder demands.

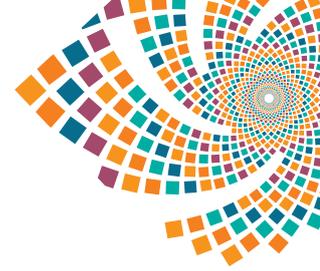
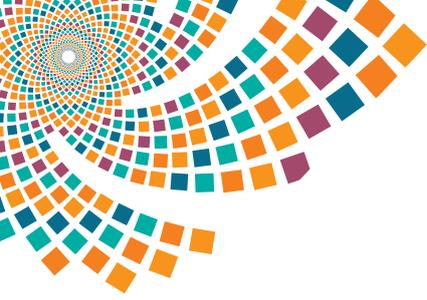
Accountability to communities also requires that organizations understand power differences within communities and that our inputs do not reinforce traditional gendered or intergenerational hierarchies of disempowerment. Staff and facilitators should have adequate time to internalize the issues faced by different community members and understand how the methodology is designed to address them while not alienating those with existing power. The process of in-depth training and ongoing mentoring and supervision is designed to ensure that they can first address, and try to resolve, such complex traditional power issues in their own lives before being expected to support others' transformational journey. *In one project in Africa, for example, resource pressure (and limited understanding) led to inadequate facilitation training for Stepping Stones implementers. Among other negative activities and outcomes, young women reported reduced violence against them because facilitators had taught them how to be more submissive to partners, contradicting the original methodology, which promotes violence reduction through the transformation of gender norms and encourages mutually respectful relationships.*

CUSP's collective experience tells us that it is essential to listen to communities—responding to both the silences and the loud voices of different groups within communities—and to remember the social justice refrain, “Nothing about us without us.” Social norms change is complex work that can increase risk, most of all for a community's women and girls. Determining in which communities to scale—and ensuring their meaningful input throughout—can avoid harm, enhance safety, and promote more impactful programming.

## Fully understand the principles of, and align with, the values of the methodology

Changing social norms involves a deep commitment to communities and the issues being addressed. It is political and provocative work that requires organizations to work in solidarity with communities in a collaborative and sustained way. Many of CUSP's experiences with unsuccessful scale include a lack of explicit, internalized, gendered principles for the donor and/or implementing organizations. Organizations funded to take programs to scale are often selected primarily based on their managerial capacity and infrastructure, while others are for-profit entities. These groups often work within a top-down project-delivery mindset rather than a community organizing perspective. This sometimes results in a values disconnect between





the principles guiding a social change methodology and the priorities of the implementing organization.

Organizations working to change social norms need to model the equality and human rights embodied in social justice programming. Practically, this means that organizational leadership is willing to address internal power dynamics and models respect and solidarity. *For example, Raising Voices and CEDOVIP have found that because SASA! is a program that unpacks and questions power imbalances, the organizations in which leadership is willing to reflect on and discuss power inequalities (including within their own leadership) are more likely to facilitate and sustain meaningful, deep conversations about power, justice, and rights in communities.*

Additionally, CUSP's collective experience demonstrates that 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. Yet funding for scale most often flows to large international organizations better known for their management capacity than their feminist perspective.

To realize transformative, enduring change, organizations can apply the values of social norms methodologies internally, as well as identify local partners who champion social justice principles to lead implementation.

### **Ensure adequate time and funding for programming**

One of the most common barriers to fidelity is limited or short-term funding—each CUSP member has experienced this challenge. With donors often funding short-term, measurement-driven projects rather than longer-term initiatives, the crux of social norms methodologies and appreciation for the complex, yet effective, programming can be lost. *In one particularly challenging scenario, a donor withdrew funding just as IMAGE implementation was ready to begin because it felt the effort was taking too long to “get off the ground.” However, IMAGE and its partner were conducting critical preparatory work to ensure success and sustainability.*

Funding conditions and donor influence over programming has the potential to either facilitate or limit ethical social norms change work. If donors focus on numbers and the desire to make a maximum impact with minimum investment in the shortest time frame, the fundamental “do no harm” principle of ethical programming is more likely to be compromised during scale-up.

Undoing deeply held beliefs and behaviors that have been around for generations is not easy work. For a long time, it was assumed that social norms change would take decades, yet evidence-based approaches developed by CUSP members demonstrate that change can happen within programming cycles if done well, done with intensity, and led by communities. However, funders that purport to rely on evidence now often demand change within even shorter time frames, greater geographic coverage, and fewer activities. *In one case, SASA!'s holistic three-year program was reduced to a three-day training with community activists, with the activists required to have 10 contact hours with community members—even though raising sensitive issues in the community and expecting (and claiming) change after 10 contact hours goes against all the evidence on quality VAWG prevention programming.*



Prevention of VAWG and promotion of SRHR is possible, but programmers and donors must be realistic about the time and resources necessary to effect change. Investing in quality programming at scale can reap rewards, ensuring the changes are deeper and have more potential for being sustained.

### **Maintain fidelity to the elements of the original methodology**

Social norms change programming is not merely a collection of activities but rather systematic and theoretically grounded work with key structured aspects that, together, make an approach effective. Neglecting any of these elements can compromise program success while also potentially harming the community. In CUSP members' experiences, effective use of our programs has strongly depended on implementing organizations' ability to adapt to context while maintaining fidelity to the methodology's core structure. Every CUSP member has experiences with donors and programmers "over-adapting" their methodologies, including picking and choosing from multiple programs to create something unrecognizable to the original designs.

*In fact, Tostan decided not to share its curriculum publicly because of the results of truncated adaptation and scaling. It became clear that the curriculum alone would be insufficient to ensure replication since what drives the program's success is as much methodology and pedagogy as it is content.* Other CUSP members have made their methodology available to the public, but misuse of the materials results in ineffective programming and can compromise the integrity of the program's reputation for positive, sustainable change.

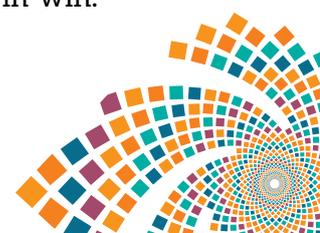
Of course, CUSP welcomes the appreciation for and use of their methodologies, but partners who embark on adaptation, implementation, and scaling should be ready and willing to uphold the core principles and structures needed for successful social norms change.

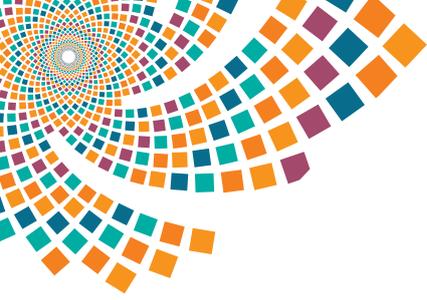
### **Involve originators**

Organizations that create methodologies have much experience-based learning behind their work. They play an essential role in ensuring quality adaptations of their program, and ideally, these originators are consulted throughout the adaptation and implementation processes. By undervaluing or excluding originators' experience-based learning, donors and implementing partners may fall victim to the same mistakes these originators have already worked to address.

Yet typically, CUSP members are not involved in strategy or program design when their approaches are being taken to scale. *In a challenging case shared by Stepping Stones, the donor and grant holders were either not in touch with the originators or misunderstood basic program principles. When this happens, contact often has been too late to influence strategic decisions or correct ineffective materials or processes.* Lack of, or limited opportunity for, involvement places the originators in a no-win situation, where some CUSP members have been asked to come in emergency mode to "fix" programming without any of the power to make the decisions (around, for example, timing, funding, partner selection, or training) that would minimize risk of harm and optimize opportunities for effective and ethical programming.

In addition, implementers of successfully adapted and scaled-up programs have also developed deep, sustained working relationships with community members and an in-depth understanding of the issues and context. When donors, implementers, researchers, and other stakeholders all work with program originators and with communities, there is more likely to be a win-win.





## Re-examine the role of government and international organizations in effective and ethical scaling

CUSP members' experiences have varied on engaging government, international non-governmental organizations (INGOs), and international development corporations (IDCs) in scaling efforts. Programs designed by CUSP members have repeatedly identified internalization of values as a critical component of both implementation and scale. To transform the status quo and redistribute power in a more equitable way, we must ask whether IDCs, INGOs,<sup>8</sup> and governments are best placed to foment social change, and whether they can reasonably and genuinely reflect on internal hierarchies when their missions demand they ensure profit, maintain the status quo, and/or sustain growth. *For example, while local government structures successfully coordinated GREAT expansion and national officials endorsed scale-up in Uganda, meaningful national-level support failed to materialize and local organizations were prevented from implementing the program due to broader national or donor priorities.*

It is important to be mindful of which individuals and organizations benefit from the status quo and have principles that may inherently be at odds with social norms transformation—including government, international nonprofit organizations, and IDCs. While government can and has played an essential role in most approaches developed by CUSP members, as a field, we can question the assumption that government, the marketplace, and/or large-scale organizations are always the best primary mechanisms for scaling social norms change programming.



