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Scaling up inclusive approaches for marginalised and vulnerable people

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About this report

The K4D Emerging Issues report series highlights research and emerging evidence to policy-makers to help inform policies that are more resilient to the future. K4D staff researchers work with thematic experts and DFID to identify where new or emerging research can inform and influence policy.

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Contents

1. Overview

Summary

This rapid review summarises the evidence on how to scale up inclusive approaches to complex social change. It looks at how to design scalable inclusive change interventions, as well as how to plan and manage the scale-up process. Focusing on interventions with the aim of reaching the most marginalised and transform social norms, it covers programmes aiming to deliver inclusive outcomes for women and girls (with a particular focus on preventing violence against women and girls) and persons with disabilities.

To date, many interventions seeking to change harmful gender and disability norms have been implemented as small-scale projects. There are limited experiences of scale-up and fewer evaluations of these experiences. However, there are some documented case studies as well as emerging analysis that draw out lessons learned. From this evidence base, this rapid desk review identifies eight critical issues commonly highlighted as important considerations when scaling up inclusive change interventions:

> **Eight issues to consider when scaling up inclusive social change interventions**
> 1. **Opportunities for systemic approach, including integrating political and community-level scale-up, and coordinating across multiple sectors and stakeholders**
> 2. **Political support for scale-up**
> 3. **Strategic choices: balancing reach, speed, cost, quality, equity, and sustainability**
> 4. **Catalysing change: tipping points, diffusion effects, and local champions**
> 5. **Locally grounded, participatory, and adaptive approaches**
> 6. **Long-term approaches with funding models to match**
> 7. **Cost-effective and financially feasible scale-up strategies**
> 8. **Measuring impact and sustainability.**

Understanding scaling up

There are multiple definitions of "scaling up". Often scaling up is understood to be about reaching a larger number of beneficiaries. Other definitions explain scaling up as expanding and deepening impact, leading to lasting, sustainable improvements in people's lives. Scale-up pathways – which may be applied in combination – include:

- Expanding a beneficiary base in a given location or replicating a programme in different places (*horizontal scale-up*);
- Influencing political processes and stakeholders to achieve greater influence and sustainable change (*vertical scale-up*);
- Increasing the scope of an existing activity, programme, or implementation platform (*functional scale-up*); and

- These pathways might involve *organisational scale-up* – increasing organisational capacity through growing the original organisation or involving new organisations.

Which scaling-up pathways are taken will depend on the end goals, political environment, resource constraints, and capabilities of involved actors (Robinson & Winthrop, 2016, p. 35).

Established scale-up guidance[1] (for health and other development interventions) sets out how to expand the reach of an innovation, based on an effective demonstration pilot or local success. It emphasises the importance of designing scalable interventions – "beginning with the end in mind" – including by assessing intervention complexity in order to inform scale-up approaches (WHO, Department of Reproductive Health and Research – ExpandNet, 2011; Gericke et al., 2005). In fragile contexts, analysis highlights that creative collaborations have been key to successful scaling-up that overcomes limited political, institutional or policy space (Chandy & Linn, 2011).

However, in practice many innovations fail to scale. Recent analysis criticises externally driven, short-term, and unsustainable efforts to scale up individual interventions, which fail to respond to complex local dynamics (Fox, 2016; Walji, 2016). Fox (2016) recommends a multi-level locally grounded strategic response to address the multi-level nature of power structures and bottlenecks which may block change on politically and socially sensitive issues. Some have recommended scaling the processes of learning and adapting to develop solutions rather than the intervention, for example by applying a problem-driven iterative adaptation approach (Walji, 2016; Andrews, Pritchett & Woolcock 2013).

Evidence base

The evidence base is small. However, there is relevant learning from a larger literature on scaling up development interventions in other sectors – and some experience of applying this to inclusive change interventions. There are also some frameworks that have been developed to guide normative change interventions[2], and some reviews of scaling up these types of interventions. This literature mainly covers scaling-up experiences of normative change to prevent violence against women and girls, and/or strengthen sexual and reproductive health outcomes. Other reviews covered by this report look at interventions for disability inclusive education and "cash plus" social protection.

Pathways for scaling up inclusive change approaches

While the rigorous evidence base on scaling up inclusive change interventions that focus on transforming social norms is relatively small, it covers a wide range of different intervention types

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[1] Key frameworks are: ExpandNet (Simmons et al., 2007; WHO, Department of Reproductive Health and Research – ExpandNet, 2009, 2010, 2011); The Brookings/IFAD framework (Hartmann & Linn, 2008; Linn et al., 2010); the Management Systems International (MSI) framework (Management Systems International, 2006, 2012, 2016). See descriptions in Cooley & Linn (2014).

[2] These include U.S. Agency for International Development (USAID)-commissioned guidelines for scaling up interventions to prevent and respond to violence against women and girls (dTS, 2015) and the Global Women's Institute of the George Washington University and the World Bank Group guidelines for replicating community mobilisation interventions to address intimate partner violence (Contreras-Urbina et al., 2016).

and experiences. These involve a variety of aims, strategies, activities, population groups, and contexts. This review does not provide a taxonomy of intervention models[3]. Rather, looking broadly across the full range of interventions focusing on inclusive norm change for women and girls and persons with disabilities, it identifies from the literature commonly cited scale-up pathways. These include:

Horizontal scale-up:

- *Reaching more beneficiaries through geographic expansion of a community-based intervention by the same organisation or by new organisations in new locations.* One review of scaled-up interventions on adolescent and youth sexual and reproductive health found geographic expansion by the resource organisation to be a common scaling-up approach (IRH & Save the Children, 2016). Others report how a number of interventions preventing violence against women and girls using community-embedded volunteers have been adapted in new locations by new organisations (Heilman & Stich, 2016).

