

Revising the Script

**Taking Community Mobilization To Scale
For Gender Equality**



Acknowledgements

The authors are very grateful to Jennifer McCleary-Sills, Stella Mukasa, and Gina Alvarado at the International Center for Research on Women (ICRW), and Lori Michau, Sophie Namy, and Sara Siebert at Raising Voices for their feedback and guidance at various stages of this study. We also thank independent researcher Geneva Cole for her helpful suggestions over the course of preparing this study, and Jill Merriman for her copyediting contributions.

We would also like to extend thanks to the organizations included in the “selected initiatives” portion of this report, including IMAGE, Pathfinder, Raising Voices, the Salamander Trust, and Tostan, for their generosity and collaborative spirit.

This report has been funded generously by an anonymous donor.

© 2016 International Center for Research on Women and Raising Voices. Portions of this report may be reproduced without express permission from – but with acknowledgement to – ICRW, Raising Voices, and the authors.

Authors: Brian Heilman and Shawna Stich

Cover photo credit: Heidi Brady/Raising Voices

Design: Josh Franke Design

September 2016

Acronyms

CEDOVIP	Center for Domestic Violence Prevention
IMAGE	Intervention with Microfinance for AIDS and Gender Equity
NGO	Non-governmental organization
PRACHAR	Promoting Change in Reproductive Behavior in Bihar
SHARE	Safe Homes and Respect for Everyone Project
USAID	United States Agency for International Development
WHO	World Health Organization

Revising the Script

Taking Community Mobilization to Scale for Gender Equality

For those in the world of international human rights and development programming seeking to eliminate harmful social norms and practices at a global level, the steps to scale up seem relatively clear. Step one: Develop an innovative new approach to solve a pressing social problem. Step two: Prove the effectiveness of the approach through rigorous evaluation techniques. Step three: Having established the approach's "evidence-based" credentials, share it widely!

Innovate, evaluate, scale up.

Of course, this is a heavily curtailed presentation of this process, which includes many additional steps, stresses, and potentially decades of demands on program teams. But its essence is undeniably compelling all the same, even common sense. New innovations are needed to solve unsolved problems. These innovations can only be proven to be effective if they are subjected to high scrutiny. And if they do work, then perhaps there is even an ethical or moral obligation to share them widely. In the case of a new vaccine for a widespread infection, for instance, this central script is tried and true. Previously devastating diseases have become historical footnotes thanks to some variety of "innovate, evaluate, scale up." But not all innovations are as easily replicable as vaccines, of course, and practitioners and scholars in the human rights and development world are starting to uncover particular challenges in trying to follow this script for their innovations.

This brief exploratory study aims to inform the nascent conversation about the challenges of applying the "innovate, evaluate, scale up" script in one compelling field of recent innovation: community mobilization approaches to address socially and politically sensitive issues, particularly but not exclusively intimate partner violence. Intimate partner violence, for instance, is different in important ways from many other development and human rights challenges. This form of violence rest upon unequal power among the genders, and the central importance of power to this challenge makes preventing this violence more of a political issue than, for instance, eradicating polio. If ending intimate partner violence almost certainly requires transforming historic and deeply held social norms and power structures, what exactly does "scale up" mean? Who could or should undertake it?

Secondly, community mobilization approaches are likely effective precisely because of certain factors – among them, leadership by local activists and a central message of re-imagining power in society – that are difficult to reconcile with the realities of the public or private sectors that may be best placed to operate "at scale." Ministries of health exist at least in part to support large-scale efforts to eradicate diseases, for instance; at least as yet, national governments don't tend to feature Ministries of Dismantling the Patriarchy or Ministries of Gender Justice!

The authors of this study recognized that, at the outset, very little about these precise dilemmas had been written. As such, we set out to answer three guiding research questions at the heart of these dilemmas, with a balance of literature review and conversations with programmers who had faced similar challenges:

- 1. How have implementers of community mobilization initiatives attempted to "scale up" their efforts to shift attitudes about intimate partner violence and other socially and politically sensitive issues?**
- 2. To what extent have any such approaches achieved success and effectiveness in "scaling up" to a national, regional, or international level?**
- 3. What are the most salient obstacles, challenges, and lessons that have emerged from prior efforts to take these community mobilization approaches to scale?**

Table of Contents

I. Definition of Key Terms	4
II. Methodology	5
III. Snapshot of the Field: Main Literature Review Findings	6
IV. Five Selected Initiatives	8
V. Five Key Lessons	13
VI. Conclusions	21

Organization of the Report

The study proceeds in four main sections. First, we define key terms used throughout the study. Second, we describe the exploratory research methodology behind the findings presented here. Third, we present a “snapshot of the field,” drawing upon the results of our thorough literature review. Fourth, we briefly introduce five organizations/initiatives that have grappled with the dilemmas of scaling up community mobilization approaches to address socially and politically sensitive issues. Fourth, we synthesize the main findings, themes, and lessons from the research. The study ends with a brief conclusion and set of recommendations.

I. Definition of Key Terms

The key terms that require definition as part of the framing of this research are **(1) intimate partner violence, (2) community mobilization, and (3) scale-up.** This section defines these terms for the purpose of this study and also sets some boundaries for what the research will and will not address.

Intimate partner violence is defined by the World Health Organization (WHO) as “behaviour by an intimate partner or ex-partner that causes physical, sexual or psychological harm, including physical aggression, sexual coercion, psychological abuse and controlling behaviours.”¹ This study is specifically concerned with interventions aiming to prevent intimate partner violence and other forms of violence against women (sexual assault, rape, family violence, etc.) by transforming social norms and power structures. We will also include initiatives that focus on community change around other socially and politically sensitive topics (e.g., preventing female genital cutting and promoting sexual and reproductive health and rights).

Community mobilization has many definitions, but for purposes of this study programs that qualify as “community mobilization”: (a) aim to transform norms, power structures, and behaviors at the community level; (b) engage most or all of the community in repeated, consistent ways; and (c) facilitate participatory action among community members.^{2,3} This can encompass a wide range of activities such as community meetings, education and sensitization sessions, media campaigns, community advocates, and public events such as demonstrations and marches.⁴ These definitions emerge in part from helpful recent United States Agency for International Development (USAID) and UN Women publications. The aforementioned activities are often implemented in support of one another, connected under one unifying program umbrella. Community mobilization is frequently implemented in tandem with other intervention strategies. Importantly, this study is

specifically interested in interventions that use community mobilization as a strategy to transform social norms and power structures in society.

Scale-up is defined by the WHO as “efforts that increase the impact of successful innovations in order to benefit more people, accompanied by sustained program and policy development.”⁵ A recent USAID publication⁶ adds helpful specifics to this murky term, suggesting that scaling up in the context of international development programming tends to include one or more of three methodologies:

Expansion of scope: “Adding resources to increase the number of beneficiaries served or adjusting an activity so that it offers additional services.”

Replication: “Reaching greater numbers of beneficiaries geographically (locally, nationally, regionally, and internationally) through distinct adaptations of an intervention.”

Expansion of Geographic Coverage: “Increasing the size of an intervention to bring quality benefits to more people over a wider geographic area.”

Particularly when pursuing the third methodology (expansion of geographic coverage, which the USAID report suggests is the most common of the three), scale-up efforts often involve partnerships with government ministries or attempt to formally institutionalize the initiative (sometimes described as “vertical” scale-up). This study is particularly interested in the involvement of government ministries in programs that aim to transform power in society, as it remains unclear whether established power structures in a community – government ministries/actors themselves – can lead initiatives to transform power structures in a community. But even beyond this particular dilemma, this study was also eager to understand how each profiled initiative understood and defined “scale-up” in its own terms. As such, additional initiative-specific definitions of scale will appear in Section IV below.

II. Methodology

This study set out to explore the aforementioned three guiding research questions through a combination of **literature review** and **key informant interviews**.

We conducted a **literature review** to help address all three guiding research questions. In order to be included in the literature review, a publication had to present information related to an initiative that met three criteria: (1) it aimed to shift community norms, behavior, and/or power dynamics around a sensitive human rights or development issue; (2) it used community mobilization (as broadly defined above) as a central strategy to engage all or the majority of the community in participatory action; and (3) it has been taken to scale in any form (replicated elsewhere, expanded in scope, and/or expanded in geographic coverage) and/or evaluated to document lessons learned from implementation.

We excluded publications on initiatives that only provide services to survivors of intimate partner violence, initiatives that engage a limited portion of the community (e.g., policymakers or the police only), or initiatives that use media campaigns as their sole outreach strategy without complementary opportunities for participatory engagement. We also excluded literature published before 2000, to limit the size of the search and to prioritize more current initiatives.

Sources were organized into two groups based on their fulfillment of the inclusion criteria. **Top tier sources** presented information on initiatives that met all three of

the aforementioned inclusion criteria. **Mid-tier sources** presented information on initiatives that met two of the three inclusion criteria with special exceptions, as follows:

- Fulfill inclusion criteria 1 and 3, AND use community mobilization as a strategy, but either do not engage the majority of the community (e.g., the intervention engages men only) OR uses community mobilization and participatory engagement as a secondary (rather than primary) strategy; OR
- Fulfill inclusion criteria 2 and 3, AND aim to create community-level norms or behavior change around a socially and politically sensitive issue as a secondary rather than main goal (e.g., the intervention aims to reduce new HIV infections and intimate partner violence prevention is a secondary goal).

Annex 1 presents a table of search terms used in searches of popular databases for development and human rights literature.

We also conducted **key informant interviews** with eight staff members representing five organizations with direct experience in scaling up community mobilization initiatives related to socially and politically sensitive issues, usually but not exclusively related to intimate partner violence. These organizations were selected based on our having uncovered literature about their initiatives that met the “top-tier” inclusion criteria, and interviews were conducted with organizations that responded to our interview requests. The authors conducted all interviews over Skype.