## Moving Forward Together

CUSP's experiences provide a unique perspective in scaling social norms change initiatives. Our gendered, feminist, rights-based approaches and practice-based learning can create lasting impact if, as a field, we are willing to reconsider the current “business-as-usual” approach to scale. Rather than wasted financial and human resources or harmful repercussions within communities, thoughtful and strategic scale of social norms change methodologies has the potential to create more equitable, healthy, and peaceful communities. With the desire to scale must also come the commitment to use these initiatives for what they were designed—to examine social inequalities and transform deeply ingrained hierarchies.

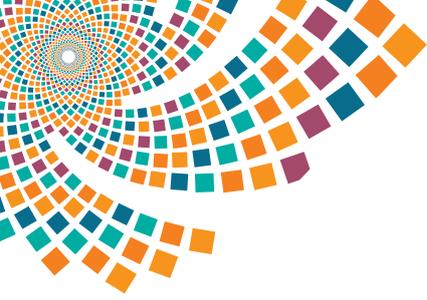
In summary, CUSP's collective practice-based experiences and insights for scaling social norms change are:

1. Prioritize accountability to communities
2. Fully understand the principles of, and align with, the values of the methodology
3. Ensure adequate time and funding for programming
4. Maintain fidelity to the elements of the original methodology
5. Involve originators
6. Re-examine the role of government and international organizations in effective and ethical scaling

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<sup>8</sup> Porter, F., Ralph-Bowman, M., & Wallace, T. (Eds.). (2013). *Aid, NGOs and the realities of women's lives: A perfect storm*. Practical Action Publishing.



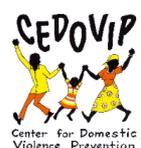


With humility, we conclude that we must recognize that as a field, we still lack the know-how to take social norms change programming to scale. This will require ongoing principled collaboration, innovation, experimentation, long-term thinking, and evaluation. Assumptions that evidence-based programs can be “cut-and-pasted” and implemented at scale—or that certain components can be selectively chosen while overlooking others—does not serve communities or the field.

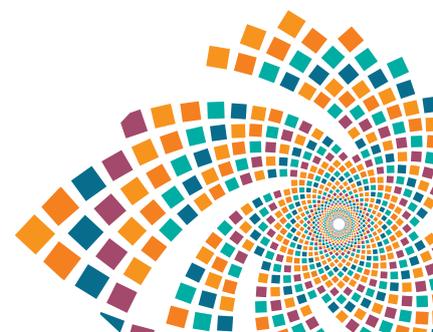
CUSP encourages and values innovation; this is essential for reaching our collective goals of ending violence against women and ensuring SRHR. When using existing methodologies as a starting point for innovation, it is critical—financially and ethically—to ground them in the current and growing evidence base and practice-based insights, such as those presented here, in order to ensure meaningful and safe programming.

Finally, we encourage and look forward to robust debate and increased collaboration on the scaling of existing methodologies. With collective commitment to quality implementation and rigorous testing, our efforts and investments can ultimately serve communities—and enhance the rights of the women and girls who live in them.

**CUSP is interested in learning about the experiences of others in scaling social norms change approaches. Please contact us at [info@raisingvoices.org](mailto:info@raisingvoices.org).**



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# Social Norms Change at Scale: Insights from GREAT

By Rebecka Lundgren



## 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.



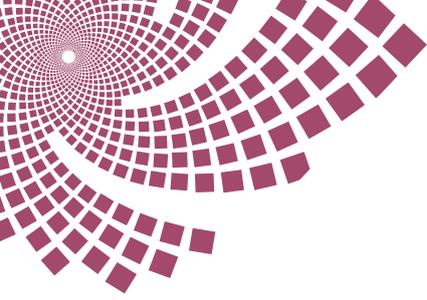
## GREAT Principles

- 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.

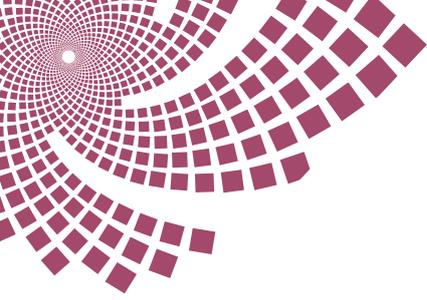
Other key elements of the ExpandNet approach used by GREAT were careful adaptation and attention to both horizontal and vertical scale-up:

- **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)

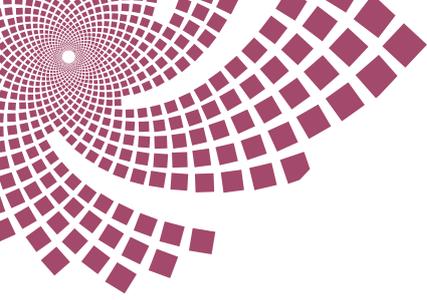
Okidi grows up seeing his sisters treated differently by his parents and thinks it is normal. While they spend time doing household chores, he plays with friends and goes to school. This causes Okidi's sisters to perform poorly in school. One day at a friend's home, Okidi realizes that his family treats 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

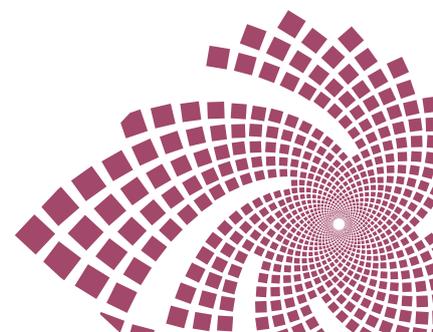
The process of scaling up GREAT provided several important lessons: First, success depends on the resource team's ability to internalize scale-up goals and exercise scale-up thinking throughout the pilot and scale-up phases. This ability is often called "adaptive capacity"—the ability to apply knowledge 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>

**Suggestion citation:** Lundgren, R. (2018) "Social Norms Change at Scale: Insights from GREAT," *CUSP 2018 Case Study Collection*, Case No. 1, Community for Understanding Scale Up.





# Social Norms Change at Scale: Insights from IMAGE

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By Muvhango Lufuno

## The Approach

The Intervention with Microfinance for AIDS and Gender Equity (IMAGE) is a structural intervention for HIV specifically designed to explore the interaction between microfinance, gender inequalities, and HIV prevention. It is based on the premise that economic and gender inequalities create an environment that increases the risk of intimate partner violence (IPV) and HIV among women and that IPV is an independent risk factor for HIV infection. Therefore, IMAGE seeks to create an enabling environment for behavior change that engages poverty and gender-based inequalities as key structural factors driving the HIV epidemic.

**IMAGE** and a nonprofit microfinance organization, the Small Enterprise Foundation (SEF), developed a partnership based on the shared goal of designing and delivering this combined intervention, beginning as a university-based pilot research project. In its current form, the program combines group-based microfinance with a gender and HIV training curriculum delivered at fortnightly loan center meetings over 12 months. IMAGE targets women in deeply impoverished rural areas in South Africa with the goal of improving communities' economic well-being and independence, reducing vulnerability to HIV and gender-based violence (GBV), and fostering robust community mobilization to address common concerns (such as rape, domestic violence, and teenage pregnancy).

The IMAGE intervention has two key parts:

- **The microfinance component** is delivered in partnership with the Small Enterprise Foundation, which administers loans exclusively to the poorest women in rural villages to develop income-generating activities. The program uses participatory wealth ranking by local community members for households in their neighborhood, with those below the poverty line being invited to participate in the program. Based on the microfinance model inspired by the Grameen model, groups of five women serve as guarantors for each other's loans, with all five having to repay before the group is eligible for additional credit. Loans are used to support a range of small businesses (e.g., selling fruits and vegetables or secondhand clothes), and loan centers of approximately 40 women meet fortnightly to repay loans, apply for additional credit, discuss business plans, and receive mentorship on business-skills development. The microfinance component is financially self-sustainable, with the interest from loan repayment covering operating costs. In addition to facilitating social and economic well-being, this component provides an entry point and client base for the Sisters For Life curriculum.
- **The Sisters For Life (SFL) component** is a participatory gender and HIV training program fully integrated into routine loan center meetings and delivered alongside microfinance services. Sisters For Life is delivered by a separate team of facilitators who spend a minimum of four to six months in training, and the program's two phases are delivered over 12 months. Phase 1 (the first six months) consists of 10 one-hour training sessions on topics such as gender roles, cultural beliefs, power relations, self-esteem, domestic violence, and HIV.



Participatory methods aim to increase confidence and communication skills and to encourage critical thinking about the links between GBV and HIV. Phase 2 (the second six months) encourages wider community mobilization to engage youth and men in the intervention villages. Loan centers elect women deemed “natural leaders” by their peers to undertake a further one-week intensive training on leadership skills and community mobilization in a training facility away from their village. They return to their loan centers and work with their centers over six months to develop “village-level action plans” that address a range of challenges, including priority issues such as HIV and GBV.