- *Achieving scale by (1) reaching more people through mass media behavioural change campaigns and social marketing methods*, and (2) a*pplying behavioural insights that focus on mindsets, decision-making frames, and the social environment to influence behaviour change* (World Bank Group, 2015). The evidence points to multicomponent, integrated interventions being more effective – for example, combining media campaigns with locally targeted individual or community engagement (Fulu et al., 2015, pp. 27–28; Alexander-Scott, Bell & Holden, 2016, p. 20). Behavioural insight approaches encourage embedding experimentation and adaptation into the design of interventions and their scale-up (World Bank Group, 2015, p. 21; Bryan et al., 2017).

Functional scale-up:

- *Integration of inclusive norm change components with existing services and programmes.* Existing programmes can be a platform to achieve scale, enabling norm change interventions to benefit from an established service or programme's reach and legitimacy, as well as benefit from the synergy between their outcomes. Opportunities include integrating – or "layering" – norm change interventions with (existing) workplace, schools and life skills programmes; social protection programmes; microfinance and livelihood programmes; and education and health systems (Remme, Michaels-Igbokwe, & Watts, 2015).

Vertical scale-up:

- *Political advocacy, partnering and institutionalisation.* Interventions to transform harmful gender norms have invested in influencing politicians and political institutions to bring about policy and legal reform – at global, regional, and national levels. Horizontal and functional scale-up pathways are often combined with some form of political, legal and

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[3] For a catalogue of interventions to prevent violence against women and girls see the What Works programme research (e.g. Fulu et al., 2015; Remme et al., 2015). For disability-inclusive approaches see the GSDRC *Disability Inclusion: Topic Guide* (Rohwerder, 2015).

policy collaboration. To achieve sustainable scale-up, some programmes aim for state institutionalisation of their activities.

Key challenges for scaling up inclusive change interventions

Scaling up complex, context-specific, normative change approaches faces particular challenges. Understanding these should guide the design of scalable inclusive change interventions and their scale-up strategies, and pinpoint what needs to be nuanced from the mainstream scaling-up guidance and frameworks. Six key challenges are:

1. Moving from a focus on specific areas of behaviour or practice, to understand the wider contextual ideologies and vested power of individuals and groups (within the state and society) that uphold discriminatory practices and norms. This includes understanding by donors, researchers, and practitioners of how they are effecting change in sensitive and nuanced aspects of others' lives, avoiding a focus on apparently detrimental norms outside of context (Harper et al., 2018, p. 36).
2. Reaching the most marginalised who may be "hidden" and harder to engage with.
3. Dealing with the longer time frames required to transform historic, deeply held social norms and power structures.
4. Coping with reversals and backlash when working on politically and culturally sensitive issues.
5. Turning theoretical models and emerging evidence on the importance of strategic responses to tackle systemic problems into clear operational guidance and effective practice.
6. Learning how to measure the impact, cost-effectiveness and sustainability of interventions that may deploy multiple activities at multiple levels to effect long-term social norm change.

Critical issues to consider when scaling up inclusive interventions

Drawing on the available literature with a more in-depth reading of four illustrative case studies, this rapid review identifies the following key findings, grouped as eight critical issues:

1. **Recommendations for systemic approaches to scaling up inclusive change** include:
   - Integrating activities to influence politics, policy and/or legal reform with actions to address community-level social norms, including by working with ongoing state reforms;
   - Blending targeted and mainstreaming approaches to reach the most marginalised;
   - Deploying multiple tactics involving different modes of delivery (mass media, community education/mobilisation, couple/individual engagement) at different levels (macro social, community, interpersonal and individual);
   - Integrating social change components to existing programmes and services from different sectors; and
   - Coordinating across multiple sectors in an integrated manner for comprehensive prevention and response efforts, and involving multiple stakeholders (from communities, civil society, government). In particular involve whole communities, including men and boys.

2. **Political support for scale-up is critical** when scaling up inclusive change interventions which impact on complex political relationships and power structures. Political commitment and accompanying policy reform and resource allocation is key for sustainable impact, but some actors question whether government leadership and institutionalisation is always appropriate for community-based initiatives on sensitive issues (Heilman & Stich, 2016). Participatory political economy analyses prior to scale-up, and regularly throughout implementation, can help inform scale-up strategies.

3. There are **potential trade-offs between the reach, cost, and speed of scale-up and maintaining the quality, equity, and sustainability** of the intervention. During scale-up it is critical to uphold basic ethics and principles of human rights and do no harm. Scaling up work on sensitive issues needs mitigation plans for (likely) backlash. In addition, a scaling-up strategy should explore possible tensions between different scaling-up pathways, such as between donor organisational scale-up and country ownership and sustainable change, and how to manage these.

4. Emerging findings on **successful tactics to catalyse social change** include: (1) ensuring depth and breadth of coverage to reach a tipping point for community change; (2) personal transformation acting as a critical trigger of a diffusion effect; (3) reaching the more marginalised through using radio; and (4) importance of champions as critical influencers.

5. **Understanding contextual factors, involving local stakeholders, including marginalised people, and enabling adaptation** is important. A scale-up strategy needs to be informed by an understanding of the local intersecting inequalities that shape exclusion, and engage the most marginalised in programme activities (through, for example, peer-to-peer and community influencer approaches). To respond to local contexts, scale-up approaches also need to allow space for interventions to adapt to implementation experience in different contexts and at different scales.

6. When deeply held beliefs and attitudes are involved, **long-term approaches with funding models to match** are needed for interventions to have time to scale up and produce results without programming interruptions. The challenge is establishing a reasonable time frame and what evidence of what change is needed to identify at what stage donor support can be phased out.