III. Snapshot of the Field: Main Literature Review Findings

This section provides a snapshot of the current moment in the field of community mobilization programming to address sensitive topics, drawing primarily upon the literature review. This snapshot helpfully frames the lessons presented afterward, helping substantiate the relevance of the lessons beyond only the five selected initiatives involved directly in the study.

First, community mobilization has been used as a tool to change widely held opinions and harmful behaviors related to sensitive issues in diverse settings. We found documentation on sixteen distinct interventions, the majority of which were implemented on the African continent, but also included interventions in Jamaica, El Salvador, Thailand, India, Brazil, and the United States. Many of these interventions combine community mobilization with one or more other programming strategies, such as group education,^{7,8,9,10,11} HIV testing and counseling,^{12,13} microfinance,^{14,15} and advocacy.^{16,17}

Community mobilization interventions addressing socially and politically sensitive topics are surprisingly scarce in high-income countries, however. The efforts of Dorchester, Massachusetts-based Close to Home, a community-based initiative to prevent domestic and sexual violence, are notable, but our literature review uncovered only two qualifying initiatives in high-income settings. It is likely that additional initiatives are taking place, perhaps without significant documentation available online or with materials outside the reach of our search strategy.

Some community mobilization interventions place preventing intimate partner violence as their singular objective, while others pair it with one or more complementary objectives. Five of the uncovered interventions aim to prevent both HIV and violence against women. Several interventions conduct participatory activities specifically with men in order to shift ideas of masculinity, gender equality, and violence against women, with SASA! being the most comprehensive. Intervention with Microfinance for AIDS and Gender Equity (IMAGE), discussed in detail later, addresses economic empowerment in combination with violence against women and HIV prevention.¹⁸ The Positive Partnership Project in Thailand¹⁹ and FAITH in the United States²⁰ both use community mobilization to shift cultural norms and reduce HIV stigma and discrimination. Tostan uses community mobilization in tandem with educational classes on health and human rights, often with proven outcomes in reducing acceptance for female genital cutting.²¹

Many studies of community mobilization interventions to shift cultural norms and reduce intimate partner violence show promising results. The aforementioned evaluation of SASA! in Uganda found that women in intervention communities reported 52% less past-year experience of physical intimate partner violence than women in control communities, for instance.²² A case study on an adaptation of the One Man Can initiative in South Africa concluded that, “creating safe spaces for men to dialogue has significant impacts on challenging and deconstructing social norms.”²³ A study on an intervention in India to reduce violence against female sex workers and prevent HIV within this community found an association between exposure to the intervention and reduced reports of experienced violence.²⁴ This is just a small sample of the growing evidence base. Several authors note that longer-term studies – of interventions lasting at least, but ideally longer than, three years – are needed in order to determine the full impact, effectiveness, and sustainability of interventions like these, however.^{25,26,27}





Programmers and researchers agree that community mobilization initiatives – whether newly designed or replicated in a scale-up effort – must be grounded in the local context, promote local leadership, and build broad community participation.

While this insight does not relate only to scale-up efforts, it is worth emphasizing that involving community leadership from the very beginning and throughout implementation can increase a program’s acceptability,²⁸ impact,²⁹ and sustainability.^{30,31} The implementers of One Man Can in Sudan found that the support of traditional leaders, religious leaders, and the Sudanese government provided legitimacy to the program and helped to overcome community members’ initial hesitation to participate for fear of stigma.³² Similarly, Wagman and coauthors recommend working with local opinion leaders from the start in order to properly introduce an intervention, gain the endorsement of key “gatekeepers,” and overcome potential resistance.³³ In El Salvador, the Ministry of Education was a key partner to a gender-based violence campaign coordinated by Oxfam America; this partnership proved so successful that the ministry chose to incorporate the campaign’s methods on violence against women into the curriculum for all public schools nationwide.³⁴ This engagement not only needs to take place with established local leaders, however; collaborations with local teams and community members are also essential, as engaging local teams early in an intervention’s replication design phase has been shown to help effectively adapt the program to the local context.³⁵ Another organization which produces participatory theater meets with group leaders to tailor theater scenes to each unique audience and their real-life experiences, allowing program implementers to more meaningfully and successfully

engage audience members.³⁶ Derose and coauthors note that community involvement and community-based participatory research were of central importance during the design of FAITH, a church-based intervention to reduce HIV-related stigma.³⁷ These authors further reflect that to do so successfully requires adequate investment in relationship building – time, effort, and funding.

Many community mobilization interventions that aim to shift social and cultural norms related to sensitive issues have attempted some form of scale-up.

Of the sixteen interventions uncovered in our literature review, nine have been scaled up or replicated to some degree. Of those that have been scaled up or replicated, two-thirds are located in Africa. Exceptions include: Program H, which was originally developed in Brazil and Latin America and has been replicated in more than 20 countries around the world,³⁸ and SAVE, which uses interactive theater techniques based on the principles of Theatre of the Oppressed, a framework used by programmers and activists around the world to address social justice issues.³⁹

Despite these insights, however, in general our study finds that literature directly addressing scale-up of community mobilization initiatives addressing socially and politically sensitive issues is very sparse.

Reflections on the particular challenges of scaling up community mobilization initiatives to address socially and politically sensitive issues are exceedingly difficult to uncover. Many uncovered initiatives did report some form of scale-up experience, as mentioned above. But unfortunately, this scale-up step is very rarely addressed with in-depth investigation and reflection in the program documents or evaluations, or other broader literature.

IV. Five Selected Initiatives

The five selected initiatives are presented in alphabetical order, with brief details about the relevant community mobilization initiative, the sponsoring/implementing organization, and the initiative's scale-up strategy. Information here is drawn from key informant interview data as well as relevant publications for each initiative.

IMAGE (Intervention with Microfinance for AIDS and Gender Equity)

About the program: IMAGE combines microfinance for women with a group education and community mobilization component. It aims to prevent HIV by focusing on the structural factors of poverty and gender-based inequalities. IMAGE integrates education on gender and HIV into the operations of the Small Enterprise Foundation's microfinance services. Women are placed in five-member groups and given individual loans, serving as guarantors for other group members' loans. Once each of the five women has repaid her loan, the group can qualify for more credit. Women participants meet regularly to make loan payments, apply for credit, and discuss business plans. The community mobilization/curricular component is integrated as part of loan center meetings. The first phase consists of ten one-hour training sessions. Topics covered in the session include cultural beliefs, gender roles and norms, relationships, communication, domestic violence, and HIV. After the ten sessions are completed, the group moves into a second phase in which participants are encouraged to engage youth and men in their lives through community mobilization activities. Women identified by their peers as "natural leaders" are provided additional leadership training and play a crucial role in community mobilization efforts.⁴⁰

About the organization: IMAGE is a collaboration between The Small Enterprise Foundation, the London School of Hygiene and Tropical Medicine, and the School of Public Health at the University of the Witwatersrand. Permanent IMAGE staff members are responsible for designing and implementing the community mobilization and empowerment curriculum component of the program, in close partnership with the Small Enterprise Foundation, who coordinates the microfinance component of the program.

About the scale-up strategy: An evaluation of the initiative's pilot phase in 2001-2004 found a 55% reduction in risk of physical or sexual intimate partner violence, as well as meaningful outcomes in women's self confidence, gender norms, and decision-making autonomy at home. IMAGE staff members report a rapid expansion across South Africa in the time since this pilot phase, with some 30,000 rural women in three provinces across the country having participated to date. Replications have also taken place in Burundi, Kenya, Tanzania and Peru. The initiative was implemented most intensely, according to our case study interviewee, between 2003 and 2011, with a permanent staff of some 70 staff members and trainers and with ambitious expansion of geographic scope during this time. Present funding limitations, as well as the programming priorities/capacities of the Small Enterprise Foundation, have slowed the initiative's expansion since 2011, though replication is still ongoing. In the current model, replication tends to take place in one new South African province per year, where staff have identified a need and where the Small Enterprise Foundation has identified a group of potential microcredit clients. The organization focuses intensely on implementing the program in that province for the year, before moving to a new location the following year and maintaining periodic contact with prior year(s)' participants.

 **Essential publication:** <http://bit.ly/2df198n>



© Heidi Brady/Raising Voices

PRACHAR (Promoting Change in Reproductive Behavior in Bihar)

About the program: The Promoting Change in Reproductive Behavior in Bihar (PRACHAR) project was a behavior-change approach that included interpersonal communication, training programs, home visits, street theater, wall paintings, puppet shows, and education and communications materials. Unmarried adolescent boys and girls (ages 15 to 19) participated in a three-day reproductive health training, and non-governmental organization (NGO) “change agents” conducted regular home visits to support program objectives, with various distinctions in program delivery over three phases as described below.

About the organization: Pathfinder International – a U.S.-based NGO focused on sexual and reproductive health – played the main coordinating role in PRACHAR’s development and implementation, with contributions at various phases by the Government of Bihar and many local implementing partner organizations (across the state of Bihar, India).

About the scale-up strategy: Implementation of PRACHAR occurred from 2001 to 2012 and was divided into three distinct phases with a deliberate focus on learning about the scale-up process. Phase 1 (2001-2005) was the initial implementation of PRACHAR with full, intense implementation of the PRACHAR model.