The intervention has been evaluated as a randomized control trial conducted from 2001 to 2004 in rural Sekhukhuneland in South Africa’s Limpopo province. It compared villages receiving the full intervention package with a similar number of comparison villages. Using questions drawn from the World Health Organization’s violence against women study instrument to measure risk of violence, the study involved asking women directly during each interview about their experiences with different acts of physical and sexual violence by male partners ever and in the past 12 months. 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 counseling and testing and reduced HIV risk behavior.<sup>1,2</sup> The study also demonstrated impacts on other indicators of empowerment (including improvement in self-confidence, challenging gender norms, autonomy in decision-making, and collective action), as well as impacts on poverty (in form of increased household expenditure and assets, and increased membership in savings groups). 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.<sup>3</sup>



## Where and How it is Being Used

Since the program pilot ended in 2004, the IMAGE intervention has been rolled out in South Africa by the original implementers and is now a non-governmental organization (NGO) that works closely alongside the Small Enterprise Foundation. The SEF has over 100,000 active clients across eight provinces of South Africa; IMAGE is integrated into this microfinance program, which continues to provide a client base and platform for IMAGE implementation, targeting new participants each year. Furthermore, as one of the few initiatives proven to prevent IPV, 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).

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<sup>1</sup> Pronyk, P. M., Hargreaves, J. R., Kim, J. C., Morison, L. A., Phetla, G., Watts, C., ... & Porter, J. D. (2006). Effect of a structural intervention for the prevention of intimate-partner violence and HIV in rural South Africa: A cluster randomised trial. *The Lancet*, 368(9551), 1973-1983.

<sup>2</sup> Kim, J. C., Watts, C. H., Hargreaves, J. R., Ndhlovu, L. X., Phetla, G., Morison, L. A., ... & Pronyk, P. (2007). Understanding the impact of a microfinance-based intervention on women’s empowerment and the reduction of intimate partner violence in South Africa. *American Journal of Public Health*, 97(10), 1794-1802.

<sup>3</sup> Kim, J., Ferrari, G., Abramsky, T., Watts, C., Hargreaves, J., Morison, L., ... & Pronyk, P. (2009). Assessing the incremental effects of combining economic and health interventions: The IMAGE study in South Africa. *Bulletin of the World Health Organization*, 87, 824-832.



## Understanding Scale

IMAGE conceptualizes and applies scale-up in five ways: First, scale-up has occurred through **institutionalization** in the form of transition from a university-based pilot research project to an established service-based NGO rolling out a program; it also involved adapting the organizational and managerial aspect during the transition. Second is **horizontal** scale-up or replication—in South Africa, it involved expanding geographic coverage and increasing reach in terms of the targeted population, as well as adapting the program’s operational aspects in terms of scale-up. **Multiplicative** scale-up occurred in the form of providing mentorship and guidance to new parties intending to implement the program in their regions, and **additive** scale-up occurred as IMAGE attempted to scale up by working with a new partner using an economic empowerment strategy in the form of self-help groups in South Africa (described below as a “challenging story”). Finally, scale-up has occurred through **dissemination**; IMAGE has made “how-to” information (including the Sisters For Life training manual) freely available to parties interested in its approach, although it is unknown how this information is being used or applied.

## Going to Scale: A Success Story

IMAGE is unique in its institutionalization and its strong strategic, cross-sectoral partnership with a proven microfinance partner. Between 2007 and 2017, IMAGE expanded from a pilot project involving 800 women to scale up locally and reach over 35,000 poor rural women across three South African provinces. IMAGE is now an NGO that works closely alongside its microfinance partner—meaning it has transitioned from “proof of concept” to an operational, service-based GBV prevention program.

Overall, what has made IMAGE successful? First, there was 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. The Small Enterprise Foundation made Sisters For Life a compulsory part of its microfinance program, formally incorporated Sisters For Life into its mandatory reporting on social performance, made provisions for regular reporting to an IMAGE Advisory Board (comprised of its and IMAGE’s senior managers), and trained its staff on Sisters For Life, among other effective measures. Second, success created further demand: a successful pilot and demonstrated impact to the microfinance program meant demand for scale-up within the microfinance program. Third, IMAGE’s success can be attributed to staff capacity-building; this involves investment in quality staff training for up to six months that is based on personal reflection and development.

Although IMAGE successfully scaled up in South Africa, it also faced challenges that needed to be addressed during the process:

- **Dependence on its partner for client base and delivery platform.** When the microfinance program does not go well, Sisters For Life also does not go well. For example, if the center meeting does not happen because of poor attendance (that is, women do not come to meetings because they do not have money to repay the loan), Sisters For Life training will not be conducted. To address this challenge, IMAGE developed screening criteria for loan center groups/meetings prior to implementing Sisters For Life to improve the chances of success.
- **Community mobilization costs in relation to outcome.** The community mobilization phase was costly, involving hosting training in a facility away from participants’ village, and



sometimes took longer than expected since it is participant-driven and takes longer to get stakeholders on board. IMAGE resolved this challenge by revising the Phase 2 curriculum and training women in it during center meetings, as in Phase 1. Community mobilization facilitators were then selected to lead community mobilization activities.

- **Differences in organizational culture.** There were often comparisons of company benefits by IMAGE and Small Enterprise Foundation staff (for example, working hours, travel and car allowances, laptops, and salary)—affecting staff morale and leading to dissatisfaction. To address this, the two organizations aligned their policies and terms of employment as much as possible; for areas that could not be aligned, the organizations clarified to staff why the benefits would remain different.
- **Impact of technology on attendance.** Clients had been compelled to bring their cash in person to center meetings to repay loans, but this shifted due to the advent of online banking. As a result, center meetings experienced limited attendance, which in turn affected training attendance. IMAGE and the Small Enterprise Foundation agreed to enforce mandatory attendance and make it a criterion for assessment on the individual risk profile when requesting further loans (that is, a client not attending meetings regularly does not qualify for further loans or increases in loan amount).



## Going to Scale: A Challenging Story

IMAGE unsuccessfully scaled up with a different partner in a South African province following a request by a major donor agency. The scale-up effort was with a credible new partner running a self-help group program. Stakeholders designed a work plan with realistic time frames and estimated targets, and IMAGE and the partner undertook background work for over a year that included engagement with partners and local stakeholders (provincial level to local), a feasibility assessment, program planning and design, operational plan development, curriculum adaptation, staff training (for at least three months), and establishing a monitoring and evaluation system. This was accompanied by regular feedback and discussions on progress. Unfortunately, the donor withdrew funding just as implementation was ready to begin, feeling that the effort was taking too long to “get off the ground” and showing no results (that is, no report on a reached target). The donor failed to recognize the importance of this stage and wanted to see immediate results.

### The Takeaway: What Made it Ineffective?

This example provides a critical lesson: Reliance on donor funding and donor influence over programming can either facilitate or limit ethical social norms change work. More specifically, a donor’s focus on numbers and desire to create the maximum impact with a minimum investment—and within the shortest time frame—is more likely to compromise ethical scale-up of social norms programming.



## Reflections

Social norms change is about challenging deeply rooted ideas on what is seen as “natural.” Therefore, as discussed in the [Stepping Stones](#) case study, it requires “programming led by people in or close to the communities who have had time and support to internalize and process the



ideas.” This process is time-consuming and resource-intensive. However, when done properly, it has a far-reaching impact that could last a lifetime and for generations to come. Therefore, social norms change programming should be seen as a long-term investment for lasting impact—beyond numbers. We have found that some of the ingredients that contribute to successful programming include:

- Stick to your expertise—don’t try to do everything.
- Don’t compromise on key elements that are critical for the success of the approach.
- Think of quality over numbers.
- Set a realistic time frame and target.
- Invest in quality staff capacity-building/training that is based on personal reflection.
- Be willing to invest on a longer-term basis.

*Note:* Following the IMAGE adaptation in other settings—including Tanzania, Kenya, Burundi, Zimbabwe, and Peru—we have seen variation in the effectiveness of adaptation. However, as part of the reflection process and to inform future improvements in programming, detailed documentation of lessons learned about what did—and didn’t—work (and where) is currently being planned. IMAGE and its university partners are currently planning a report about the IMAGE scale-up in South Africa to help guide future implementers, providing an in-depth understanding of learning and decision-making processes. It will also include lessons learned from adaptation (including curriculum-related) and provide an analysis of what did and didn’t work in other programs that had planned to implement or successfully implemented IMAGE. The report will also discuss the implications of the institutional change when transitioning from a research study conducting a trial to an implementing agency.