7. Securing significant long-term funding requires **adequate evidence that interventions are cost-effective and financially feasible**. Recommendations include more detailed costings of interventions and their scale-up as well as economic evaluations, and careful planning to avoid potential resource bottlenecks (a common risk with human resources in particular). There needs to be a longer, broader view of the overall economic value of long-term, sustainable social change to appreciate the cost-effectiveness of investments in longer-term processes with multiple cross-sectoral benefits. Equity should be a core component of value-for-money assessments, appreciating that reaching the most marginalised may mean higher costs per beneficiary or fewer beneficiaries for a given cost.

8. **Measuring the impact and sustainability of scaling up inclusive change interventions is challenging but important** to inform programme implementation and generate political commitment. There needs to be monitoring of intervention effectiveness while scaling up (with accompanying feedback and space to modify the intervention in response); more evaluation of adaptations of programmes; and monitoring of the extent of normative change and sustainability of this beyond the project life cycle.

This requires investment in robust monitoring and evaluation systems that facilitate disaggregated analysis, as well as developing quasi-experimental and other participatory survey methods to generate rigorous data on social norm change.

Key evidence gaps and future research questions

Evidence gaps include:

1. Cost and cost effectiveness analysis of inclusive change interventions, scalable interventions, and adaptations of interventions in a variety of settings.
2. Measurement of intervention impacts on social norm change and sustainability of the effects of the scaled-up interventions.
3. Reflective research on the process and lessons learned from designing scalable interventions and the scale-up experience, including from fragile contexts.

Key questions for future research could include (draws on Evidence Project et al., 2014):

1. How is success of the scale-up measured (e.g. sustainability, equity, reach) and what trade-offs are there and how are these managed?
2. What is the impact of scaling up on exclusion/inclusion processes? How sustainable are these changes? Are different groups (women and girls, persons with disabilities, others) affected differently by these changes? Does scaling up create a "squeezing the balloon effect", i.e. a displacement of the issue?
3. Are interventions targeted to the most marginalised (at the cross of different intersectionalities) more difficult to scale? How is this taken into account while scaling up?
4. How has the pace, phasing and scope for scaling up the innovation been planned and what has happened in implementation?
5. What are the factors facilitating scale-up and the factors hindering scale-up, and how are these addressed in the scale-up strategy and implementation?
6. How has tackling strategic bottlenecks (that impede inclusive change) system-wide been combined with scaling up small pilot interventions and achieving horizontal reach, with what success or failure?
7. What core elements have made an intervention effective, and what has been the variance in impact as a result of different combination or intensity of elements?
8. What characteristics of implementation for scale-up have been successful and which have not?
9. Has there been diffusion of the intervention to adjacent areas? Has there been a tipping point for scale-up at which the innovation/intervention expanded spontaneously?
10. Is there an optimal scale of an intervention at which impact is maximised and unit costs minimised?

Organisation of the report

The report provides a brief overview of the review methodology and then presents findings in two sections: a summary of conceptual approaches to scaling up development interventions, followed

by key findings for scaling up inclusive change interventions for women, girls and persons with disabilities.

Concluding thought

This rapid review has drawn from a wide range of literature to provide an overview of the evidence and key lessons for scaling up inclusive change interventions. This broad-brush approach has covered a wide variety of intervention aims, approaches and scale-up pathways. Going forward, focusing on individual types of outcomes and intervention models would allow identification of the specific lessons for each and their respective scale-up pathways.

2. Methodology

This is a rapid review that aims to provide a selective illustration of the evidence found through a combination of desk review and consultation with experts. It is not systematic or rigorous. With a limited time frame for this work (18 research days), and a wide variety of interventions for inclusive social change for women, girls and persons with disabilities, the review largely relies on existing reviews and syntheses of case studies. The research included searching Google and Google Scholar with a combination of search terms looking for grey and academic literature. Relevant literature was also identified through other articles' reference lists ("snowballing"), expert advice and screening relevant organisations' online resources. Identified experts were emailed for recommendations of published and unpublished sources. Seven phone and Skype interviews were undertaken with a small group of experts from DFID, non-governmental organisations (NGOs), and others.

Definition of scaling up. There are multiple meanings of "scaling up" and this review did not limit searches to a particular definition. Instead it took a broad view of the possible dimensions of scale-up, guided by the literature, and summarises findings on ways to conceptualise and understand scale-up. As the literature does not always explicitly label relevant experiences as "scaling up", the review used a range of alternative terms for scaling up[4] and sought the advice of experts to identify relevant literature and case studies.

Definition of inclusive interventions – reaching the most marginalised and context-specific, involving social norms. The review searched for literature on scaling-up interventions aiming to deliver inclusive outcomes for women and girls (focusing in particular on interventions to prevent violence against women and girls) and persons with disabilities. Within this broad field, the review focuses on identifying interventions with inclusive goals that aim to reach the most marginalised and involve working on social norms – and that have explicitly considered scalability in their design and/or have undergone an experience of scale-up (Box 1). For the purposes of this review, inclusive interventions are understood to "aim to develop the capacities of all people in all their diversities", which tends to require building inclusive social norms and challenging those norms that contribute to inequality or are harmful (CUSP, 2017, p. 1, 3).

It has looked for evidence on scaling up experiences of interventions addressing harmful norms for women, girls and persons with disabilities across a range of models of interventions, as different modes of delivery will imply different potential scale-up paths (Remme et al., 2015, p. 19). These include: macro structural systems level change (e.g. policy/legal reform); media (social norms-based) intervention; local systems and services (e.g. health, education, social protection); and community, group, couple, and individual focused interventions.