Pathfinder International focused on creating sustainability from the outset by carefully vetting and choosing local NGO partners. Monitoring and evaluation served to both measure outcomes and assist the implementers in making informed programming decisions. During this phase, PRACHAR reached 118,883 adolescents and young couples. The Phase 1 quasi-experimental evaluation demonstrated significant improvements in contraception use and other relevant outcomes in the intervention areas compared with control areas.⁴¹ Phase 2 (2005-2009) served as preparation for taking PRACHAR to scale. Implementers focused on identifying the key elements of the PRACHAR model with the goal of developing a streamlined version that could be incorporated into the government’s health delivery system. Phase 2 reached 95,245 adolescents, their parents, and young couples. The Phase 2 evaluation demonstrated the effects of different duration of implementation and different combination of interventions. Phase 3 (2009-2012) focused on implementing and testing a new model of PRACHAR that was intended to be more scalable. The government and NGOs formed a partnership to deliver the program together. Monitoring and evaluation during this phase sought to examine if the streamlined version of PRACHAR – a less intensive, less costly version – could still achieve improved health outcomes. During the three years of implementation, the program reached 376,956 adolescents, their parents, and young couples.⁴² The Phase 3 evaluation demonstrated some improvements in contraception use, but not at the same magnitude seen in Phase 1 and 2.

 **Essential publication:** <http://bit.ly/2dflojB>

Implementation phases of the Promoting Change in Reproductive Behavior in Bihar (PRACHAR) project

PRACHAR Phase 1	PRACHAR Phase 2	PRACHAR Phase 3
2001-2005	2005-2009	2009-2012
Non-governmental organization (NGO) implemented	NGO implemented	NGO and government implemented
Full multi-component PRACHAR model	Different “arms” to test different strategy combinations and duration	Tested government-NGO partnership model and examined scalability
552 villages	444 villages	1,175 villages
NGOs conducted trainings for unmarried adolescents	NGOs conducted trainings for unmarried adolescents	NGOs conducted trainings for unmarried adolescents
NGO change agents, male and female, conduct home visits, small group meetings and other community mobilization	NGO change agents, male and female, conduct home visits, small group meetings, and other community mobilization	Government accredited social health activists (health extension workers) conduct home visits

Source: Pathfinder International. (2013). PRACHAR: Advancing young people’s sexual and reproductive health and rights in India. Retrieved from <http://bit.ly/2dflojB>

SASA!

About the program: SASA! is an intensive community mobilization intervention that aims to prevent violence against women and HIV. To achieve this goal, it explicitly addresses the power imbalance between men and women, and attempts to shift community norms and behaviors. The name of the model comes from the four phases of implementation: start, awareness, support, and action. In the first phase (start), volunteers from the local community are selected and trained as community activists; they play a central role throughout the implementation of SASA!. Training and sustained mentoring are also done with interested stakeholders (e.g., police officers and health care workers). In the phases that follow, with mentoring from staff, community activists carry out a wide variety of formal and informal events such as community conversations, door-to-door discussions, trainings, poster discussions, public events, film showings, and soap opera groups. Events and activities conducted by the community activists evolve in response to community needs – they are not prescribed by the intervention. Throughout, new concepts of power are introduced (i.e., power within, power over, power with, and power to). Community members are encouraged to discuss and think critically about power and power inequalities, how these dynamics fuel HIV and violence against women, and everyone’s inner and collective power to take action and sustain change.

About the organization: SASA! was created by Raising Voices and first implemented in Kampala, Uganda, by the Center for Domestic Violence Prevention (CEDOVIP). Raising Voices is a feminist nonprofit organization working toward the prevention of violence

against women and children. [Its] work strives to influence the power dynamics shaping relationships particularly between women and men, girls and boys, and adults and children.”⁴³ CEDOVIP is a Ugandan local civil society organization that aims to prevent violence against women. CEDOVIP “works with communities, institutions, civil society and the government to promote the rights of women and girls to create safer, healthier and happier relationships, homes and communities.”⁴⁴

About the scale-up strategy: A randomized control trial on SASA!’s effectiveness was conducted in a partnership between Raising Voices, the London School of Hygiene and Tropical Medicine, CEDOVIP, and Makerere University. Impact was found at the community level, irrespective of direct exposure to SASA! activities. It was the first study in sub-Saharan Africa to demonstrate population-level impact on women’s experience of violence, with women in SASA! communities 52% less likely than women in control communities to report past-year physical violence by an intimate partner. This and other changes occurred within 2.8 years of programming (with research taking place from May 2008 to December 2012 due to periods of political unrest).

At the time of this writing, SASA! is being implemented by more than 60 organizations in 20 countries over five continents. It is being translated into several languages and adapted to numerous contexts. Raising Voices has made the entire SASA! methodology available for free download on www.raisingvoices.org/sasa and provides technical training and support to organizations looking to implement and adapt the approach.

 **Essential publication:** <http://bit.ly/2dfIBmQ>





Stepping Stones

About the program: Stepping Stones is a carefully structured program of group education sessions focused on inter-generational communication and relationship skills in the context of gender and HIV. The original Stepping Stones manual was developed from 1993 to 1995 and is meant to be used with adults and adolescents 15 years of age and older. Groups of young men, young women, older men, and older women work through the sessions separately and together. Session topics include HIV, understanding our own and others' behavior, intimate partner violence, and how gender and generation influence the power dynamics in our relationships, among others. The full original program includes eighteen sessions, each three hours long. Sessions comprise participatory learning approaches including games, role-plays, and reflective discussions across gender and generation groups, all of which aim to develop participants' critical literacy skills. A wholly revised, updated and combined manual, called "Stepping Stones & Stepping Stones Plus," was published in 2016, combining the original activities with an additional set published in 2008. Salamander Trust has also recently published a version of the initiative for use with children affected by HIV as well as their caregivers. Stepping Stones with Children explores topics related to relationships, violence, and HIV in children's lives, among others. The initiative aims to break the intergenerational transmission of intimate partner violence and other forms of violence.

About the organization: Salamander Trust is a registered charity in the United Kingdom. The organization uses a holistic, inter-disciplinary approach to promote health and human rights, with a particular emphasis on HIV, gender, and sexual and reproductive health. The founding director of Salamander Trust, Alice Welbourn, who has been living

with HIV since 1992, wrote the original Stepping Stones training package (originally published by Strategies for Hope but now published by Practical Action Publishing). The organization coordinates an international community of practice around the Stepping Stones model through its website (www.steppingstonesfeedback.org) and social media accounts.

About the scale-up strategy: Stepping Stones was first implemented in Uganda in 1995, and since then has been implemented in at least 60 countries worldwide. The manual has been translated into approximately 22 languages, including French, Spanish, Portuguese, Ki-Swahili, Khmer, Singhala, Afrikaans, Russian, and eight Indian languages. The aforementioned community of practice provides an online forum for Stepping Stones implementers around the world; the community of practice currently comprises some 1,200 members from around the world. The Stepping Stones manual is available to anyone online for purchase. Some organizations contact Salamander Trust at the outset of the adaptation and implementation process, while others simply purchase the manual and proceed independently. Several organizations have evaluated the effectiveness of various iterations of the model as well. The Medical Research Council evaluated their adapted Stepping Stones model in South Africa and published its final report in 2008.⁴⁵ The authors of the study concluded that the initiative reduced the incidence of sexually transmitted infections among study participants, as well as reduced sexual risk taking and violence perpetration among young men. Notable program evaluations have also taken place in the Gambia and Malawi, with encouraging results.^{46,47}

 **Essential publication:** <http://bit.ly/2cRR2IN>



© Heidi Brady/Raising Voices

Tostan's Community Empowerment Program

About the program: Tostan's Community Empowerment Program is a community-based human rights nonformal education program that aims to enhance health and human rights. The model is perhaps best known for participating villages' public declarations to abandon the practice of female genital cutting, which often take place at the end of the intervention period. In addition to abandonment of female genital cutting, program objectives include improved health knowledge and practices (including on reproductive health and HIV), strengthened female leadership, and increased literacy skills. Tostan's intervention begins with group education classes, one for adults and one for adolescents. There are several dozen topics covered, including decision-making, leadership, hygiene, sexual and reproductive health, and child development. Each participant is expected to "adopt" a friend or relative with whom to share and discuss the information learned in class. The curriculum uses a human rights approach and implementers draw on positive traditional practices to ensure the sessions are relevant, participatory, and empowering. Community-based dialogues and activities are held to discuss the issues covered in the classroom sessions, outside of the class setting. Often, villages contact neighboring villages (that may or may not be participating directly) to expand the discussions. Villages then individually or as a group decide to take a specific action, which is often accompanied by a public declaration. Family and friends from neighboring villages are invited to attend the event, thus further spreading the messages. Tostan's model developed into what it is today over many years of revision through a highly participatory and locally driven process.

About the organization: Tostan was founded in Senegal in 1991. According to their website, the organization's mission is to "empower African communities to bring about sustainable development and positive social transformation based on respect for human rights."⁴⁸ The organization's work centers on the Community Empowerment Program, an intervention model often referred to simply as "Tostan."

About the scale-up strategy: The program model was first developed in Senegal, where program activities began in the 1980s. Since then, versions of the model have been implemented in ten African countries. The organization has developed a three-platform strategy for scale. First, Tostan is scaling its direct implementation of the Community Education Program in new communities across six countries in West Africa. Second, it is scaling post-program efforts for increased depth in those same countries. Third, it is scaling its reach far beyond West Africa through trainings happening at the Tostan Training Center. At this center, Tostan provides technical training and support to other NGOs interested in the content, approach, methodology, strategy, and theory Tostan uses and how it can apply to their work. The current Tostan Training Center trainings are not designed to train others to fully replicate the Community Empowerment Program model, though Tostan now sees the opportunity to build out from its core curriculum so that it can meet the demand for trainings in implementation of portions of its model. This approach has built upon Tostan's experiences training other organizations since the 1990s, which have shown both limits and successes, and in general point to careful collaboration between Tostan and the training and/or implementation partner as essential.

 **Essential publication:** <http://bit.ly/2dfluaP>

V. Five Key Lessons

From discussions with the key informant interviewees – as well as the findings from the literature – five key lessons can be derived about the current state of community mobilization programming to address socially and politically sensitive topics and ways to move programming forward. Interviewees’ reflections and insights are synthesized in this section by lesson below.