## For Reference: IMAGE Scale-Up Framework

HOW IMAGE can be scaled	WHO should be involved	WHAT needs to happen	WHEN should it happen
<p>Communicate with IMAGE staff.</p> <p>Use the two components (microfinance and the Sisters For Life gender training), each on one area of expertise.</p> <p>Maintain fidelity to original intervention model.</p> <p>Select a microfinance partner based on IMAGE consultation, depending on desired model of intervention.</p>	<p>IMAGE staff.</p> <p>Separate gender-training and microfinance partners.</p> <p>Local recruits who speak local languages and are familiar with local cultural norms.</p>	<p>Maintain independent financing for both the microfinance and Sisters For Life components.</p> <p>Maintain joint management and communication between partners.</p> <p>Provide quality staff training focused on personal reflection, personal development, and technical skills.</p> <p>Enforce effective client retention strategies; Sisters For Life (or gender training) is a compulsory part of microfinance.</p> <p>Maintain key messages and participatory delivery method during the adaptation process.</p> <p>Establish a hands-on equality management system, including feedback for trainers.</p> <p>Use mobile and real-time monitoring dashboards to track intervention quality and progress.</p>	<p>Implementing partners internalize scale-up goals and engage in reflexive thinking throughout the scale-up; on average, it takes six months to produce a good Sisters For Life trainer.</p> <p>Implement over a 12-month period.</p>

**Suggestion citation:** Muvhango, L. (2018) “Social Norms Change at Scale: Insights from IMAGE,” *CUSP 2018 Case Study Collection*, Case No. 2, Community for Understanding Scale Up.





# Social Norms Change at Scale: Insights from SASA!

By Lori Michau, Evelyn Letiyo, Tina Musuya, and Leah Goldmann



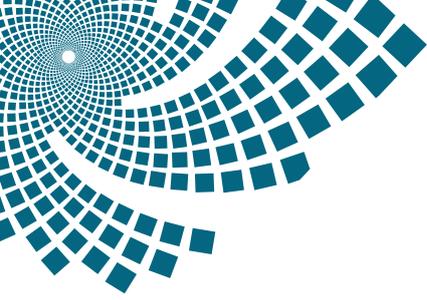
## The Approach

SASA! is a holistic community mobilization approach to preventing violence against women (VAW). It is designed to catalyze community-led change of norms and behaviors that perpetuate gender inequality, violence, and increased vulnerability of women to HIV. At its foundation, SASA! is a gendered analysis of power and power inequalities—not only of the ways men use power over women and the consequences for intimate relationships and communities but also of how women and men can use their power positively to effect and sustain change at the individual and community levels.

The [SASA!](#) approach was developed over many years of working with communities to prevent VAW. The process, structure, and content of SASA! emerged through trial and error, listening carefully to what resonated in communities, how women and men reacted and responded to ideas and activities, and what communities and organizations supporting social change processes needed to be successful. Further, due to core funding from donor partners who believed in our vision, Raising Voices had the opportunity and creative freedom to develop SASA! over time and based on the sustained use of these ideas in communities rather than an external mandate with a predetermined time frame and donor approval. This enabled us to prioritize accountability to communities and to ethical principles held by the VAW prevention field.

SASA! means “now” in Kiswahili and is an acronym for the approach’s four phases: start, awareness, support, and action. The first step is to train and mentor non-governmental organization (NGO) staff, who in turn train, mentor, and support community activists (“regular” women and men in the communities) and resource persons (such as police, health care providers, and local leaders). These activists then lead informal, benefits-based activities (such as community conversations, games, poster discussions, and where applicable, strengthening of workplace policies and procedures) within their existing social networks—fostering open discussions, critical thinking, and supportive person-to-person and public activism among their families, friends, colleagues, and neighbors. Together, they introduce the community and its institutions to basic information on VAW and to new concepts related to power, as well as encourage a gendered analysis of power imbalances.

Through a combination of strategies community members are exposed to SASA! ideas repeatedly and in diverse ways in their daily lives, from people they know and trust as well as from more formal sources within the community such as local government leaders and service providers. Each phase builds on the others and addresses a different concept of power, with an increasing number of individuals and groups involved, strengthening a critical mass committed and able to create social norms change. Three years is the recommended time frame for SASA! implementation.



## Where and How it is Being Used

Raising Voices, at times in partnership with the Center for Domestic Violence Prevention (CEDOVIP), works with organizations to provide technical assistance at their request. We do not use an implementing partner model in which organizations are recruited and financially supported to implement SASA! Early on, groups approaching Raising Voices were primarily community-based organizations and women's organizations already working on VAW in their communities in the Horn, East, and Southern Africa, as well as some international NGOs (INGOs) in humanitarian settings interested in developing their prevention programming.

Today, SASA! continues to be used by community-based and national organizations and is also increasingly used by actors in development and humanitarian settings such as United Nations agencies, global financial institutions, and INGOs, as well as being included in large funding calls such as those of the UK's Department for International Development, the US Agency for International Development, the US President's Emergency Plan for AIDS Relief (PEPFAR), and the European Union and United Nations' Spotlight Initiative. SASA! is currently being implemented [in over 25 countries](#) in every region, with many translations across the Horn, East, and Southern Africa and major adaptations completed or underway in Urdu, Arabic, French, Haitian Creole, and Spanish. SASA! is free and available on the Raising Voices website; however, to maintain quality and fidelity, Raising Voices requires a memorandum of understanding with any organization interested in undertaking an adaptation of SASA!



## Understanding Scale

At Raising Voices and CEDOVIP, we define scale-up as a **systematic effort to increase the uptake of piloted and tested methodologies to prevent violence against women and children and create lasting social change**. Over the past 10-plus years, Raising Voices has experimented with different modalities to support quality implementation and adaptation of our work, beginning with a strong foundation in the design and piloting stages. Cumulatively, these engagements have generated learning for scaling SASA!, the *Good School Toolkit*, and other Raising Voices methodologies. We believe that scaling social change programs is not linear or a single step—rather, it requires multiple, long-term strategies with substantial investment in developing local expertise. SASA! could be considered an approach “at scale” within a community, as it impacts population- as well as individual-level change by working across the ecological model to effect social change through a gendered, women's rights perspective. However, increasingly, SASA! is being implemented across wide geographic areas (e.g., multiple districts or nationwide) through horizontal, diversification and spontaneous scale-up.<sup>1</sup>



## Going to Scale: Elements for Success

Determining what it takes to scale SASA! is an ongoing learning process, and no one type of scale or program can yet be held up as a “model” of successful scale that could be applied

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<sup>1</sup> ExpandNet. (2010). *Nine steps for developing a scaling-up strategy*. World Health Organization.



(with adaptations) across contexts. However, we have found some patterns in terms of critical elements to successful scale-up of *SASA!* Key elements include:

- **Engaging with Raising Voices.** Our team has over a decade of learning what works for effective *SASA!* implementation. When going to scale, some funders and organizations have approached Raising Voices to learn from and build on what works and avoid common mistakes. This engagement and learning contribute significantly to the quality of scale-up.
- **Maintaining *SASA!* “essentials.”** Effective VAW prevention programming is not a collection of activities but rather a systematic and theoretically grounded approach with key elements that, together, make it effective. [Fidelity to \*SASA!\*](#) means ensuring that groups maintain the essential elements: a gender-power analysis, a phased-in approach, and holistic community engagement and activism. Fidelity to what makes *SASA!* effective promotes quality and impact.
- **Ensuring strong organizational buy-in.** *SASA!* unpacks and questions power. Organizations in which leadership is willing to take the time to hold reflections and difficult discussions about power dynamics within the organization—including its own leadership—can more likely facilitate and sustain meaningful, deep conversations about power in communities.
- **Providing meaningful preparation and ongoing support.** The work of discussing power, intimate relationships, violence, and sexuality is challenging at best. Groups that spend considerable time preparing their staff, resource persons, and community activists to understand these issues, analyze their own lives with a gender-power lens, and support them through their own process of change are most effective in facilitating change in others. Organizations that have sufficient funding to retain the *SASA!* team (skilled staff and community activists) have experienced an easier and more timely transition from one *SASA!* phase to another.
- **Allowing time and funding for adaptation.** Strong scale-up of *SASA!* means identifying the type of adaptation needed and producing thorough adaptations that incorporate language, images, and community piloting and testing of materials.

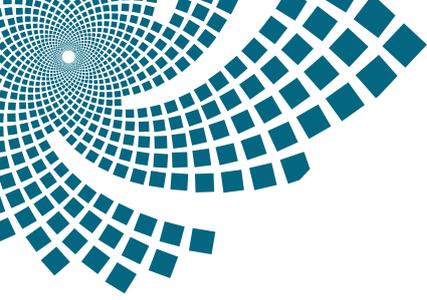
So, what makes *SASA!* at scale a success? First, it requires understanding the *SASA!* approach and what it takes to implement it meaningfully and with fidelity. Second, it means engagement with Raising Voices to learn lessons and build on accumulated knowledge and expertise rather than guessing or starting from scratch. Additionally, as funders and organizations continue to include *SASA!* in scale-up efforts, our hope is that comprehensive planning, implementation, and evaluation will be done for *SASA!* at scale to rigorously learn what works and what could be improved.



## Going to Scale: A Challenging Story

As we gather knowledge on what it takes to successfully scale *SASA!*, we can also learn from experiences in which *SASA!* has not been scaled well. Poor programming at any level—particularly at scale, when the number of people impacted multiplies—has deep implications for women and their communities and undermines the basic principle of doing no harm in VAW prevention programming. The following is an unsuccessful example of *SASA!* being taken to scale.