The review does not cover non-English language material, cases from higher-income countries, or cases more than ten years old. The bulk of the research and literature searches were carried

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[4] Informed by work on scaling up search terms by IRH & Save the Children (2016) and van Oudenhoven & Wazir (1998).

out in December 2017–January 2018, with a small number of key new reports added in June–July 2018.

Box 1. **Social norms and social norm change interventions**

Social norms are "shared beliefs about what is typical and appropriate behaviour in a valued reference group. They can be defined as a rule of behaviour that people in a group conform to because they believe: (a) most other people in the group do conform to it; and (b) most other people in the group believe they ought to conform to it" (Alexander-Scott et al., 2016, p. 6).

There is not a consensus on the attributes of a **social norm change intervention**, according to a review by Yaker (2017). However, Yaker finds convergence around the following ten key attributes: seeks community-level change; presents the actual behaviour norm (in the case of pluralistic ignorance); emphasises the creation of positive new norms; engages wide range of people at multiple levels (ecological model); creates safe space for critical community reflection; community led; roots the issue within community/groups' own value systems; based upon accurate assessment of social norms propping the specific behaviour; addresses power balance/inequality; and involves organised diffusion.

3. Conceptual approaches for scaling up

The development community has been interested in scale-up for decades, with a number of conceptual approaches developed. Yet as recently as 2013 experts concluded that "remarkably little is understood about how to design scalable projects, the impediments to reaching scale, and the most appropriate pathways for getting there" (Chandy et al., 2013, p. 3; cited in Fox, 2016). There are few rigorous impact evaluations of large-scale development interventions to permit rigorous analysis of the multiple drivers of success and failure of scaling up (Hartmann & Linn, 2008, p. 3).

3.1 Defining scaling up

There is no single accepted definition of scaling used across development sectors and actors. It is used to refer to both the means (e.g. the spread, replication, and adaptation of techniques, ideas, and approaches) and the ends – the increased scale of impact (Hancock et al., 2003, p. x).

Scaling up objectives

Discussions of scaling up in the literature focus on expanding the reach of a specific innovation, based on a demonstrated pilot or local success, usually through rolling out a small-scale or pilot intervention over a larger geographic area or in new locations (Fox, 2016, p. 8). A commonly cited WHO/ExpandNet definition of scale-up developed for the health sector is "the effort to magnify the impact of health service innovations successfully tested in pilot or experimental projects, so as to benefit more people and to foster policy and programme development on a lasting basis" (Simmons, Fajans & Ghiron, 2007, p. 2).

Scaling up is often understood to be about increasing the number of beneficiaries but there may be other aims, such as deepening a programme's intensity among an existing client base or influencing policy reform. Some define scaling up as **expanding and deepening impact**, leading to lasting improvements in people's lives (Uvin, Jain, & Brown, 2000; Holcombe, 2012, p. 9; Robinson and Winthrop, 2016). Prominent themes in definitions of scale-up objectives are *the magnitude and reach of the impact* – who is reached over what time period – and *the quality of the impact* – often understood as how sustainable the impact is (Holcombe, 2012, p. 9; Jonasova & Cooke, 2012, p. 5; Remme et al., 2015, pp. 30–31).

Scaling up pathways

Scaling up can be achieved through reaching more people in a given location or replicating a programme in different places (**horizontal scaling**); influencing political processes and stakeholders to achieve greater influence, and policy or legal reform (**vertical scaling**); and increasing the scope – adding new activities – to an existing programme or service (**functional

scaling). These pathways might involve **organisational scaling** – increasing organisational capacity through growing the original organisation or involving new organisations[5] (Figure 1).

Figure 1.   Pathways to scale

Source: Robinson & Winthrop, 2016, pp. 36–37.

Each pathway may involve increasing the number of beneficiaries. Horizontal scaling up – expanding or replicating an existing programme – tends to be about reaching more people, and sometimes is referred to as "quantitative" scaling. This is potentially confusing, as other scaling-up pathways may also aim to reach more beneficiaries. For example, functional scaling up may involve using an existing social protection programme as a platform to engage with its large client base on harmful gender social norms.

Scale-up pathways are interrelated and can apply simultaneously or sequentially (Gillespie, Menon, & Kennedy, 2015, p. 446). Which scaling-up pathway is taken will depend on the end goals, political environment, resource constraints, and involved actors' capabilities (Robinson & Winthrop, 2016, p. 35). Each pathway requires new or adapted inputs (human, physical, and/or financial) to achieve the intended outcomes (Figure 2).

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[5] Summarised from Gillespie et al., 2015, p. 446; Hartmann and Linn, 2008, pp. 8–9; Remme et al., 2015, p. 31; Uvin, 1995; WHO, Department of Reproductive Health and Research – ExpandNet, 2010.