Lesson 1:

There is an increasingly recognized need for additional research and a community of practice on the scale-up of community mobilization initiatives.

First and foremost, all of the informants contacted for this study expressed eager interest in the study’s outcomes, noting the challenges of scaling up their programs without access to a community of support, shared practice, and reflection. Certain high-profile publications have also echoed this call for increased research into scale-up challenges and lessons. A 2015 evidence review on initiatives to prevent violence against women published in the *Lancet* by Ellsberg and colleagues noted major gaps in the literature on these themes:

“With a few exceptions, the evaluations in this review did not measure cost-effectiveness of interventions, which is a pivotal decision point for those who wish to implement and adapt an intervention, particularly in low-resource settings. There is little documentation on how interventions can be adapted to different settings... As the specialty continues to develop, importance should be given to learning more about the costs of programmes and identification of models of intervention that can be delivered to scale.”⁴⁹

Some high-profile publications have begun providing valuable new information on cost-effectiveness and scalability of various interventions to prevent violence against women. The present study drew heavily upon these publications, and sees itself as an addition to the conversation they have expanded greatly. Recent publications of particular note include (in chronological order of release):

- **“What Works to Prevent Violence against Women and Girls? Evidence Review of Approaches to Scale Up VAWG Programming and Assess Intervention Cost-Effectiveness and Value for Money”⁵⁰**
This essential 2014 article by Remme and colleagues investigates various models for addressing violence against women and girls through the complementary lenses of cost-effectiveness and scalability, including valuable insights on community mobilization methodologies’ scalability. This article’s emphasis on the importance of cost-effectiveness for scalability is essential, and has informed our Lesson Four deeply.
- **“Scaling up Interventions to Prevent and Respond to Gender-based Violence: An Analytical Report”⁵¹**
This 2015 USAID report provides a clear taxonomy of types of scale-up approaches, and uses in-depth case studies to establish six “lessons learned” from specific scaled-up initiatives, two of which – IMAGE and Stepping Stones – also appear in the present study. The report does not take a particular focus on community mobilization programming, but rather considers all possible approaches to prevent and respond to gender-based violence.
- **“Community-Based Approaches to Intimate Partner Violence: A Review of Evidence and Essential Steps to Adaptation”⁵²**
This 2016 report by the Global Women’s Institute at the George Washington University and the World Bank proposes specific steps and ethical considerations for organizations seeking to replicate and adapt community mobilization interventions to address intimate partner violence, also drawing on two initiatives featured in the present study (SASA! and Stepping Stones). This report concludes with concrete criteria for selecting replication partners and locations; these criteria draw upon similar reflections and insights to those presented in later in the present report.

This research attention is very encouraging, and these resources can provide interested readers with an overview of cost-effectiveness and scalability for interventions addressing violence against women more broadly.

In addition to these new publications, other researchers and programmers are beginning to evaluate and document the scale-up and replication of community mobilization initiatives, almost always focused on preventing violence against women.

The Violence Against Women and Girls Research and Innovation Fund (led by the Medical Research Council of South Africa and funded by the United Kingdom Department for International Development, DFID) has recently established a working group to generate evidence on options for scaling up programs on violence against women, including – for instance – considerations of cost-effectiveness.⁵³ Raising Voices is conducting research to better understand replication and adaptations of SASA! in diverse settings, with an aim to create program tools and guides for program implementers. Likewise, a case study document on IMAGE in South Africa reflects on cost-effectiveness considerations for scaling up the initiative, noting a two-thirds decrease in cost per client once IMAGE was scaled up.⁵⁴ Several articles stress the need to identify and understand the core components of an intervention for achieving impact, and to use this information to make programming decisions for scale-up.^{55,56}

In short, both the literature review and case study interviews emphasized that research into the scale-up dynamics of community mobilization programming to address socially and politically sensitive issues is urgently needed and welcomed.

Lesson 2:

Government collaboration and institutionalization remain goals for many selected initiatives.

Multiple interviewed organizations expressed the unambiguous desire to, whether in the short or long term, integrate their initiatives within government structures as a means to expand their geographic scope and sustainability. Some initiatives set their sights on health ministries and health outreach workers, while others conducted their initiatives in a school setting. But scale-up via government collaboration seems to remain, in the words of one informant, the “conventional wisdom.”

“Ultimately, we’re hoping that would be where we end up [partnering with the government], you know, putting it into school curriculums where... it’s done at school starting right there at grassroots levels.”

– IMAGE

“Then the idea for Phase 3... was ‘How can we take what we learned and design something that is actually implementable, at least in part, by the government?’ And that was because conventional wisdom is that if government can implement it, it is therefore more scalable and sustainable... There are certainly truths to that, although there are trade offs.”

– Pathfinder



In certain locations, interviewed organizations reported a surprising amount of support from government officials, even when the initiatives addressed sensitive cultural issues such as female genital cutting. Staff members of Tostan shared in-depth reflections on their interactions with government officials in Senegal, reporting that the relationship has been more fluid and supportive than staff members might have expected:

“Quite frankly, with the government we have never had any problems – in fact, we were amazed at the support we got from the government... at the time people started abandoning [female genital cutting], I was worried about us being an American NGO and working on this, and I was very pleasantly surprised to see that our working on this, having it come from the community itself, having their public declarations... they were then able to convince the government of the importance of stopping the practice, and the government was not afraid to pass the law.”

- Tostan

Tostan staff went on to identify factors that they felt influenced the healthy collaboration and interaction with government officials. Staff members observed that while every sitting government and party in power will not react in uniform ways to sensitive issues, certain steps can prove particularly helpful. “All people in power have power bases,” one staff member shared, indicating that one important way to garner political approval is to allow community members – or, politicians’ “power base” – to lead the social movement themselves. In other terms, shifting attitudes in the power base can, in Tostan’s experience, lead to shifting policy among the power holders.

These Tostan representatives also reported that their non-aggressive, collaborative, dialogue-focused approach was likely a reason why government representatives were more willing to engage. “Other organizations had problems with aggressive images, command-style messages like ‘Stop this now,’ and we never did that,” one representative added. Staff from Raising Voices offered a similar insight:

“A critical first step within SASA! is the fostering of relationships with local government leaders. In Uganda, as in most countries in the region, these officials are gatekeepers and can make or break your program. What we’ve found is they also play an important role as opinion leaders. Having them talk about SASA! and ideas about preventing violence against women can be powerful.”

- Raising Voices

Lesson 3:

The sensitivity of topics such as intimate partner violence, female genital cutting, and HIV, the intensity of community mobilization program models, and the funding levels these models require make government leadership and other scale-up methods particularly challenging.

Interviewed organizations reported several struggles in scaling through government involvement/institutionalization. Representatives from both Pathfinder and Salamander Trust reflected on attempts to train government outreach workers to facilitate their program models. Representatives from both organizations felt that asking these workers to undertake intensive community mobilization programming tends to overburden them – at least without adequate additional support – and that therefore the program quality suffers. Likewise, staff from both Pathfinder and Raising Voices wondered whether government representatives were really the proper messengers for sensitive social issues related to power in relationships.

“One of the things that I think we are really grappling with is, the ASHAs [accredited social health activists in India] are incredibly overburdened, they have multiple different mandates. Is it effective to ask a government worker with many different mandates to take on a specific, focused approach... where we have evidence that it requires a more intense intervention to effect change? ASHAs may excel at mobilizing people to be vaccinated... but to effect change in social norms, particularly with issues related to family planning in some contexts, [and] violence in other contexts... you’re just not going to see the same kind of change.”

- Pathfinder

“When you scale things up, what happens to the quality? ... It’s a big issue when it comes to this kind of facilitation, where... you have to have a level of being a good facilitator to be able to do this.”

- Salamander Trust

“We regularly ask ourselves: Are governments well placed to change social norms on sensitive issues such as power and violence against women? They certainly have a role to play in providing services, keeping the issue on the public agenda, yet is it [for] government to change the dynamics of power, communication, and equality within intimate relationships?”

- Raising Voices

Scaling through government involvement also requires relevant government authorities to prioritize – with time, resources, and funding – the particular outcomes and program one is seeking to scale. This prioritization is no guarantee, and is likely to shift rapidly among the dynamics of political environments. In election years in particular, or in response to national emergencies or other dynamic factors that affect political priorities, sustained government interest in even the most exciting new community mobilization program may be difficult to count on. Speaking specifically of South Africa, a representative of the IMAGE initiative reported:

The impact of the IMAGE pilot intervention led to the formal inclusion of microfinance and the empowerment of women into the South African government’s National Strategic Plan for HIV/AIDS. However, little progress has been made, as government commitment does not match its priorities in terms of investing resources towards this objective... and [in] South Africa, at the moment, [the government is] lacking funds in so many other aspects – for example, proper housing and sanitation – that they’re probably going to put that first before they even consider this.”

- IMAGE

Lesson 4:

Organizations undertaking this work face a difficult choice between achieving the widest reach and ensuring true fidelity to the original program model.

The fundamental tension between reach and fidelity may be particularly salient for intensive community mobilization work, and shapes the relevant scale-up plans dramatically.

Organizations have taken different approaches to try to reconcile this tension. Some have tried to emphasize high quality by expanding their own ability to implement, slowly increasing scale. Others have made materials publicly available for use by any organization, prioritizing scale. Others have made materials available to others, but offered training institutes, guiding documents, or other technical support to attempt to increase quality while allowing for faster scaling.

A common method of scale-up described in the literature involves the original organization providing information, training, and/or technical support to other organizations then adapting and implementing the intervention in new locations.