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!* After the training, despite many attempts to follow up with the coordinating agency, Raising Voices was informed that all *SASA!* technical assistance would be handled by a group in Southern Africa that lacked *SASA!* training and experience, and was not in contact with Raising Voices. 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!* was “adapted for scale,” which meant *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, and they had no mandate or support to sustain these discussions. There was also a lack of meaningful monitoring of intended or unintended impact. This type of programming hurts women and communities. It can raise expectations and hope in communities, yet without support mechanisms and sustained engagement, women experiencing violence and activists speaking out can experience backlash and feel abandoned, further emboldening men using violence and fostering a culture of apathy within communities.

Further, the effort branded its work as *SASA!* despite a complete disregard for the core elements and ethics of the approach. This has implications for the broader field because it affects research on and evaluation of the impact of VAW prevention programming. If a program claims to be *SASA!* yet isn't, and doesn't effect positive change, this could be used to draw the mistaken conclusion that *SASA!* or community mobilization programming is ineffective, setting back progress about what works to prevent VAW.

### The Takeaway: What Made it Ineffective?

- **Donor-driven scale-up.** Using *SASA!* or other approaches requires commitment from an organization that must come from within. When funders require a particular approach, organizations lack the buy-in, ownership, and interest to meaningfully and ethically scale the methodology.
- **Ignoring the evidence.** *SASA!* and other evidence-based social norms change approaches have elements and principles that make them successful. A lack of fidelity to these elements and disregard for the broader body of knowledge in the VAW prevention field is unsafe and costly.
- **Unconducive requirements.** External limitations such as short project time frames, monitoring systems focused on numbers reached rather than quality and impact, rapid funding cycles, and assumptions that results emerge without attention to process set organizations and communities up for failure.



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- **Insufficiently trained staff and community members.** Technical assistance is most effective when given by people who have experience. Staff and community activists need time, training, and support to explore the complex dynamics of power, gender, and rights in their own lives before they can meaningfully support others to do the same.



## Reflections

The opportunity for large-scale VAW prevention programming to impact women's lives holds much promise and also comes with considerable risk, and therefore, responsibility. Collectively, we can use this moment to significantly move thought and practice on preventing VAW forward:

- **Program originators** can bring their creativity and years of practice-based experience to help shape adaptation and implementation strategies for their work at scale, as well as engage with partners (such as funders and implementing organizations) to grapple with the challenging questions of geographic coverage, program delivery modalities, intensity of programming, and applicability and adaptation of program activities.
- **Funders and policymakers** can ensure funding and programming strategies that recommend taking existing methodologies at scale include the necessary ingredients for success: ample, longer-term funding, engagement with the program originators, fidelity to their approach, sufficient time for meaningful adaptation and training, and authentic buy-in from implementing organizations or institutions, and monitoring systems that move beyond numbers reached to impact felt.
- **Implementing organizations** can honestly consider whether they are ready to make the organizational shifts necessary to implement VAW prevention programming, such as initiating and sustaining internal reflections on power, committing to interacting with communities as partners and not beneficiaries, investing ample time in training and ongoing mentoring of staff and community activists, and reconceptualizing their programming style when possible from a project-based orientation to movement-building.



## For Reference: SASA! Scale-Up Framework

HOW SASA! can be scaled	WHO should be involved	WHAT needs to happen	WHEN should it happen
<p>Prospective partners engage with Raising Voices for initial discussions and assess whether SASA! is a good fit for their organization and community; this includes deepening their understanding of SASA!'s approach (i.e., gender-power analysis, phased-in approach, and holistic community engagement and activism).</p> <p>Partners mobilize resources, prepare for implementation, identify key staff, and enter a technical assistance agreement with Raising Voices.</p>	<p>The SASA! team is established with core staff: program managers/supervisors, program staff, community activists and resource persons. This should include women and men from implementation communities equally and be inclusive (e.g., age, ability, HIV status, ethnicity, gender, and religion).</p> <p>The organization and community activists develop a simple agreement defining their partnership. The SASA! team and stakeholders conduct community mapping to determine the groups, structures, and institutions critical to preventing and responding to VAW.</p>	<p>The SASA! team internalizes SASA! before community-based programming begins, reflecting on their perceptions and use of power through rigorous training and ongoing mentoring and learning how to use the SASA! Activist Kit.</p> <p>The team secures sufficient funds to implement all four phases of SASA! and has: a) work plans developed by staff and community activists; b) context-specific adaptations and translations of SASA! materials; and c) systematic learning through regular monitoring of process and impact, as well as end-of-phase rapid assessments to inform programming.</p>	<p>An average of three years is recommended to allow for meaningful change.</p> <p>Building time at the outset to train and mentor staff and community activists is essential to enable them to internalize SASA! concepts.</p>

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# Social Norms Change at Scale: Insights from *Stepping Stones*

By Ellen Bajenja and Alice Welbourn

## The Approach

*Stepping Stones* is a holistic training program on gender, HIV, communication, and relationship skills. Its lead author created the program in the 1990s with strong influences from the “participatory learning and action”<sup>1</sup> and women’s rights movements, as well as her Ph.D. research on gender, age, and access to power and resources in communities and her 10 years of living and working in rural communities in the Horn of Africa. *Stepping Stones* promotes an inclusive, community-wide approach to address the complex issues communities face in changing social norms on violence against women (VAW), sexual and reproductive health and rights, and attitudes and practices towards people living with HIV. These include reducing intimate partner violence (IPV) and related alcohol use, and increasing condom use and gender equity in relationships (such as shared decision-making and task-sharing).

The program includes adolescent girls and boys aged 15 and older, as well as adults, participating in four parallel peer groups. The training is comprised of about 50 hours of structured sessions. The four peer groups also meet together every few sessions to learn from and with one another and to build bridges of understanding and collaboration across genders and generations. The program aims to improve the quality of life of all involved from a gendered, cross-generational, mutually respectful, and rights-based perspective.

## Where and How it is Being Used

*Stepping Stones* has been adapted and translated for use around the world by many organizations, large and small—including the United Nations Children’s Fund in Mozambique and the United Nations Development Programme in the Democratic Republic of the Congo for post-conflict recovery, as well as large international non-governmental organizations (INGOs) and small grassroots groups in more stable contexts.

In some countries, like The Gambia, the government has rolled *Stepping Stones* out with civil society partners. The Coalition of Women Living with HIV and AIDS in Malawi (COWLHA) implemented the program in 144 communities across 12 districts.<sup>2</sup> *Stepping Stones* has also been adapted for use in schools, prisons, with health workers, in urban and pastoral settings, with fishing communities, and in agricultural contexts. It has also been adapted to address stigma associated with disabilities.

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<sup>1</sup> See more at <https://www.iied.org/participatory-learning-action-pla>

<sup>2</sup> See more at <http://steppingstonesfeedback.org/resources/scaling-sustainability-expansion-y-sostenibilidad/>



## Understanding Scale

We understand scaling up to be “predominantly an organizational, managerial, political and capacity-building task, the principles of which are similar across multiple areas of application.”<sup>3</sup> ExpandNet describes four key forms of scale-up, and we have seen organizations conducting all four. The first is **vertical** (“institutionalization through policy, political, legal, budgetary or other health systems change”); one example is a collaboration by the Gambia Family Planning Association, ActionAid, and the Medical Research Council in The Gambia (described in the next section as a success story). The next is **horizontal** (“expansion/replication”)—for example, when COWLHA rolled out the program to 144 communities in Malawi and succeeded in reducing IPV, thereby improving mental health and women’s ability to adhere to medication regimens. The third is **diversification** (“testing and adding a new innovation to one that is in the process of being scaled up”), when new components are added for specific topics or groups such as disability, menstruation, or incarcerated individuals. Examples include the International HIV Alliance in Morocco in prisons; the Medical Research Council and partners’ initiative in The Gambia; COWLHA in Malawi; and ACORD in Tanzania for pastoralists and others.<sup>4</sup> The fourth is **spontaneous** (“diffusion of the innovation without deliberate guidance”), such as ActionAid in Ethiopia and India; the Foundation of the Peoples of the South Pacific International in Fiji; and ACORD in Uganda.

Our experience in implementing the *Stepping Stones* program does not lead us to favor or promote one form of adaptation for scale-up over another, since each context is different and can lend itself to different opportunities. Instead, we have requested that organizations keep in touch with us as much as possible, as well as build on our core values and structure in their adaptation and scale-up work, so we can advise them based on our own experiences and on lessons learned from others. We also ask them to share what they have learned with us, so others can benefit from their experiences. Through this networking, we have built a strong international community of practice comprised of over 1,000 subscribers and a dedicated website. The community of practice is based on this shared global knowledge, which is almost entirely “gray” literature (that is, outside peer-reviewed literature), and recognizes that we are all on a learning journey together around these adaptation and scale-up challenges.<sup>5</sup> However, it also means those seeking information only from journals are missing out on a wealth of knowledge or convergence of evidence.<sup>6</sup> Those whom we see making the best use of the methodology are those who have been in good contact with us.