Figure 2.   Scale-up pathways
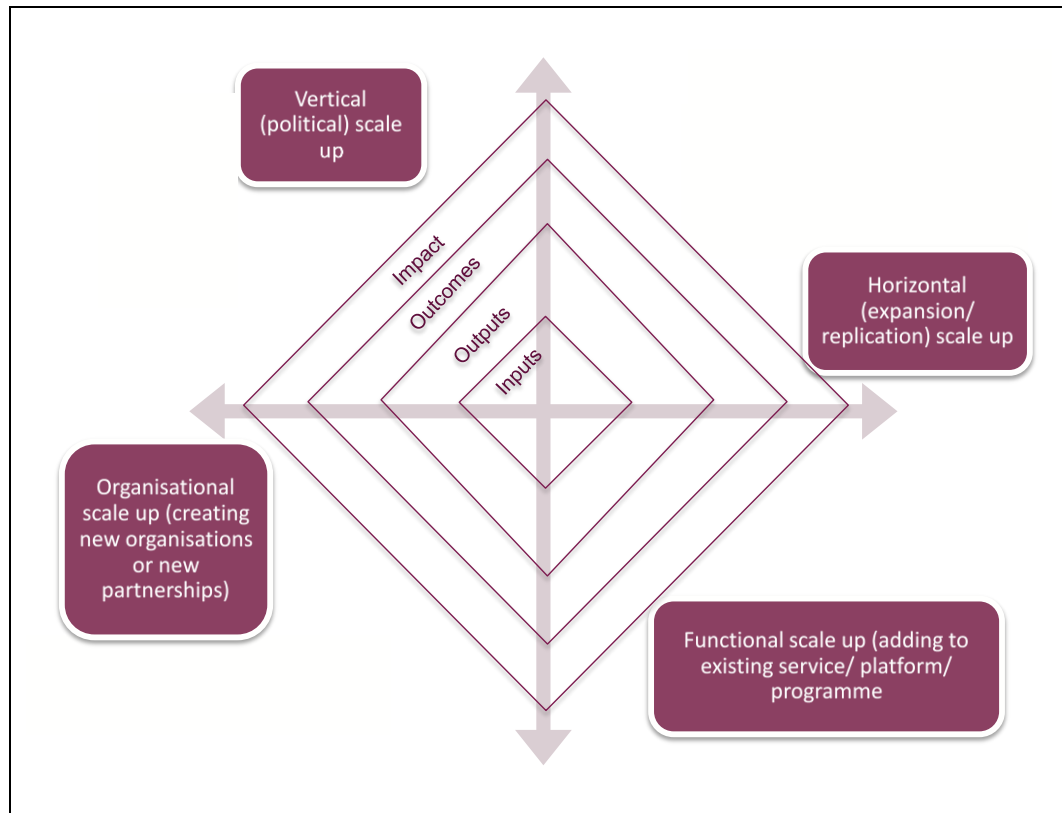
Sustainable scaling up tends to require a strategy with both a horizontal (expansion, replication) and a vertical dimension (policy, political, legal, institutional) (Figure 3) (WHO, Department of Reproductive Health and Research – ExpandNet, 2009; Hartmann & Linn, 2008, p. 9; Begovic, Linn, & Vrbensky, 2017, p. 26).

Figure 3.   Sustainable scale-up
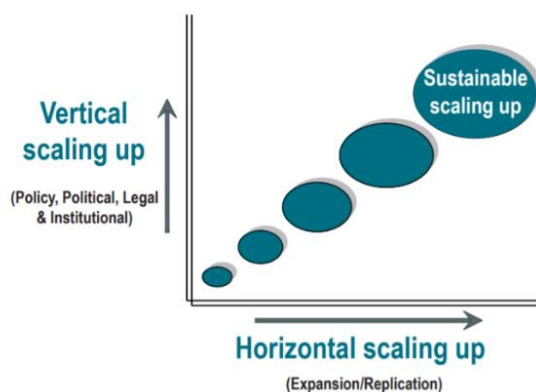
Source: WHO, Department of Reproductive Health and Research – ExpandNet, 2009, p. 31.

Scaling-up pathways may take different organisational approaches. A key variable is how much organisations retain implementation control during scaling up (Management Systems International, 2006, p. 11, cited in Fox, 2016). Drivers of the organisational approach to scale-up include the type of intervention; the capacity and nature of the organisation(s) that designed or piloted it; and the wider implementation-enabling environment, including the political and cultural context of new locations.

The literature highlights the relevance of conceptual theory on **diffusion of ideas and tipping points for social change to inform scaling-up pathways and approaches** (Remme et al., 2015, p. 32). Hartmann and Linn (2008, p. 7) highlight the recent popularity of Malcolm Gladwell's *The Tipping Point*, a bestseller that looks at how educational and other ideas and practices reach a point from which they spread "like wildfire".

3.2 Guidance for designing scalable interventions and scaling-up strategies

There is a rich conceptual literature setting out frameworks, checklists and other tools to guide the scaling up of development interventions; see Box 2 for a summary of the most prominent.

Box 2. **Prominent frameworks for scaling up development interventions**

ExpandNet http://www.expandnet.net – a global network of international organisations, NGOs, research institutions, and ministries of health – has published a series of resources for scaling up health service delivery. The approach is based on management science, social diffusion theory, systems-based, and extensive experience in testing with ministries of health/reproductive health units in many countries.

The **IFAD framework[6]** aims to provide high-level policy and operational guidance on scaling up (Cooley & Linn, 2014, p. 1). It was initially published in 2008 as a Brookings working paper by Hartmann and Linn, then developed collaboratively with IFAD through an institutional scaling-up review of IFAD (Linn et al., 2010).

The **Management Systems International (MSI) framework** provides a management framework for practitioners designed around a three-step, ten-task approach (Management Systems International, 2006, 2012, 2016). The framework focuses on translating successful pilot projects into established systems, with a strong focus on ensuring sustainability by building up local priorities, incentives, and capacity to adopt and maintain the intervention.

Source: IRH & FHI 360, 2016, pp. 23–25.

The guidance recommends **designing scalable interventions.** Scalability is the potential of a practice "to be scaled up, or expanded, adapted or replicated" and maintain its impact (Holcombe, 2012, p. 9, cited in Jonasova & Cooke, 2012, p. 6). In other words, "beginning with

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[6] Cooley and Linn (2014) provide useful summaries of and comparisons between the Management Systems International (MSI) and International Fund for Agricultural Development (IFAD) frameworks.

the end in mind" (WHO, Department of Reproductive Health and Research – ExpandNet, 2011). Importantly, "scaling up needs to be considered from the beginning of planning and implementing an intervention. Asking 'what next' at the end of a project is inevitably much too late" (Begovic et al., 2017, p. 26). WHO/ExpandNet provides guidelines for designing scalable interventions (Box 3).