This common method emerges from the effort to optimize both reach and fidelity. It also aligns with the recommendation from the aforementioned study by Remme and co-authors⁵⁷ that community mobilization interventions on violence against women are best expanded through replication by multiple organizations rather than the original organization, given the need for geographic focus, context, and community trust. As one example, Raising Voices provided ongoing technical support to the implementers of the Safe Homes and Respect for Everyone Project (SHARE); SHARE was developed based on the program materials of two of the case study interventions featured in this study – SASA! and



Stepping Stones – but has since ceased operations.⁵⁸ EngenderHealth and the Planned Parenthood Association of South Africa likewise create partnerships with other organizations and provide ongoing training and technical assistance as a way to expand the reach of the Men as Partners program.⁵⁹

Among other replications, the replication of Tostan's Community Empowerment Program in Burkina Faso started with staff from Mwangaza Action (the local implementing organization in Burkina Faso) spending one month in Senegal to learn about the model directly from Tostan staff.⁶⁰ Also reflecting on Tostan's replication experiences, Easton and coauthors emphasize that even when a program is locally driven, it is critical to have an effective supporting organization providing guidance.⁶¹ In Sudan, the United Nations Development Program led a careful process of revising, piloting, and further revising the One Man Can toolkit (originally developed by Sonke Gender Justice in South Africa) before full implementation of the program.⁶² Promundo created an online portal and electronic training package as a way to support other organizations' efforts to replicate Program H worldwide.⁶³ As Muturi notes in another helpful study, when two or more organizations partner to implement an intervention, proper planning, coordination, and clearly delineated roles are absolutely crucial for success.⁶⁴ IMAGE staff members also report conducting site visits and technical support services to implementing partners in each new location of implementation.

Collaborating with local organizations and local leadership in any location of program replication itself requires intensive effort, however. Some key informants shared that these partnerships – for various reasons related to the host organization, partner organization, or other factors – vary in their quality and ultimate success. Tostan representatives, who have achieved many successful collaborations, shared the learning experience of one early partnership in which the program adaptation strayed too far from the original model.

“We had signed a protocol with these organizations that they would do ‘the Tostan model’ exactly... They did the training for the whole first year, they took the training, and then they did the program altogether differently. It would be okay if they didn't change some of the deeper principles of it, but they did. They condensed four months into two days. We said, ‘Wait a minute, this is not what we had agreed this would be’... and so we decided that this is not a model that we should pursue... The way to control quality is to do it yourself.”

- Tostan

But representatives from Tostan, Salamander Trust, and Raising Voices emphasized that some amount of adaptation is not only acceptable but also advisable, since community ownership is paramount to this style of program design.

“While implementation will be different than the original and it is important to keep some core components that define the approach, innovation and adaptation to local contexts is important – for meaningful impact in other communities and also for the growth of the broader field of [violence against women] prevention.”

- Raising Voices

Certain organizations have also chosen to pursue the broadest possible reach and geographic scale through a slightly different approach. This is often achieved by making program materials (including training manuals and all necessary posters, campaign materials, discussion prompts, scripts, and other materials), available both online and in easily disseminated hard copy. Stepping Stones has achieved broad reach through precisely this strategy, to the point that known Stepping Stones replications have taken place in at least 100 countries, with updates and lesson-sharing from around the globe regularly posted to the central organizing website www.steppingstonesfeedback.org. This reach is undeniable, but as a Salamander Trust representative shared, the concerns about fidelity to the original program model during implementation nonetheless remain:

“We are experiencing a tension around which way to go – on the one hand, we would like to share the work we have created as far and wide as possible; on the other hand, we have seen the challenges of this approach, from 20 years' experience. So to maintain and ensure fidelity and integrity, we have realized that we need to find a way to support organizations to understand what the essence of the program is about. This would suggest the need for the development of some more intensive relationships, at least with some strategic partners, and the development of networks of trainers who can train and mentor facilitators.”

- Salamander Trust

Raising Voices has also invested considerable time and effort in developing a carefully designed, open-source SASA! Activist Kit which is publically available for download on the organization's website (<http://raisingvoices.org/sasa/download-sasa/>). Raising Voices also freely distributes supplementary materials to help organizations better understand the SASA! methodology, adapt the approach, and access the randomized control trial results. Similar to the experience of Salamander Trust, this strategy has increased SASA!'s reach and enabled organizations to be inspired by SASA! materials even if they are not interested (or unable) to implement the full approach.

"Of course there are drawbacks to making the SASA! Activist Kit available online – for instance we would love to know about each organization who is using the materials, and learn from their experiences. Ultimately, though, we stand by our decision. Widely sharing materials – particularly the ones that work, developed over many years and iterations – will strengthen the prevention field and enable organizations pressed for time and resources to move forward with their work without reinventing the wheel each time."

– Raising Voices

Another attempt to solve the dilemma of reach versus fidelity is to conduct a training institute for partner organizations; these training institutes impart the core values or core elements of the initiative to be scaled, but do not specifically prepare partners to implement the full program in all its intensity. Many

informants spoke about wishing to find ways to guarantee that the core values or core elements of their program model achieve the widest reach possible, as a separate objective to pursuing the widest possible reach for the full approach. For Tostan representatives, this means that "what we're trying to do now is to become advocates for empowering education," rather than advocates exclusively for the Community Empowerment Program model. For Stepping Stones representatives, training efforts seek to communicate the four essential elements of the Stepping Stones "brand," which include: (1) facilitating communication across gender and generation; (2) using interactive, participatory methodologies; (3) focusing on participants' aspirations and desired changes; and (4) following a thoughtful adaptation of the original sequencing of messages and topics, based reasonably closely to the dosage and duration of the original program. A representative for Salamander Trust shared that if any implementer around the globe doesn't include these four elements of the "brand," the organization believes that they are not properly implementing the initiative.

While Raising Voices offers SASA! for free download online, similar insights have led to comprehensive technical support efforts for those implementing and adapting the methodology. For example, it runs the Violence Prevention Learning Center, which offers multiple short courses per year that intend to impart the core principles of effective violence against women prevention⁶⁵ and of SASA!. It also offers long-term technical support to a cohort of select partners that meet certain criteria, including their intention to stay faithful to the SASA! core elements of: (1) a gender power analysis; (2) a phased-in approach; (3) holistic community engagement; and (4) aspirational activism. Finally, Raising Voices is creating a series of tools that are designed to help organizations assess their own fidelity to SASA! and provide guidance on quality adaptation.

"Many organizations worldwide are implementing SASA! with integrity and attention to quality, and their work is a cause for celebration. At the same time, there are other ways SASA! is being utilized globally that not only do not really follow the core elements that make SASA! effective, but also do not follow the basic ethical standards needed for issues as potentially life-threatening as violence against women and HIV. Our technical support efforts attempt to reinforce many organizations' good practices and guide others toward ethical, safe, and quality implementation of SASA!."

– Raising Voices

"What trade offs are we willing to make?" In the end, perhaps this is the core question behind each of the lessons addressed here, but particularly this lesson related to funding: What trade-offs are we willing to make? Trading off reach for fidelity/quality, or vice versa? Trading off intensity for scale, or vice versa? A representative from Pathfinder/PRACHAR captured the central dilemma of scaling up high-intensity, socially and politically sensitive programming.

"And that's the kind of question I think we have to be asking ourselves... If we want to reach levels of scale, and we have interventions that have been shown to be effective but are extremely intense, what trade-offs are we willing to make? Are we willing to say, 'It's ok if we see a decreased effect as long as there's still some effect'? Maybe that's ok. Maybe it's not. Maybe we say, 'No, we expect there to be this very high-level effect and therefore we just can't do this at scale unless there are significant resources behind it'... We can't get the same effects for less money and less intensity."

– Pathfinder

Lesson Five:

Acquiring adequate funding for community mobilization efforts, let alone scale-up, is a considerable challenge; at the same time, too little is known about the cost-effectiveness of these models.

Informants shared about difficulties finding donors to support the scale-up of community mobilization initiatives at all, let alone with the same design and intensity of the model that proved effective. Instead, donors expect interviewees' organizations to curtail the program, shorten it, or produce a "light" version, while at the same time reaching more people and sustaining impact. This challenge is particularly salient for community mobilization initiatives that may require intensive, sustained, perhaps daily contact and activities to shift norms at a community level. In addition to the insights shared below, interviewees also acknowledged a dearth of funds for efforts to adapt or re-contextualize proven models for new settings.

"They don't see the need to... have the integrity of the original Stepping Stones model. They're not willing to fund the program the evidence is actually based on. They don't seem to understand that there's a 'dose' bit of it. That you can't make it a third of the length and expect that you're going to get the same outcomes. Then they give the original Stepping Stones a bad name."

– **Stepping Stones**

"I think, for me, it is evident in the PRACHAR experience, and it is also logical, that when you have a very intense intervention that created change, when you dilute that intervention in order to do it at scale, either by making it less frequent, less intensive, or by using a different kind of cadre who is going to have multiple mandates and not spend as much time on this particular topic, you're going to see less effect. I think that is logical, but more importantly I think PRACHAR shows that quantitatively."

– **Pathfinder**

"Organizations and donors have sometimes used a few posters or some specific materials from SASA!, but are not actually engaged in the overall community mobilization process that makes it effective. This is not SASA! implementation. We are concerned when these interventions are even being evaluated as SASA!, because clearly, the outcomes will not be comparable."

– **Raising Voices**

"You need people who are in it for the long haul."

The short-term program cycle, in which funding is usually certain for a maximum of three years at a time, is a significant obstacle for scale-up, particularly for social norms change programming on sensitive topics. Interviewees shared examples of successful three-year programs funded by government donors that were subsequently cut off from funding without the opportunity to continue, replicate, or otherwise scale.



© ICRW/Jen Abrahamson

“Donors want huge numbers or geographic coverage, a quick result at minimum cost, and all in the shortest period – this is not possible for these type of programmes.”

– **IMAGE**

“The three-year program cycle is a major obstacle to scale... If you’re going to look at extension, you need people who are in it for the long haul. [...] Even when you’ve had results, had great evaluations, won all these awards, and yet finding funding is really difficult. [...] Government isn’t always sure of getting funding either. Any money they might set aside for literacy, for non-formal education... gets derailed elsewhere if the program isn’t a high priority.”