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<sup>3</sup> ExpandNet. (2010). *Nine steps for developing a scaling-up strategy*. World Health Organization.

<sup>4</sup> See our adaptation guidelines for more details: [http://steppingstonesfeedback.org/wp-content/uploads/2016/10/SalamanderTrust\\_Adaptation\\_Guidelines\\_Stepping\\_Stones\\_-2017FINAL.pdf](http://steppingstonesfeedback.org/wp-content/uploads/2016/10/SalamanderTrust_Adaptation_Guidelines_Stepping_Stones_-2017FINAL.pdf)

<sup>5</sup> See, for example: <http://steppingstonesfeedback.org/resources/evaluation-evaluacion/>

<sup>6</sup> Salamander Trust, Athena, Joint United Nations Programme on HIV/AIDS, AIDS Legal Network, Project Empower, HEARD, & University of KwaZulu-Natal. (2017). *Action Linking Initiatives on Violence Against Women and HIV Everywhere, ALIV(H)E framework*. Retrieved from [http://salamandertrust.net/wp-content/uploads/2017/11/ALIVHE\\_FrameworkFINALNov2017.pdf](http://salamandertrust.net/wp-content/uploads/2017/11/ALIVHE_FrameworkFINALNov2017.pdf)



## Going to Scale: A Success Story

*Stepping Stones* was effectively implemented and adapted to a new context in The Gambia, including scale-up in 300 villages, by the Medical Research Council and partners.<sup>7</sup> Elements that helped make this implementation successful included:

- **Learning from others' experiences:** The implementers kept in regular touch with the originators to avoid unintended errors of interpretation, such as leaving out key exercises. (As a counterexample, a program in Zimbabwe cut out a key session because it addressed topics considered taboo—but then reinstated it when they realized how critical the session was to ensuring widows' rights.)
- **Following its staircase model:** Successive sessions build on earlier ones. Some of the later sessions are challenging and require the foundational sessions to create a sense of safety, trust, and identification within the group and with the facilitator. Creating a sense of trust and support allowed the group to address such sensitive issues and work through them together.
- **Creating inclusivity:** Fidelity to the four-group structure provided a safe space for discussions, with cross-gender and intergenerational learning and bridge-building.
- **Adapting to local context:** This began with community-prioritized issues, such as male concerns about maintaining their fertility, and involved linking them to the overall program.
- **Ensuring facilitators go through the process first as participants** before being trained as facilitators, with ongoing supervision and support. This meant facilitators had the challenge—and opportunity—to address and try to resolve the complex issues in their own lives before being expected to facilitate others' journeys through the process. This process includes:
  - An initial phase in which trainers systematically guide facilitators/trainees first as participants through the manual session by session, taking on the personalities of different genders and generations (for instance, being a girl, boy, woman, or man, being someone living with HIV, or being someone experiencing IPV). This process enables them to appreciate how the manual works and to address some of their prejudices and biases in areas like gender bias, stigma and discrimination, and fear of death. The process promotes and develops positive language and cross-gender and intergenerational communication. Only then are they trained to facilitate the program with others.
  - Ongoing supervision, which occurs throughout the initial training period and extends to the follow-up training process, as some of the attitude and practice changes can take time. Support for facilitators varies across sessions and contexts. For example, the sessions focused on building communication between couples, a widow's inheritance rights, and tackling stigma when people living with HIV are shunned, require significant support for facilitators to understand them, appreciate their importance, and overcome their anxieties.

Overall, what made this experience a success? First, the implementing partners engaged closely with the originators. They recognized the importance of a community-wide approach with a

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<sup>7</sup> Paine, K., Hart, G., Jawo, M., Ceesay, S., Jallow, M., Morison, L., ... & Shaw, M. (2002). 'Before we were sleeping, now we are awake': Preliminary evaluation of the Stepping Stones sexual health programme in The Gambia. *African Journal of AIDS Research*, 1(1), 39-50. Retrieved from <http://siteresources.worldbank.org/INTGENDER/Resources/MatthewShawAJARarticle.pdf>



gendered, cross-generational, rights-based lens and of a structured scaffolding/staircase model. Second, they prepared well and explored, respected, and incorporated local priorities. For example, they promoted condoms as fertility protection, involved imams in endorsing their use, and added a session on sexual and reproductive health. To maintain quality at scale, one key programmer commented, “The process lasted at least 3 months in each village, and was then followed up in various ways. These included: through mobile video, reproductive and child health clinics, the radio, working with the health services. These follow-up activities were kept up for approximately one year. After that, follow-up was less intensive, but staff still made quarterly visits to the villages. In terms of quality control, this was assured in various ways: staff employed were already experienced in *Stepping Stones* (or other participatory methodologies) and minimum standards [of engagement] were established before agreeing to fund *Stepping Stones* in each new village.”<sup>8</sup>

In terms of outcomes, community members were asked an open-ended question in focus groups: “What has changed for you?” All of the groups mentioned more dialogue in the home, less quarreling and violence within couples, husbands providing more fish money (share of their income), more understanding and respect in the home, more household task-sharing, and safer sex (including outside marriage).<sup>9</sup>

Sadly, in both The Gambia and Malawi, funding ended and the carefully built program and staffing structures were dismantled despite clear program achievements. In The Gambia, this was partly because the funder needed peer-reviewed journal articles to be published more quickly. In Malawi, the funders did not continue the grant beyond the initial roll-out of the program to 144 sites. Further, despite the success of the Malawi program, the findings have never been published in a peer-reviewed journal because as an NGO-led program, it had not sought ethical clearance and so its evaluation report was barred from formal publication.<sup>10</sup>



## Going to Scale: A Challenging Story

One project implemented in Uganda aimed to contribute to realizing an AIDS-free generation by reducing the rate of newly acquired HIV among adolescents and young women. The project was implemented by a consortium of partners—including research institutions, civil society organizations, and local government, among others—and involved girls and young women aged 15 to 24. A comprehensive package was implemented that intended to empower girls and young women, reduce health risks associated with sexual activity, strengthen families, and mobilize communities for change. The project adapted the *Stepping Stones* program during implementation since it was a successful and evidence-informed innovation.

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<sup>8</sup> Interview with Momadou Conteh, in ACORD. (2006). *Stepping Stones – Looking forward, looking back* (Conference Report). Retrieved from [http://steppingstonesfeedback.org/wp-content/uploads/2016/10/SS\\_Acord\\_LookingforwardLookingBack\\_FullReport\\_2006.pdf](http://steppingstonesfeedback.org/wp-content/uploads/2016/10/SS_Acord_LookingforwardLookingBack_FullReport_2006.pdf)

<sup>9</sup> Jarjue, M. S., Badgie, K., Jobarteh, A., Bojang, L., Gibba, L., Bojang, F., ... & Welbourn, A. *Participatory review of changes after a Stepping Stones workshop in an Islamic context, The Gambia, February 2000*. Retrieved from [http://steppingstonesfeedback.org/wp-content/uploads/2016/10/SS\\_Review\\_Gambia\\_2000.pdf](http://steppingstonesfeedback.org/wp-content/uploads/2016/10/SS_Review_Gambia_2000.pdf)

<sup>10</sup> See: Coalition of Women Living with HIV/AIDS in Malawi. (2015, March). *End of project evaluation study report: “Leveraging Positive Action Towards Reducing Violence Against Women Living With HIV Project.”* Retrieved from [http://steppingstonesfeedback.org/wp-content/uploads/2016/10/COWLHA\\_END\\_OF\\_PROJECT\\_EVALUATION\\_REPORT\\_September2015.pdf](http://steppingstonesfeedback.org/wp-content/uploads/2016/10/COWLHA_END_OF_PROJECT_EVALUATION_REPORT_September2015.pdf)





However, the adaptation process was not based on our recommended standard guidelines, which affected the project outcomes. During the adaptation process, the donor and grant holders either were not in touch with us as the originators or misunderstood basic program principles and/or contacted us when it was too late for mistakes and incorrect reports to be rectified. The process did not consider the language of delivery, even though it is critical—for instance—that the manual is available in a language that local facilitators can use comfortably. The adaptation process also involved shortening the training time frame due to pressure to cut costs and limited understanding and appreciation of the approach. This resulted in inadequate facilitation training; for instance, facilitators erroneously thought they should promote traditional female behavior to reduce VAW.

Additionally, while the *Stepping Stones* methodology promotes participatory approaches, the project implementers used the approach selectively and reduced some of the critical participatory exercises during the training. They did not follow the staircase model, and therefore training delivery was not systematic.

The project also focused on only one group, young girls, whose selection was based on their 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. The project did not include older peer groups and only partially involved young male partners, thereby missing out on the cross-gender and intergenerational bridge-building that forms an integral part of the program.