Box 3. **WHO/ExpandNet guidelines**

CORRECT innovation scale-up criteria

> **Credibility**: Based on sound evidence and/or advocated by respected persons or institutions.
> **Observability**: Potential users of the innovation can see the results in practice.
> **Relevancy**: Addresses persistent or sharply felt problems.
> **Relative advantage**: Has an advantage over existing practices so that potential users are convinced the costs of implementation are warranted by the benefits.
> **Ease of installation**: Easy to install and understand rather than complex and complicated.
> **Compatibility**: Compatible with the potential users' established values, norms and facilities; fits well into the practices of the national programme.
> **Testability**: The user organisation can test the innovation without fully adopting it.

The nine steps for developing a scaling-up strategy

1. Planning actions to increase the scalability of the innovation.
2. Increasing the capacity of the user organisation to implement scaling up.
3. Assessing the environment and planning actions to increase the potential for scaling-up success.
4. Increasing the capacity of the resource team to support scaling up.
5. Making strategic choices to support vertical scaling up (institutionalisation).
6. Making strategic choices to support horizontal scaling up (expansion/replication).
7. Determining the role of diversification (testing and adding a new innovation to one that is in the process of being scaled up).
8. Planning actions to address spontaneous scaling up.
9. Finalising the scaling-up strategy and identifying next steps.

Source: WHO, Department of Reproductive Health and Research – ExpandNet, 2010.

Key points to consider when designing scalable interventions include:

- **The complexity of an intervention** to understand the supply- and demand-side constraints to scaling up, and identify which elements of an intervention need work to meet the capacity for implementation (Gericke et al., 2005).

- To what degree – and how – the **original intervention requires adaptation** to implement it effectively in "specific cultural contexts, new geographic locations or to address constraints related to time, resources, or staff" (Development and Training Services Gender, Equity, and Social Inclusion Practice (dTS), 2015, p. 12).

- **The most effective components of interventions to be scaled up** (their "active ingredients"). When interventions are multi-pronged or packages of components, it is not always clear which components (or combinations) are driving the effect. This is key to understanding scale-up.

- **The costs and resource inputs** required to implement the scale-up strategy. Looking at health interventions, Johns and Torres's (2005) review highlights these guiding

principles: "(1) calculate separate unit costs for urban and rural populations; (2) identify economies and diseconomies of scale, and separate the fixed and variable components of the costs; (3) assess availability and capacity of health human resources; and (4) include administrative costs, which can constitute a significant proportion of scale-up costs in the short run".

Another key recommendation is to **develop a deliberate and systematic scaling-up strategy.** Scaling up is essentially the implementation of change, "an exercise in strategic leadership, management, learning, and adaptation" (Holcombe, 2012, p. 10). Guiding tools include WHO/ExpandNet's scale-up criteria and nine-step checklist for developing a scale-up strategy (Box 3). A key part of strategising will be identifying **the drivers and spaces for scaling up** a particular intervention. Hartmann and Linn (2008, pp. 16-21) identify five key drivers for scaling up a development intervention (see also Chandy & Linn, 2011, pp. 20-21):

1. Ideas (and models).
2. Vision of scale.
3. Leadership (and champions).
4. External factors/catalysts (such as political and economic crises or pressure from donors, NGOs, or other actors).
5. Incentives and accountability (such as rewards, competitions and pressure through political process, peer review and monitoring and evaluation against goals, benchmarks and performance metrics).

They also identify the need to create and manage the following spaces for scaling up: fiscal; political; policy; organisational/capacity; cultural; partnership; learning; and security (in fragile states) (Hartmann & Linn, 2008; Chandy & Linn, 2011).

There is limited **guidance for scaling up in fragile contexts**. Chandy and Linn (2011) highlight examples of creative approaches to overcome limited political, institutional, and policy space when scaling up in fragile contexts. One example is the collaboration in Afghanistan between the government, international implementing partners, local communities and health-care workers to create a "hybrid health ecosystem" (Cooley & Papoulidis, 2018; Chandy & Linn, 2011, p. 37). This scaled primary health services across the country, helping Afghanistan meet the Millennium Development Goal of halving infant and maternal mortality by 2015 (Cooley & Papoulidis, 2018). Furthermore, analysis by Cooley and Papoulidis (2018) finds that scaling-up approaches in fragile contexts can "provide a valuable organizing framework for integrating a focus on social capital into programming and overcoming the piecemeal, one-off and non-strategic character of aid programmes in fragile states". They explain how scaling-up approaches to provide goods and services for all parties – that have a focus on alliances, dialogue, and social accountability – can deliver large-scale cooperation and confidence-building in fragile contexts.

3.3 Applying systemic change and systems thinking

In practice, **many innovations fail to scale** (Fox, 2016, p. 9). Recent analysis and debates include some recommendations to move beyond the dominant development scaling-up model – which some find has resulted too often in externally driven, short-term, and unsustainable efforts to scale up individual interventions that fail to respond to complex local dynamics (Walji, 2016, p. 182; Fox, 2016; Burns & Worsley, 2015).

One response to this has been Fox's (2016) work on scaling transparency and accountability civic initiatives. Fox sets out how sustainable institutional change can be driven by coordinated civil society policy monitoring and advocacy across local, subnational, national, and transnational levels (vertical scaling), while also broadening pro-accountability constituencies to extend their territorial reach and social inclusion (horizontal scaling). This is a conception of scaling up through **strategising at multiple levels to achieve leverage over the multi-level nature of power structures**.