– **Tostan**

“While there has been some progress, many donor cycles have not caught up with what we know about violence prevention taking time. SASA! takes a minimum of three years to implement fully. When partners are applying for shorter-term donor funding, we talk with them about having a vision that is longer-term than the current grant, and making an organizational commitment to that longer-term vision. Then, we work with them to understand the SASA! outcomes they can promise to that donor, and try to help them not promise more than is realistic for that time frame. It is critical that organizations have longer-term visions than a single funding cycle.”

– **Raising Voices**

That said, implementers and evaluators of community mobilization initiatives have often failed to provide adequate cost-effectiveness data.

Funds for community mobilization work on socially and politically sensitive issues are necessarily limited, and making unrealistic demands of donors for significant long-term funding without adequate cost-effectiveness considerations is not likely to be a winning strategy, as interviewees and scholars acknowledge. Remme and coauthors observe a “serious dearth” of information on the cost-effectiveness of interventions to address violence against women and girls, including the community mobilization initiatives they reviewed: “Interventions to prevent violence against women and girls need to be cost-effective and financially feasible in low and middle-income countries before recommendations for their scale-up can be made.”⁶⁶

IMAGE’s most-rigorously evaluated application in South Africa was one notable exception, in which evaluation data showed that the cost per client dropped from \$52 to \$16 between the trial and initial scale-up phases.⁶⁷

An evaluation of the cost-effectiveness of SASA! in Kampala, Uganda, showed that its encouraging results were achieved for approximately US\$1 per day per community activist involved in the program.⁶⁸

In light of this perspective, staff of selected initiatives acknowledged the need to be honest with themselves and with their donors in the proposal stage, not to make excessive demands or promises. Raising Voices staff explained specific steps they have taken to help partner organizations make more realistic plans and donor requests, for instance.

“It is so important to help partners and donors choose realistic community sizes for implementation and scale-up. We have even started to come up with ratios that can help them think through how intensive community mobilization work can be. How many staff can you hire? How many community-based activists can each staff realistically support on a regular basis? How many people can each community activist realistically influence? Without these considerations, we often get organizations and donors putting on pressure to make sweeping impacts in a huge geographic region with very minimal staff support. Effective community mobilization requires more intensive follow-up and relationship-building. Organizations sometimes have to really advocate internally and with donors to keep their scale in realistic proportion to their resources and capacity.”

– **Raising Voices**

Finally, a Tostan representative likewise insisted that her colleagues and fellow practitioners make realistic, honest plans rather than overextend themselves in a major scale-up push.

“Make sure that you’re really making plans that’ll allow you to do things you feel proud of. [...] The more you can ask yourself, ‘Is this really doable? Or are we putting it in there just to excite the donor?’ The pressure is there. Sometimes it’s very subtle, but it’s there.”

– **Tostan**



VI. Conclusions

This brief exploratory study has aimed to inform the nascent conversation about the challenges of applying the “innovate, evaluate, scale up” script in one particularly compelling field of recent innovation: community mobilization approaches to address sensitive issues, particularly intimate partner violence. A review of the relevant literature revealed significant efforts to scale up these types of initiatives, but little deeper reflection into the particular challenges and constraints of such efforts. Interviews with representatives of five selected initiatives added depth and richness to these literature-based observations. Interviewees reported grappling with similar tensions and trade-offs related to taking their community mobilization initiatives to scale, for instance, but also observed a lack of opportunity and space to discuss these challenges within a community of practice. By way of conclusion, the findings and lessons presented above underscore the importance of:

- **Investing in increased research on community mobilization initiatives, specifically studies that explore scale-up strategies.** This could include increased investment in research that helps articulate core elements of what made an intervention effective, as well as the variance in impact as a result of different “dosage,” as in the aforementioned PRACHAR studies. Additional implementation-science research to evaluate the effectiveness of community mobilization initiatives is still needed as well, as is reflective research that would allow programmers and their partners to share the salient challenges and lessons of contextual adaptation and scale-up.
- **Building a community of practice related to community mobilization initiatives seeking to scale up.** Such a space – which could be achieved through workshops, additional reflective studies, web-based collaboration platforms, or other options – could allow programmers to share lessons and challenges while also bridging the gap between donors’ and programmers’ needs and expectations.
- **Evaluating community mobilization initiatives for their cost-effectiveness in reliable, comparable ways.** As emphasized in Lesson Five above, the lack of reliable information about the cost-effectiveness of intensive community mobilization initiatives is a crucial barrier preventing donors from investing more deeply in scaling up proven program models.
- **Exploring whether government leadership and institutionalization is an appropriate end goal for scaling up these types of initiatives.** While some interviewed initiatives shared stories of successfully engaging government partners, most reflections pointed to inherent limitations of full government leadership for efforts to shift social norms related to issues that are political in nature. On the one hand, encouraging examples uncovered in this study show that popular movements can inspire government mandates and engaging government through dialogue and collaboration can prove effective. Still other insights show that, contrary to the conventional wisdom that government institutionalization makes an initiative more sustainable, dynamic political environments and shifting national funding priorities may put sustainability at risk when government agencies take over. This question is not resolved, by any means, and additional thoughtful reflection and investigation will be crucial.

- Continuing to innovate.** While scaling proven approaches is important, it is essential to remember that the fields of practice addressing intimate partner violence and other aforementioned sensitive issues are continuing to grow and build momentum. As such, innovation remains critical. Funders and organizations need to be encouraged to experiment and keep innovating.
- Recognizing that there's no magic bullet... and revising the script appropriately.** This study has explored the appropriateness of the "innovate, evaluate, scale up" script for an emerging field of practice. In many ways, the insights uncovered herein find this script to be inappropriate for these community mobilization initiatives. While the script naturally prompts programmers to be concerned with fidelity of implementation in any given setting, perhaps it subscribes to the myth of the "magic bullet" too strongly without enough attention to the quality of program theory, design, and implementation. While the script suggests that an innovation is successful if it achieves the widest possible reach, perhaps community mobilization initiatives are best suited to go deep in a smaller number of settings. The authors and collaborating organizations of this study look forward to continuing these important conversations and reflections.



Annex I – Search Terms

We started the search by pairing terms from criteria 1 (types of outcomes) and 2 (community mobilization). When this returned more than one hundred results, the search was refined by adding a term from criteria 3 (scale-up). Only sources with a PDF available online were included in the selected literature.

Criteria 1: Types of Outcomes

Intimate partner violence	Violence against women	Sexual assault	Sexual violence	Rape
Spouse abuse	Wife beating	Gender-based violence	Family violence	Domestic violence
Domestic abuse	Gender transformative	Female genital mutilation	Female genital cutting	Corruption
LGBT rights	Homophobia	Gay rights	Queer rights	Sex worker rights
HIV stigma				

Criteria 2: Community Mobilization

Community mobilization/mobilisation	Community outreach	Community education	Community engagement	Community attitudes change
Community norms change	Community-based approach	Community violence prevention	Activism	Grassroots