### The Takeaway: What Made It Ineffective?

- **HIV testing as an entry criterion** for program involvement is deeply unethical and totally in breach of program principles.
- **Minimal training of facilitators** meant no opportunity to process issues in their own lives or any understanding of the program's gender-transformative process—resulting in retrograde, gender-insensitive messaging to the participants.
- **Inclusion of only young, HIV-negative women** meant the program achieved no community-wide understanding of their experiences or visions.
- **Narrow conceptions of outcomes and potential value-add in relation to the cost of quality implementation** reduced potential impact. We know that when the proper procedure is followed, there is a far-reaching holistic impact, as demonstrated in The Gambia.



## Reflections

Organizations taking programming to scale face an exciting opportunity to impact the lives of women and men, girls and boys at unprecedented levels. This opportunity also comes with the challenge—and responsibility—of doing everything possible to ensure safe, ethical, and impactful programming. First among this is to recognize that social norms change requires complex, grounded, and sustained programming—which, of course, requires longer-term funding. Similar public health examples are found in efforts to promote seatbelt use and reduce smoking in public spaces in Europe and North America, both of which also have gendered and generational dimensions. Each took many decades—and still requires ongoing work—but is now integrated into mainstream culture, meaning the investment has resulted in long-term payoff.



We can think of social norms change efforts at scale in similar ways. Key ingredients include:

- Careful strategic thinking and program design;
- Using multiple complementary strategies at the community, service delivery, and policy levels over time;
- Programming led by people in or close to the communities who have had time and support to internalize and process the ideas;
- Fidelity to the core elements that made the approach successful; and
- Ongoing monitoring by the implementing partner and, when possible, by originators to reinforce core principles and mitigate possible negative consequences when these have not been appreciated.

Ideally, scaling up an existing methodology happens in collaboration with the program originators, who typically have decades of experience with the program's successful adaptation and use across many diverse contexts. This approach can provide invaluable input, ensuring that each program builds from a place of strength and lessons learned, avoiding past missteps and mistakes. This approach then maximizes the potential for change and transformation.





## For Reference: *Stepping Stones* Scale-Up Framework

HOW <i>Stepping Stones</i> can be scaled	WHO should be involved	WHAT needs to happen	WHEN should it happen
<p>Communicate with <i>Stepping Stones</i> originators (to guide program design and share learning with programs around the world).</p> <p>Follow the gendered, cross-generational, rights-based, holistic approach—which includes multiple outcomes.</p> <p>Understand the staircase approach (starting with important preliminary group-bonding sessions before tackling more challenging, sensitive topics).</p> <p>Follow the interactive participatory learning process.</p> <p>Prepare well—exploring, respecting, and incorporating local priorities.</p> <p>Pilot adaptation before scale-up.</p>	<p>An equal number of male and female, older and younger facilitators, split into teams of four (each to work with peer groups of the same gender and similar age).</p> <p>This should include all four peer groups so everyone feels included and respected, and it should be inclusive of all, irrespective of HIV status, gender, age, or other factors.</p>	<p>Acknowledge the human rights-based political dimension to the process and the importance of movement-building rather than one-off, single-focus projects.</p> <p>Invest in and benefit from well-trained facilitators.</p> <p>Explicitly follow the overall structure and sequencing.</p> <p>Liaise and synergize with parallel and follow-up initiatives.</p>	<p>About similar in length to the original program (about 50 hours).</p> <p>Ideally lasts from one month (intensive) to about 12 weeks in duration.</p> <p>Ongoing funding is needed to ensure effective follow-up.</p>

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# Social Norms Change at Scale: Insights from Tostan

*By Diane Gillespie, Gannon Gillespie, and Molly Melching*



## The Approach

Tostan, which means “breakthrough” in the Wolof language, is an international nonprofit organization founded in 1991 and headquartered in Dakar, Senegal. Tostan is currently offering its 30-month program in five West African countries. We are dedicated to empowering African communities to bring about sustainable development and positive social transformation based on respect for human rights.

At [Tostan](#), we believe that development is most effective and sustainable when brought about by communities themselves. In this community-led approach to social change, we see our role as a facilitator—to share resources, skills, and knowledge that will empower communities to set their own goals and create change on their own terms. Through a holistic, human rights-based education program, the Community Empowerment Program, we ignite community dialogue on a wide range of topics through modules focused on democracy, human rights, hygiene and health, and problem-solving. We then reinforce these topics while providing training in literacy, numeracy, and project-management skills.

We currently deliver the Community Empowerment Program in five West African countries: Guinea, Guinea-Bissau, Mali, Senegal, and The Gambia. (It has also been implemented in Mauritania, Somalia, and Djibouti). Participants represent the community at large, including women and men, elders and youth, from various ethnic groups and social strata. Most have never received formal schooling or dropped out at an early age. Sessions last for two hours, three times a week. Participating communities must house and feed the facilitator and create the classroom space. Tostan pays for the facilitator’s stipend and for facilitator training and educational materials. During the second phase of the 30-month program, Tostan also provides a US\$800 community development grant.

Community engagement begins when Tostan staff present an overview of the 30-month curriculum to community leaders and potential participants during program preparation. Tostan implements only when invited by communities. Each class member agrees to “adopt a learner” to share what they learn in each session with someone outside the class. The curriculum has been modified over the years based on participant feedback.

At the same time Tostan sets up its classes, it trains a Community Management Committee comprised of 17 members (nine of whom must be women) selected by and representative of the community. The committee helps carry out actions decided by the class and community (for example, vaccination and birth registration campaigns), including discussions with the community on what is learned in the class. The committee is left in place after the education program ends, and most become registered community-based organizations. Some have independently received funding, and many have federated to carry out multi-community projects.

Throughout this process, Tostan uses a robust system for monitoring and evaluating its programs and their effect on communities.



## Where and How it is Being Used

To date, Tostan staff members have carried out implementation in “all-new” communities—that is, they have trained the facilitators and Community Management Committees, taught the classes, and monitored and evaluated the program, all while adapting the program to local circumstances.

In one case in 1998 (featured below as a “challenging story”), another organization was trained on the first phase of the Community Empowerment Program (called the Kobi), but carried it out in a way that did not correspond with the basic principles of Tostan’s standard implementation process.

In addition to offering the Community Empowerment Program, Tostan provides a 10-day training for local non-governmental organizations (NGOs), religious leaders, and other interested stakeholders. The training includes a general orientation to Tostan’s holistic human-rights based approach, including an overview of its curricular content, participatory methodology, “organized diffusion” strategy, and guiding theories. It does not provide the entire set of curricular materials that would allow a trainee to replicate the 30-month program.



## Understanding Scale

Historically, Tostan has typically looked at scale by direct implementation (i.e., scaling done by Tostan itself) in three main ways: first, scaling up to reach new communities in different regions of the same country with the core model; second, scaling up in new countries; and third, scaling deep—expanding the curriculum through two one-year-program modules (on peace and security and on reinforcement of parental practices) implemented in over 800 communities.

Tostan has also looked at indirect scale—scale by training others—in several ways. First, Tostan was asked to start a “training of trainers” initiative but had early formative experiences of training other organizations to replicate the Kobi phase that did not achieve the same results (see the “challenging story” below). Second, the organization has trained others on the entire program by co-implementation, which was programmatically somewhat successful although the organizations were not able to implement without Tostan afterwards (this took place in eight West and East African countries). Third, since 2015, Tostan has trained over 400 NGO leaders from 45 countries who implement different, non-Tostan models. They participate in the 10-day intensive training noted above. The organization is now exploring ways to ensure fidelity by providing guides and materials to those wishing to follow Tostan’s model, with plans to eventually supplement those guides with technical advisory services.

Tostan is currently undertaking an externally facilitated process to more clearly articulate how it defines scale. First, it bears mentioning that Tostan’s model organically scales during implementation through the process of organized diffusion: class members pick an adopted learner to immediately share what they have learned; the class and Community Management Committee hold community meetings to spread key information from the classes; class and community members visit neighboring communities to hold sessions with them on what has been learned; and highly motivated participants and influential leaders from different communities form social mobilization teams visiting hundreds of communities, even across



borders. These activities, however, tend to focus on specific issues (as shown below in the successful scaling case); community activists do not replicate the 30-month program.

In terms of scaling the model itself: Tostan has been requested to scale both directly and indirectly. Direct-scale requests may be attributed to the fact that Tostan implements directly as a main operating model, stemming from a wish to maintain Tostan's demonstrated quality and its ability to work on issues other groups have been less willing to address. Tostan has also been repeatedly asked to scale indirectly via training or sharing. There are constant requests to "share the model" with others; however, most are not aware of the complexity and length of the model, of its time-intensive and holistic nature, of its rigor and dedication to local cultural understanding, or of the organizational capacities that underpin Tostan's ability to resource, implement, and learn from large-scale implementation. Most NGOs also have their own mission priorities and it is difficult for them to find funding for and manage a 30-month education program in different national languages along with their many other activities.