Recent recommendations for scaling up development approaches also include **scaling the processes of enabling, learning, and adapting** by which solutions are developed (Walji, 2016). A relevant approach is problem-driven iterative adaptation (PDIA) (Andrews et al., 2013) – with its emphasis on problem-driven endeavours; experimentation, adaptation, learning, and partnerships; and a focus on political viability and practical implementability (Fox, 2016; Agapitova & Linn, 2016; Walji, 2016, p. 194). Experts highlight the need for diverse actors closer to the ground to be partners in agenda setting (Fox, 2016, p. 7; Walji, 2016, p. 194). In their book on navigating complexity and facilitating sustainable change at scale, Burns and Worsley (2015) outline a process of innovative adaptation of ideas using participatory practices to foster a practice and culture of learning across relationship-based networks.

There are **tensions to be explored** here. For example, on the complementarity of scaling up pilot interventions to reap economies and a PDIA approach – at what point will adapting to each environment differently impact on economies of scaling up. Further, at what point does the intervention in another place stop being a replica of the original and a new intervention altogether inspired by the original.

4. Experiences of scaling up inclusive change

4.1 Evidence base

Not many inclusive interventions focusing on norm change have been scaled up, with few experiences documented and evaluated (dTS, 2015, p. 8). Many interventions seeking to transform exclusionary and harmful norms in lower-income countries are implemented as small-scale projects. For example:

- Heilman and Stich (2016, p. 7) find that of the 16 community mobilisation interventions that aim to shift social and cultural norms identified by their literature review, nine have been scaled up or replicated to some degree, but the literature directly addressing scale-up of these initiatives is very sparse.
- A review of adolescent and youth sexual and reproductive health interventions with a focus on influencing community norms identified 42 studies of interventions going to scale, but the majority were evaluations of pilots with 13 focusing on scale-up (IRH & Save the Children, 2016, p. 13).

It is more challenging to identify interventions seeking to change exclusionary norms for persons with disabilities, and even less analysis of their scaling-up experiences. This mirrors the limited evidence base for the disability sector in general, and in particular for people with certain types of disabilities (e.g. mental health) and intersecting inequalities (such as poor women with disabilities affected by violence) (Jolley et al., 2017; Wapling, 2016; van der Heijden and Dunkle, 2017; Leonard Cheshire Disability, 2017a). Two rapid evidence assessments published in July 2018 provide useful insights into what is known from systematic reviews and impact evaluations since 2000[7] about interventions aiming to achieve social inclusion, empowerment and educational outcomes for people with disabilities in low- and middle-income countries:

- White et al. (2018, p. 39) find the evidence base on what works to achieve social inclusion and empowerment for people with disabilities in low- and middle-income countries is "severely limited, in terms of scope, quantity, and quality". Moreover, of the 16 interventions identified by the rapid assessment, most "tried to improve the social skills of the person with disabilities, but did not focus on system-level (e.g. policies) or community-level changes" (White et al., 2018, p. 4).
- Kuper, Saran and White (2018, p. 5) identify the need for more and better quality studies exploring "system- and school-level interventions, rather than focusing on improving the skills of individual children". They also find "a lack of evidence regarding outcomes other than educational skills, such as… social inclusion at school, and stigma".

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[7] White et al. (2018, p. 3) and Kuper et al. (2018, p. 3) both explain: "Qualitative studies, process evaluations, and non-impact evaluations (e.g. cross-sectional surveys) were not eligible for inclusion, as although these studies can produce valuable insights into the needs and experiences of people with disabilities, they are not designed to measure impact".

This review has purposely included a range of evidence, including from grey literature to learn from programmers' experiences and expertise. Some of the key reports providing analysis and lessons learned from scaling up inclusive change interventions follow[8]:

- The Overseas Development Institute's (ODI) 2014 review of evidence on changing discriminatory norms affecting adolescent girls through communication activities (Marcus, 2015; Marcus & Page, 2014).
- The USAID-commissioned framework and checklist for scaling up gender-based violence[9] interventions (dTS, 2015).
- The Global Women's Institute of the George Washington University and the World Bank Group's guidelines for replicating community mobilisation interventions to address intimate partner violence (Contreras-Urbina et al., 2016).
- Reviews by the DFID-funded What Works to Prevent Violence Against Women and Girls programme[10] of global evidence on actions that have been shown to prevent violence against women and girls (Fulu et al., 2015), and the value-for-money and scale-up of interventions that promote its prevention (Remme et al., 2015).
- The DFID Guidance Note on shifting social norms to tackle violence against women and girls (Alexander-Scott et al., 2016).
- IRH and Save the Children (2016) literature review of scaling up normative change for adolescent and youth sexual and reproductive health interventions.
- A K4D-annotated bibliography identifying rigorous evidence and summarising findings on what types of programming interventions work to bring about changes in gender and social norms, and changes in wider attitudes and behaviours (Haider, 2017).
- The International Center for Research on Women (ICRW) and Raising Voices analysis of scaling up community mobilisation for gender equality (Heilman & Stich, 2016).
- The two 2018 rapid evidence assessments on what works to achieve (1) social inclusion and empowerment, and (2) educational outcomes for people with disabilities in low- and middle-income countries (White et al., 2018; Kuper et al., 2018).
- Leonard Cheshire Disability's (2017a) review of evidence of effective or promising programme approaches that address the barriers to education for girls with disabilities.
- Roelen et al.'s (2017) review of "cash plus" social protection programming.

Ongoing initiatives aiming to strengthen understanding of scaling up inclusive social change interventions (most with a focus on women and girls) include:

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[8] Heilman and Stich (2016, pp.13–14) provide a similar list of relevant research; this summary draws heavily on their work and adds additional research initiatives and recent publications.