Criteria 3: Scale Up

Scale	Expand	Replicate	Replication	Grow
Reach	Expand			

Endnotes / References

- World Health Organization. (2016, January). Violence against women. Retrieved from <http://www.who.int/mediacentre/factsheets/fs239/en/>
- Donahue, J., & Williamson, J. (1999). Community mobilization to mitigate the impacts of HIV/AIDS. Washington, DC: United States Agency for International Development.
- Wolfe, T. J. (2009). Understanding community mobilization within communities of color in Los Angeles County. Los Angeles: Los Angeles County Department of Public Health Office of AIDS Programs and Policy. Retrieved from <http://publichealth.lacounty.gov/dhsr/Reports/HIV/CMIReports-09.pdf>
- UN Women. (2012). Community mobilization, outreach and mass media. Virtual Knowledge Centre to End Violence Against Women and Girls. Retrieved from <http://www.endvawnow.org/en/articles/219-community-mobilization-outreach-and-mass-media.html>
- World Health Organization and ExpandNet. (2009). Practical guidance for scaling up health service innovations. Geneva: World Health Organization. Retrieved from http://www.expandnet.net/PDFs/WHO_ExpandNet_Practical_Guide_published.pdf
- Development and Training Services Gender, Equity, and Social Inclusion Practice. (2015). Scaling up interventions to prevent and respond to gender-based violence: An analytical report. United States Agency for International Development. Retrieved from <https://www.usaid.gov/sites/default/files/documents/1865/Scaling-up-Interventions-to-Prevent-and-Respond-to-GBV.pdf>
- Barker, G., Verma, R., Crownover, J., Segundo, M., Fonseca, V., Contreras, J. M., Heilman, B., & Pawlak, P. (2012). Boys and education in the Global South: Emerging vulnerabilities and new opportunities for promoting changes in gender norms. *Thymos*, 6(1/2), 137-150. doi:10.3149/thy.0602.137
- Das, A., Mogford, E., Singh, S. K., Barbhuiya, R. A., Chandra, S., & Wahl, R. (2012). Reviewing responsibilities and renewing relationships: An intervention with men on violence against women in India. *Culture, Health & Sexuality*, 14(6), 659-675. doi:10.1080/13691058.2012.677477
- Derosé, K. P., Bogart, L. M., Kanouse, D. E., Felton, A., Collins, D. O., Mata, M. A., Oden, C. W., Dominguez, B. X., Flórez, K. R., Hawes-Dawson, J., & Williams, M. V. (2014). An intervention to reduce HIV-related stigma in partnership with African American and Latino churches. *AIDS Education and Prevention*, 26(1), 28-42. doi:10.1521/aeap.2014.26.1.28
- Diop, N. J., & Askew, I. (2009). The effectiveness of a community-based education program on abandoning female genital mutilation/cutting in Senegal. *Studies in Family Planning*, 40(4), 307-318. doi:10.1111/j.1728-4465.2009.00213.x
- Ditlopo, P., Mullick, S., Askew, I., Vernon, R., Maroga, E., Sibeko, S., Tshabalala, M., Raletsemo, R., Peacock, D., & Levack, A. (2007). Testing the effectiveness of the Men as Partners program (MAP) in Soweto, South Africa. Retrieved from http://pdf.usaid.gov/pdf_docs/Pnadi558.pdf
- Derosé, K. P., Bogart, L. M., Kanouse, D. E., Felton, A., Collins, D. O., Mata, M. A., Oden, C. W., Dominguez, B. X., Flórez, K. R., Hawes-Dawson, J., & Williams, M. V. (2014). An intervention to reduce HIV-related stigma in partnership with African American and Latino churches. *AIDS Education and Prevention*, 26(1), 28-42. doi:10.1521/aeap.2014.26.1.28
- Wagman, J. A., Gray, R. H., Campbell, J. C., Thoma, M., Ndyabano, A., Ssekasanvu, J., Nalugoda, F., Kagaayi, J., Nakigozi, G., Serwaada, D., & Brahmabhatt, H. (2015). Effectiveness of an integrated intimate partner violence and HIV prevention intervention in Rakai, Uganda: Analysis of an intervention in an existing cluster randomised cohort. *The Lancet Global Health*, 3(1), e23-e33. doi:10.1016/S2214-109X(14)07034-4
- Jain, A., Nuanakaw, R., Mongkhonwiboolphol, N., Banpabuth, A., Tuvinnun, R., Oranop na Ayuthaya, P., & Richter, K. (2013). Community-based interventions that work to reduce HIV stigma and discrimination: Results of an evaluation study in Thailand. *Journal of the International AIDS Society*, 16(suppl. 2). doi:10.7448/IAS.16.3.18711
- Pronyk, P. M., Hargreaves, J. R., Kim, J. C., Morison, L. A., Phetla, G., Watts, C., Busza, J., & Porter, J. D. H. (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. doi:10.1016/S0140-6736(06)9744-4
- Beattie, T. S. H., Bhattacharjee, P., Ramesh, B. M., Gurnani, V., Anthony, J., Isaac, S., Mohan, H. L., Ramakrishnan, A., Wheeler, T., Bradley, J., Blanchard, J. F., & Moses, S. (2010). Violence against female sex workers in Karnataka state, south India: Impact on health, and reductions in violence following an intervention program. *BMC Public Health*, 10(476). doi:10.1186/1471-2458-10-476
- Wagman, J. A., Gray, R. H., Campbell, J. C., Thoma, M., Ndyabano, A., Ssekasanvu, J., Nalugoda, F., Kagaayi, J., Nakigozi, G., Serwaada, D., & Brahmabhatt, H. (2015). Effectiveness of an integrated intimate partner violence and HIV prevention intervention in Rakai, Uganda: Analysis of an intervention in an existing cluster randomised cohort. *The Lancet Global Health*, 3(1), e23-e33. doi:10.1016/S2214-109X(14)07034-4
- Kim, J. C., Watts, C. H., Hargreaves, J. R., Ndhlovu, L. X., Phetla, G., Morison, L. A., Busza, J., Porter, J. D. H., & 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. doi:10.2105/AJPH.2006.095521
- Jain, A., Nuanakaw, R., Mongkhonwiboolphol, N., Banpabuth, A., Tuvinnun, R., Oranop na Ayuthaya, P., & Richter, K. (2013). Community-based interventions that work to reduce HIV stigma and discrimination: Results of an evaluation study in Thailand. *Journal of the International AIDS Society*, 16(suppl. 2). doi:10.7448/IAS.16.3.18711
- Derosé, K. P., Bogart, L. M., Kanouse, D. E., Felton, A., Collins, D. O., Mata, M. A., Oden, C. W., Dominguez, B. X., Flórez, K. R., Hawes-Dawson, J., & Williams, M. V. (2014). An intervention to reduce HIV-related stigma in partnership with African American and Latino churches. *AIDS Education and Prevention*, 26(1), 28-42. doi:10.1521/aeap.2014.26.1.28
- Diop, N. J., & Askew, I. (2009). The effectiveness of a community-based education program on abandoning female genital mutilation/cutting in Senegal. *Studies in Family Planning*, 40(4), 307-318. doi:10.1111/j.1728-4465.2009.00213.x
- Abramsky, T., Devries, K., Kiss, L., Nakuti, J., Kyeombene, N., Starmann, E., Cundill, B., Francisco, L., Kaye, D., Musuya, T., 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). doi:10.1186/s12916-014-0122-5
- Mokganyeti, T., Anderson, A., & Stern, E. (2015). The 'One Man Can' model: Community mobilisation as an approach to promote gender equality and reduce HIV vulnerability in South Africa (EMERGE Case Study 6). Promundo-US, Sonke Gender Justice, & the Institute of Development Studies. Retrieved from http://openods.ids.ac.uk/openods/bitstream/handle/123456789/7086/EMERGE_Case-Study_SouthAfrica.pdf?sequence=1
- Beattie, T. S. H., Bhattacharjee, P., Ramesh, B. M., Gurnani, V., Anthony, J., Isaac, S., Mohan, H. L., Ramakrishnan, A., Wheeler, T., Bradley, J., Blanchard, J. F., & Moses, S. (2010). Violence against female sex workers in Karnataka state, south India: Impact on health, and reductions in violence following an intervention program. *BMC Public Health*, 10(476). doi:10.1186/1471-2458-10-476
- Mitchell, K. S., & Freitag, J. L. (2011). Forum theatre for bystanders: A new model for gender violence prevention. *Violence Against Women*, 17(8), 990-1013. doi:10.1177/1077801211417152
- Ditlopo, P., Mullick, S., Askew, I., Vernon, R., Maroga, E., Sibeko, S., Tshabalala, M., Raletsemo, R., Peacock, D., & Levack, A. (2007). Testing the effectiveness of the Men as Partners program (MAP) in Soweto, South Africa. Retrieved from http://pdf.usaid.gov/pdf_docs/Pnadi558.pdf
- Thompson, J. (2008). Case study: Intervention with microfinance for AIDS and gender equity, South Africa: A microfinance plus gender and HIV education program. Washington, DC: SEEP Network. Retrieved from http://www.seepnetwork.org/filebin/pdf/hamed/Intervention_with_Microfinance_for_AIDS_and_Gender_Equity_South_Africa.pdf
- Wagman, J. A., Namatovu, F., Nalugoda, F., Kiwanuka, D., Nakigozi, G., Gray, R., Wawer, M. J., & Serwadda, D. (2012). A public health approach to intimate partner violence prevention in Uganda: The SHARE Project. *Violence Against Women*, 18(12), 1390-1412. doi:10.1177/1077801212474874
- Mokganyeti, T., Anderson, A., & Stern, E. (2015). The 'One Man Can' model: Community mobilisation as an approach to promote gender equality and reduce HIV vulnerability in South Africa (EMERGE Case Study 6). Promundo-US, Sonke Gender Justice, & the Institute of Development Studies. Retrieved from http://openods.ids.ac.uk/openods/bitstream/handle/123456789/7086/EMERGE_Case-Study_SouthAfrica.pdf?sequence=1
- Barker, G., Verma, R., Crownover, J., Segundo, M., Fonseca, V., Contreras, J. M., Heilman, B., & Pawlak, P. (2012). Boys and education in the Global South: Emerging vulnerabilities and new opportunities for promoting changes in gender norms. *Thymos*, 6(1/2), 137-150. doi:10.3149/thy.0602.137
- Mokganyeti, T., Anderson, A., & Stern, E. (2015). The 'One Man Can' model: Community mobilisation as an approach to promote gender equality and reduce HIV vulnerability in South Africa (EMERGE Case Study 6). Promundo-US, Sonke Gender Justice, & the Institute of Development Studies. Retrieved from http://openods.ids.ac.uk/openods/bitstream/handle/123456789/7086/EMERGE_Case-Study_SouthAfrica.pdf?sequence=1
- Aslund, S. (2014). Sonke's One Man Can campaign supports peacebuilding and gender equality in Sudan. Cape Town, South Africa: Sonke Gender Justice. Retrieved from <http://www.genderjustice.org.za/publication/sonkes-one-man-can-campaign-supports-peacebuilding-and-gender-equality-in-sudan/>
- Wagman, J. A., Namatovu, F., Nalugoda, F., Kiwanuka, D., Nakigozi, G., Gray, R., Wawer, M. J., & Serwadda, D. (2012). A public health approach to intimate partner violence prevention in Uganda: The SHARE Project. *Violence Against Women*, 18(12), 1390-1412. doi:10.1177/1077801212474874