## Going to Scale: A Success Story

Tostan learned how to effectively scale single-issue social norms change through an experience in 1997 in Malicounda Bambara, a village in western Senegal. Key elements of success included:

- **Local leaders taking the lead:** After female participants studied human rights and women's health in their Tostan class, including the adverse health consequences of female genital cutting (FGC), they decided to end the practice with support from their husbands and the local imam; however, when the women bravely held a press conference to make their announcement public, they were quickly denounced by their relatives in other villages, who called them traitors to their ethnic group. Demba Diawara, a religious leader from an FGC-practicing community, came to Tostan to explain that in Africa, a social norm such as FGC could not be ended through a public announcement from one community alone; it was a traditional practice shared by members of intra-marrying social networks and carried harsh sanctions for non-compliance. After consulting with other respected religious leaders, doctors, and women in his village, Demba told Tostan that he had decided to travel to his own intra-marrying communities and organize open discussions with his relatives, eventually helping them realize they could give up the practice as a united family.
- **Face-to face dialogue and deliberation:** Demba's outreach resulted in the 1998 Diabougou Declaration, for which 13 villages joined to publicly declare they were going to end the practice. The Diabougou Declaration was discussed in other Tostan classes, and soon, the community of Medina Cherif in Southern Senegal reached out to its own intra-marrying relatives in 17 neighboring communities. After much deliberation, they collectively declared they would end the practice as well. A 2008 external evaluation found these efforts led to significant declines in the practice of FGC.<sup>1</sup>

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<sup>1</sup> United Nations Children's Fund. (2008). *Long-term evaluation of the Tostan Programme in Senegal: Kolda, Thies and Fatik Regions*. New York, NY: United Nations Children's Fund Section of Statistics and Monitoring, Division of Policy and Practice. Retrieved from [https://www.unicef.org/protection/fgmc\\_tostan\\_eng.pdf](https://www.unicef.org/protection/fgmc_tostan_eng.pdf)



- **Social mobilization agents reaching out to thousands more:** Inspired by Demba’s strategy of “organized diffusion” and the two public declarations, other Tostan participants formed groups of five or six women and men to reach out to the members of their own social networks. In the eight countries where Tostan has been active over the past 20 years, over 8,500 communities have decided to come together to abandon FGC through public declarations thanks to class participants and the tireless efforts of hundreds of these grassroots social mobilization agents.

In considering this case of scaling, it is important to note that Tostan offers a holistic program not focused only on FGC. The interest in FGC came from within the class itself, much to the surprise of the Tostan programming team. Class participants wanted to know more about the practice because they were also learning about aspects of physical well-being such as menstruation, pregnancy, and menopause. Class members had previously engaged neighboring communities in a broad range of discussions around health and well-being—for example, how to treat diarrhea and how to construct local cookstoves—but FGC was more sensitive and took longer. In many communities, it was taboo to discuss because it was falsely associated with an Islamic obligation and its health effects (such as tetanus) sometimes occurred later after the cutting operation. Social mobilization agents said they most often had to visit the same communities many times before the people decided to abandon FGC. In this case, the imam was a critical spokesperson due to his status as a respected and influential religious leader who could explain that FGC is not a recommendation of Islam.

Three critical lessons on what has made this case of scaling a success include that: 1) Tostan engaged closely with community leaders who recognized the importance of a holistic, community-wide approach and the structured scaffolding model (e.g., adopt-a-learner); 2) Tostan and communities allowed for adequate time and resources for organized diffusion, providing the funding needed for travel to communities, and the time needed for deliberation; and 3) Tostan provided accurate information, in non-judgmental terms, in local languages that could be comprehended by learners.

## Going to Scale: A Challenging Story

A nonprofit was selected to implement Tostan’s program in 1998 as part of a pilot project in which the relevance and effects of Tostan’s model would be tested in another West African country. The programming resulted in:

- **Greatly abridged programming training.** The first year of the curriculum is called the Kobi (with sessions on visioning, human rights, democracy, problem-solving, and hygiene and health). Each session is critical, as all build on previous sessions over a one-year period, interacting synergistically, leading into the second part of the curriculum. The non-profit chose not to offer the entire Kobi curriculum and greatly shortened or modified the sessions.
- **Selective use and concentration of the curriculum.** Only some exercises were used and other, critical ones were excluded, and thus important background information was omitted. For example, the module on hygiene and health (the second part of the Kobi) was crammed into a 12-hour-a-day, three-day workshop instead of being facilitated over a period of five months.
- **Greatly reduced use of the participatory methodology and participant outreach through the adopt-a-learner and community sharing strategies.**





## The Takeaway: What Made It Ineffective?

New learners did not have time to assimilate information and skills because the schedule was too condensed and their participation reduced. In Tostan's standard two-hour sessions (involving activities and discussion), learners have the following day off to think about what was learned and to share the class information with an adopted learner. The condensation violated core principles: namely, that participants learn at their own pace, become a facilitator by sharing with others, gain confidence and new respect by being viewed as a "teacher," share interesting (often life-changing) information, and work in close collaboration with the facilitator (who lives in the community and supports participants outside of the classroom).

Tostan decided not to share its curriculum publicly because of the results of this and other scaling experiences. It became clear that the curriculum guides alone would not be sufficient to ensure fidelity to the core principles needed for successful replication. What drives the program's success is as much the use of locally adapted African cultural elements and interactive pedagogy as it is content. As founder Molly Melching says, "Of course, we have content in our model, but I see our program more as a framework into which communities themselves add their own content, participatory methodology, and outreach strategies. But this takes lots of time, practice, and interpersonal work and facilitation."



## Reflections

Tostan very much concurs with CUSP members' descriptions of the tensions and programming realities encountered when trying to scale social norms work. On a broader level, we note that while Tostan and CUSP members work on a range of critical social norms that exist in the cultures and contexts in which we operate, what Tostan is trying to do by scaling up a three-year, multi-sectoral model—in local languages, in a manner that is culturally respectful and norms-informed—is to offer an alternative to the common practices and social norms present in international development—a landscape in which efforts to help others are so often problematized, "project-ized," short-term, siloed, lightly participatory, and top-down. As we seek to support communities to reformulate and act on creating new norms in the field, we must also look at the norms guiding our own actions and apply these lessons to the communities of which we are a part.

As noted above, Tostan's programming does not focus on any one issue. As such, the organization has had a range of experiences in discovering and finding ways to scale through the Community Empowerment Program, helping create a wide variety of local efforts to create change. These efforts continue. At the time of writing, Tostan is reviewing the most recent external study (not yet formally published) entitled *Preventing Intimate Partner Violence: An Evaluation of Tostan's Community Empowerment Program in Senegal*. The evaluators stated that at the end of the Community Empowerment Program, "There was a declining trend in all forms of Intimate Partner Violence (IPV). In particular, the decline in physical IPV was statistically significant." Increased couple communication and improved attitudes toward gender norms were also statistically significant.



## For Reference: Tostan’s Current Community Empowerment Program Scale-Up Framework

HOW Tostan can be scaled	WHO should be involved	WHAT needs to happen	WHEN should it happen
<p>Understand and create the administrative structure needed to implement the Community Empowerment Program and Community Management Committee trainings, including hiring and training administrative personnel, supervisors, and facilitators.</p> <p>Undergo at least three months of participatory training to be able to facilitate the curriculum and set up the Community Management Committee.</p> <p>Understand the program’s holistic approach, which includes multiple outcomes and has a curriculum requiring community and learner participation for the entire 30 months.</p> <p>Communicate regularly with Tostan (or Tostan provides a consultant for new countries).</p> <p>Consider local priorities and realities and adapt accordingly.</p> <p>Pilot the adaptation before scale-up, and follow the interactive participatory learning process and implementation schedule.</p>	<p>Countries, NGOs, and communities that understand and choose to participate in Tostan’s program.</p> <p>Male and female facilitators trained to engage participants in Tostan’s holistic curriculum and who agree to live in the communities during facilitation. (Facilitators have at least a sixth-grade education or local language literacy and vary in age).</p> <p>Community members who attend Tostan classes for adults and youth over a three-year period and who volunteer to serve on the Community Management Committee.</p> <p>Trainers of facilitators who know the curriculum well and apply the participatory learning process.</p> <p>All members of the community (e.g., youth, adults, elders, and religious leaders).</p>	<p>Communities agree to participate, elect/select members to participate in classes and the Community Management Committee.</p> <p>Facilitators engage participants in classes, and the overall structure and sequencing are explicitly followed.</p> <p>Participants “adopt a learner” and engage with others in their community, sharing what is being learned.</p> <p>Participants reach out to neighboring communities and their social networks to share learning and turn it into action.</p> <p>Well-trained facilitators speak and teach in the predominant local language of the community.</p>	<p>Over a 30-month period, plus preparation activities with community (varies given awareness of Tostan).</p> <p>Religious and traditional leaders receive special training before the Community Empowerment Program begins to ensure their support and engagement.</p> <p>Begin consultations with Tostan and conduct training before implementation. Also ensure monitoring and evaluation system is in place.</p>

**Suggestion citation:** Gillespie, D., Gillespie, G. & Melching, M. (2018) “Social Norms Change at Scale: Insights from Tostan,” *CUSP 2018 Case Study Collection*, Case No. 5, Community for Understanding Scale Up.

