On the CUSP of Change:
Ethical and effective scaling of social norms programming for gender equality

Community for Understanding Scale Up (CUSP)
Who we are

Our social norms change for gender equality initiatives, methodologies and materials have been / are being scaled up in different ways:

- mentioned in "best practices" roundups
- donors have recommended and/or prescribed them in their funding calls
- being used by many other groups – often in positive ways and with innovative adaptations, sometimes in ways that are problematic
Who we are
<table>
<thead>
<tr>
<th>ORGANIZATION</th>
<th>INITIATIVE &amp; COUNTRY OF ORIGIN</th>
<th>TYPE OF INITIATIVE</th>
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<tbody>
<tr>
<td>Raising Voices/CEDOVIP</td>
<td>SASA! - Uganda</td>
<td>3-year community mobilization program for VAW and HIV prevention</td>
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<td>Salamander Trust</td>
<td>Stepping Stones - Uganda</td>
<td>12-week facilitated peer-group training program to build communication and relationship skills</td>
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<td>Tostan</td>
<td>Community Empowerment Program - Senegal</td>
<td>3-year holistic participatory human rights-based education program for adults and adolescents.</td>
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<td>Multisectorial partnership</td>
<td>IMAGE Programme - South Africa</td>
<td>Microfinance for women combined with gender and HIV training</td>
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<td>Oxfam</td>
<td>We Can - Bangladesh / Nepal</td>
<td>Large scale campaign to mobilize change makers</td>
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<td>Institute for Reproductive Health, Pathfinder, Save the Children</td>
<td>GREAT - Uganda</td>
<td>Radio drama, community mobilization, group activities and service linkages</td>
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<td>Sonke Gender Justice</td>
<td>One Man Can - South Africa</td>
<td>Community Education and mobilization to involve men in violence and HIV prevention</td>
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<td>Puntos de Encuentro Nicaragua</td>
<td>We’re Different / We’re Equal (Sexto Sentido) - Nicaragua</td>
<td>&quot;Social soap&quot; TV series + multi-media, community capacity-building and organizing + multi-sector coalition building</td>
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One definition of Scale up:

“Expanding, adapting and sustaining successful policies, programs or projects in different places and over time to reach a greater number of people.”
Why we came together

✔ Side conversations about concerns and challenges as well as excitement about opportunities
✔ Interest in sharing and collectively analyzing experiences
✔ Commitment to synthesize and share lessons learned related to ethical and effective scale up practice
The context: Opportunities

- Growing evidence on impact and importance of social and gender norms change for advancing gender equality and related outcomes
- Growing evidence and knowledge about core principles and attributes of effective norms change initiatives
- Donor interest in scaling up of effective initiatives
Concerns and challenges

- Northern donor and research community emphasis on RCTs leads to exclusion and/or invisibility of other promising initiatives.

- Pressure to expand reach and cut costs can lead to:
  - Cookie-cutter approach that doesn’t adequately take new context into account
  - Abbreviation or mix-and-match implementation that may compromise core principles

- Less willingness to fund innovation in what is still a developing field
Scale up types

**Horizontal:** Geographical expansion, replication → adaptation

**Vertical:** Institutionalization via organizational policies and budgets

’Grafting’: Adding components to an existing initiative

**Wholly-owned:** Original designers/implementers work directly in new region

**Additive/Partnerships:** Original implementers help scale with new partners

**Multiplicative:** New implementers take on work

**Dissemination:** Making how-to information freely available
Scale up processes/issues

**Diffusion:** Planned or spontaneous

**Structure:** Centralized/top-down or decentralized/bottom-up

**Implementation:** Standardized or flexible/adaptive

**Pace:** Rapid (often more popular with donors) or phased/gradual

**Leadership:** Expert/donor driven or participatory / local demand
Ups and downs: The case of Stepping Stones

Characteristics

• 12-week participatory peer-group training program to build communication and relationship skills, address gender norms, violence, HIV, stigma
• Structured stages led by trained facilitators (“staircase” approach)
• 4 different peer groups: adult women | adult men | adolescent girls | adolescent boys

Scale up

• Over last 20 years, had been used/disseminated/adapted in many places, often in coordination with creators
• Now in 60+ languages in all continents
• 2008 RCT of modified Stepping Stones in South Africa showed reduced intimate partner violence and HSV2.
MRC: Gambia – 300 villages

What went right:

• **In touch with creators for adaptation**

• **Facilitators** went through process first as participants, then trained

• **Worked with all groups**, followed “staircase” approach

• **Incorporated local priorities**: condoms as fertility protection, involving imams in endorsing their use, added session on SRH.

• **Multiple positive outcomes**: reduced IPV, greater condom acceptance, greater cross-gender & cross-generational respect and collaboration.
DREAMS/PEPFAR – Africa

What went wrong:

• Prescribed to potential partners as condition for funding
• Not in touch with creators, or contacted too late to do adequate adaptation, and went ahead anyway because of donor pressure to start
• Compromised key principles:
  o No systematic adaptation process, including translation into local languages.
  o Reduced duration, no understanding of staircase model, excluded important exercises
  o Instead of four peer groups, focus on HIV-adolescent girls, with only partial involvement of male partners, no adult groups
  o Inadequate facilitator training

• Did harm:
  o DREAMS required HIV testing of adolescent girls. While those who tested positive were offered treatment, they were excluded, de facto exposing their status.
  o Facilitators mistakenly thought they should promote traditional female behavior to reduce VAW
Collective CUSP experiences

Pitfalls:
• Shortcuts that compromise core principles and mechanisms
• Replication without adequate adaptation
• Implementers not yet fully on board with key principles
• Inadequate training of facilitators / promoters

Consequences:
• May result in harm to people and communities
• Can negatively affect creators and credibility of initiatives
• Poor investment in terms of actual bang for buck
Considerations

• Understanding what works in terms of principles and mechanisms is fundamental

• Replication of RCT-tested initiatives doesn’t guarantee cost-effective positive outcomes in other settings

• Prescribing interventions to potential grantees can lead to poor scale-up, lack of success and a wasted investment

• We’re still learning: Invest in innovation guided by knowledge of the core principles.
## Recommendations for ethical and effective scale up

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<tr>
<th>BEFORE</th>
<th>PREPARATION</th>
<th>IMPLEMENTATION</th>
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<tr>
<td>• Talk with creators &amp; in-country partners about appropriateness of adaptation/implementation in new context</td>
<td>• Create advisory group for ongoing engagement</td>
<td>• Document ongoing adaptation and implementation</td>
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<td>• Understand principles of core elements and discuss what kind of adaptation is necessary and/or possible for this setting</td>
<td>• Build in process/time for new partners to internalize core principles and components and adapt</td>
<td>• Continued support for staff and facilitators</td>
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<td>• Assess whether time and resources are adequate (and don’t go forward if not) – including funding for TA</td>
<td>• Engage end-users in adaptation, field testing and adjustments</td>
<td>• Monitoring, learning, adjustment, evaluation</td>
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<td>• Invest in and support staff and facilitators – personal processes</td>
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Some final thoughts

Bad news 😞
No cheap and quick fix

Good news 😊
Principles and mechanisms are free
Further reading

https://tinyurl.com/CUSP2017

For more info: evelyn@raisingvoices.org | info@raising voices
Thank you!