- Ramisetty, A., & Muriu, M. (2013). 'When does the end begin?' Addressing gender-based violence in post-conflict societies: Case studies from Zimbabwe and El Salvador. *Gender & Development*, 21(3), 489-503. doi:10.1080/13552074.2013.846642
- Diop, N. J., & Askew, I. (2009). The effectiveness of a community-based education program on abandoning female genital mutilation/cutting in Senegal. *Studies in Family Planning*, 40(4), 307-318. doi:10.1111/j.1728-4465.2009.00213.x
- Mitchell, K. S., & Freitag, J. L. (2011). Forum theatre for bystanders: A new model for gender violence prevention. *Violence Against Women*, 17(8), 990-1013. doi:10.1177/1077801211417152
- Derosé, K. P., Bogart, L. M., Kanouse, D. E., Felton, A., Collins, D. O., Mata, M. A., Oden, C. W., Dominguez, B. X., Flórez, K. R., Hawes-Dawson, J., & Williams, M. V. (2014). An intervention to reduce HIV-related stigma in partnership with African American and Latino churches. *AIDS Education and Prevention*, 26(1), 28-42. doi:10.1521/aeap.2014.26.1.28
- Development and Training Services Gender, Equity, and Social Inclusion Practice. (2015). Scaling up interventions to prevent and respond to gender-based violence: An analytical report. United States Agency for International Development. Retrieved from <https://www.usaid.gov/sites/default/files/documents/1865/Scaling-up-Interventions-to-Prevent-and-Respond-to-GBV.pdf>
- Mitchell, K. S., & Freitag, J. L. (2011). Forum theatre for bystanders: A new model for gender violence prevention. *Violence Against Women*, 17(8), 990-1013. doi:10.1177/1077801211417152
- Thompson, J. (2008). Case study: Intervention with microfinance for AIDS and gender equity, South Africa: A microfinance plus gender and HIV education program. Washington, DC: SEEP Network. Retrieved from http://www.seepnetwork.org/filebin/pdf/hamed/Intervention_with_Microfinance_for_AIDS_and_Gender_Equity_South_Africa.pdf
- Daniel, E. E., Masilamani, R., & Rahman, M. (2008). The effect of community-based reproductive health communication interventions on contraceptive use among young married couples in Bihar, India. *International Family Planning Perspectives*, 34(4), 189-197.
- Pathfinder International. (2013). PRACHAR: Advancing young people's sexual and reproductive health and rights in India. Retrieved from http://www.pathfinder.org/publications-tools/pdfs/PRACHAR_Advancing_Young_Peoples_Sexual_and_Reproductive_Health_and_Rights_in_India.pdf?x=57&y=30
- Raising Voices. (n.d.). Our story. Retrieved from <http://raisingvoices.org/about/>
- Center for Domestic Violence Prevention. (n.d.). Home page. Retrieved from <http://www.cedovip.org/>
- 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. doi:10.1136/bmj.a506
- Faine, K., Hart, G., Jawo, M., Ceasey, S., Jallow, M., Morison, L., Walraven, G., McAdam, K., & 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. doi:10.2989/16085906.2002.9626543.
- Chidalganga, G. (2015). End of project evaluation study report: Leveraging Positive Action Towards Reducing Violence Against Women Living With HIV project. Lilongwe, Malawi: Coalition of Women Living With HIV and AIDS. Retrieved from http://steppingstonesfeedback.org/resources/7/COWLHA_END_OF_PROJECT_EVALUATION_REPORT_September2015.pdf
- Tostan. (n.d.). Mission & history. Retrieved from <http://www.tostan.org/about-us/mission-history/>
- Rachel Jewkes et al., "Impact of Stepping Stones on Incidence of HIV and HSV-2 and Sexual Behaviour in Rural South Africa: Cluster Randomised Controlled Trial," *BMJ* 337 (August 7, 2008): a506, doi:10.1136/bmj.a506.
- Remme, M., Michaels-Igboke, C., & Watts, C. (2014). What works to prevent violence against women and girls? Evidence review of approaches to scale up VAWG programming and assess intervention cost-effectiveness and value for money. Retrieved from https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/337939/approaches-to-scaling-up-prog-intervention-vfm-j.pdf
- Development and Training Services Gender, Equity, and Social Inclusion Practice. (2015). Scaling up interventions to prevent and respond to gender-based violence: An analytical report. United States Agency for International Development. Retrieved from <https://www.usaid.gov/sites/default/files/documents/1865/Scaling-up-Interventions-to-Prevent-and-Respond-to-GBV.pdf>
- Puerto Gómez, M., Contreras-Urbina, M., Heilman, B., Hill, A., Von Au, A., Zelaya, J., & Arango, D. J. (2016). Community-based approaches to intimate partner violence: A review of evidence and essential steps to adaptation. Washington, DC: World Bank & Global Women's Institute at the George Washington University. Retrieved from <http://documents.worldbank.org/curated/en/90751146799671261/AUS16688-REVISED-PUBLIC-Community-Programs-SinglePages-7-11-16.pdf>
- Remme, M., Michaels-Igboke, C., & Watts, C. (2014). What works to prevent violence against women and girls? Evidence review of approaches to scale up VAWG programming and assess intervention cost-effectiveness and value for money. Retrieved from https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/337939/approaches-to-scaling-up-prog-intervention-vfm-j.pdf
- Thompson, J. (2008). Case study: Intervention with microfinance for AIDS and gender equity, South Africa: A microfinance plus gender and HIV education program. Washington, DC: SEEP Network. Retrieved from http://www.seepnetwork.org/filebin/pdf/hamed/Intervention_with_Microfinance_for_AIDS_and_Gender_Equity_South_Africa.pdf
- Pettifor, A., Lippman, S. A., Selin, A. M., Peacock, D., Gottert, A., Maman, S., Rebombo, D., Suchindran, C. M., Twine, R., Lancaster, K., Daniel, T., Gómez-Olivé, F. X., Kahn, K., & MacPhail, C. (2015). A cluster randomized-controlled trial of a community mobilization intervention to change gender norms and reduce HIV risk in rural South Africa: Study design and intervention. *BMC Public Health*, 15(752). doi:10.1186/s12889-015-2048-z
- Thompson, J. (2008). Case study: Intervention with microfinance for AIDS and gender equity, South Africa: A microfinance plus gender and HIV education program. Washington, DC: SEEP Network. Retrieved from http://www.seepnetwork.org/filebin/pdf/hamed/Intervention_with_Microfinance_for_AIDS_and_Gender_Equity_South_Africa.pdf
- Remme, M., Michaels-Igboke, C., & Watts, C. (2014). What works to prevent violence against women and girls? Evidence review of approaches to scale up VAWG programming and assess intervention cost-effectiveness and value for money. Retrieved from https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/337939/approaches-to-scaling-up-prog-intervention-vfm-j.pdf
- Wagman, J. A., Namatovu, F., Nalugoda, F., Kiwanuka, D., Nakigozi, G., Gray, R., Wawer, M. J., & Serwadda, D. (2012). A public health approach to intimate partner violence prevention in Uganda: The SHARE Project. *Violence Against Women*, 18(12), 1390-1412. doi:10.1177/1077801212474874
- Peacock, D., & Levack, A. (2004). The Men as Partners program in South Africa: Reaching men to end gender-based violence and promote sexual and reproductive health. *International Journal of Men's Health*, 3(3), 173-188.
- Diop, N. J., Ouoba, D., & Melching, M. (2003). Replication of the TOSTAN programme in Burkina Faso: How 23 villages participated in a human rights-based education programme and abandoned the practice of female genital cutting in Burkina Faso. *Dakar, Senegal: Population Council*. Retrieved from http://www.popcouncil.org/uploads/pdfs/poster/frontiers/reports/burkina_fgc_process_eng.pdf
- Easton, P., Monkman, K., & Miles, R. (2003). Social policy from the bottom up: Abandoning FGC in sub-Saharan Africa. *Development in Practice*, 13(5), 445-458. doi:10.1080/0961452032000125839
- Aslund, S. (2014). Sonke's One Man Can campaign supports peacebuilding and gender equality in Sudan. Cape Town, South Africa: Sonke Gender Justice. Retrieved from <http://www.genderjustice.org.za/publication/sonkes-one-man-can-campaign-supports-peacebuilding-and-gender-equality-in-sudan/>
- Barker, G., Verma, R., Crownover, J., Segundo, M., Fonseca, V., Contreras, J. M., Heilman, B., & Pawlak, P. (2012). Boys and education in the Global South: Emerging vulnerabilities and new opportunities for promoting changes in gender norms. *Thymos*, 6(1/2), 137-150. doi:10.3149/thy.0602.137
- Muturi, N., & Donald, P. (2006). Violence against women and girls in the Caribbean: An intervention and lessons learned from Jamaica. *Caribbean Quarterly*, 52(2/3), 83-103.
- Michau, L., Horn, J., Bank, A., Dutt, M., & Zimmerman, C. (2015). Prevention of violence against women and girls: Lessons from practice. *The Lancet*, 385(9978), 1672-1684. doi:10.1016/S0140-6736(14)61797-9
- Remme, M., Michaels-Igboke, C., & Watts, C. (2014). What works to prevent violence against women and girls? Evidence review of approaches to scale up VAWG programming and assess intervention cost-effectiveness and value for money. Retrieved from https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/337939/approaches-to-scaling-up-prog-intervention-vfm-j.pdf
- Thompson, J. (2008). Case study: Intervention with microfinance for AIDS and gender equity, South Africa: A microfinance plus gender and HIV education program. Washington, DC: SEEP Network. Retrieved from http://www.seepnetwork.org/filebin/pdf/hamed/Intervention_with_Microfinance_for_AIDS_and_Gender_Equity_South_Africa.pdf
- Michaels-Igboke, C., Abramsky, T., Devries, K., Michau, L., Musuya, T., & Watts, C. (2016). Cost and cost-effectiveness analysis of a community mobilisation intervention to reduce intimate partner violence in Kampala, Uganda. *BMC Public Health*, 16(196). doi:10.1186/s12889-016-2883-6
- Wagman, J. A., Namatovu, F., Nalugoda, F., Kiwanuka, D., Nakigozi, G., Gray, R., Wawer, M. J., & Serwadda, D. (2012). A public health approach to intimate partner violence prevention in Uganda: The SHARE Project. *Violence Against Women*, 18(12), 1390-1412. doi:10.1177/1077801212474874

Raising Voices

16 Tufnell Drive, Kamwokya
P. O. Box 6770, Kampala, Uganda
(+256) 41 4531186 / 39 3266400

 www.raisingvoices.org

International Center for Research on Women (ICRW)

Washington, DC Headquarters
1120 20th St NW
Suite 500 North
Washington, DC 20036

Asia Regional Office
C – 59, South Ext, Part II
New Delhi, India – 110049

 www.icrw.org