[9] This review uses the terminology "violence against women and girls". However, when summarising findings from dTS (2015) on "gender-based violence", then the review reflects the terminology used in the source material.

[10] http://www.whatworks.co.za/

- The Community for Understanding Scale Up (CUSP) working group – formed by Raising Voices (author of SASA![11]) and Salamander Trust (author of "Stepping Stones"[12]) – with other organisations[13] aim to enable learning and sharing on experiences of scale-up from the perspective of programme designers and implementers of social norms change initiatives for preventing violence against women and girls and improving sexual and reproductive health and rights (see CUSP, 2017 for a summary of their recommendations).

- The Institute for Reproductive Health, Georgetown University (IRH) and partners (FHI 360, Johns Hopkins Global Early Adolescent Study (GEAS), Population Services International (PSI), Save the Children, and Tearfund) started the five-year Passages Project in 2015 on transforming social norms for improved adolescent and youth sexual and reproductive health[14]. IRH and Save the Children (2016) have published a literature review.

- The Learning Collaborative to Advance Normative Change for Adolescent Sexual and Reproductive Health and Well-being has set up a Social Norm Scale-Up Learning Community[15]. It is funded by the Bill & Melinda Gates Foundation, and has a Steering Committee of multiple organisations convened by IRH and FHI 360. It has published a number of resources on social norms and social norm interventions[16].

- A partnership between Leonard Cheshire Disability and University College London's Inclusive Development Centre is building the evidence base for effective, inclusive solutions[17]. This includes a focus on mainstreaming disability inclusive education (which deploys functional and vertical scale-up pathways).

Other research on social norm interventions is strengthening the evidence base on these types of programmes. While this research may not focus primarily on issues of scaling up, it will help inform decisions on types of activities and mix of programme components to consider scaling up. For example:

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[11] http://raisingvoices.org/sasa/

[12] http://salamandertrust.net/

[13] Members of CUSP are: Salamander Trust; Puntos de Encuentro; Sonke Gender Justice; Tostan; Salamander Trust; Raising Voices; Institute for Reproductive Health, Georgetown University (IHP); IMAGE; Oxfam/We Can Campaign; Center for Domestic Violence Prevention (CUSP, 2017, p. 12).

[14] http://irh.org/projects/passages/

[15] http://irh.org/projects/learning-collaborative-to-advance-normative-change/

[16] http://irh.org/resource-library/?s=&search_type=resource&projects[]=10128

[17] http://www.ucl.ac.uk/global/news-events/global-news-publication/news-2016-17/ucl-leonard-cheshire-centre

- The DFID Disability Inclusive Development Programme starting in 2018 aims to test innovative approaches to disability inclusion and generate high-quality research to fill gaps and discover what works in this under-resourced area. Interventions that work will be scaled up, widening their reach, and new learning and evidence shared across the global development community and national governments[18].

- The DFID-funded What Works to Prevent Violence Against Women and Girls programme is undertaking cost-effectiveness studies of violence against women and girls interventions to strengthen the evidence base on the value for money of efforts preventing violence against women and girls.

- The nine-year (2015–2024) DFID-funded longitudinal programme – Gender and Adolescence Global Evidence (GAGE)[19] (led by ODI) – is generating and communicating knowledge on good practice initiatives and policies that support adolescent girls in diverse contexts.

- A Bill & Melinda Gates Foundation-funded community of practice centred on gendered norms affecting adolescents and young adults is establishing a digital platform – Advancing Learning and Innovation on Gender Norms (ALIGN)[20] (led by ODI). This aims to provide a resource hub of evidence on gender norm change and curated knowledge on a range of topical areas.

There is also potential to draw out further relevant learning from other sectors' scaling-up experiences (such as education, health, nutrition, water and sanitation, community-driven development, social protection, and microfinance), including from ongoing initiatives[21]. These include experiences of scaling up interventions targeting vulnerable and marginalised people, some of which may have involved behavioural and normative change.

4.2 Scale-up pathways and examples

While the evidence base on scaling up inclusive change interventions that transform social norms is relatively small, it includes a range of intervention types involving a variety of aims, strategies, activities, target population groups, contexts, and scale-up pathways. This review does not aim to provide a taxonomy of inclusive change interventions for women and girls and persons with disabilities. Rather it seeks to illustrate what type and combination of scaling-up pathways have been tried for inclusive change interventions.

Existing reviews and consulted experts highlighted the following scale-up pathways for inclusive change interventions, and illustrative cases. (See the Annex for more detailed summaries of four cases of scaling up.)

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[18] https://devtracker.dfid.gov.uk/projects/GB-GOV-1-300397

[19] https://www.gage.odi.org/

[20] https://www.alignplatform.org/

[21] For example, the World Bank's "Science of Delivery" case study analysis will include scaling up dimensions (Agapitova & Linn, 2016, p. 10–11). Another is the Brookings' Millions Learning research on scaling quality education in low- and middle-income countries, which is setting up Scaling Labs in a number of countries to provide practitioner guidance on scaling up delivery challenges (Bandyopadhyay & Robinson, 2017).

Geographic roll-out of community interventions by the original resource organisation. The IRH and Save the Children (2016, p. 11) review of adolescent and youth sexual and reproductive health interventions found that the majority (30) of the 42 interventions reviewed undertook geographic expansion by the resource organisation for its scale-up strategy. dTS (2015, p. 15) found that just over half of the 18 gender-based violence interventions identified used a geographic expansion scale-up methodology – but it is hard to identify from their classification how many of these involved new organisations.

> **Intervention examples**
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> The public–private sector **Kenya Adolescent Reproductive Health Project (KARHP)** started with a pilot research project by the Population Council and PATH in collaboration with three government ministries in two districts in Kenya's Western Province. After achieving positive reproductive health outcomes for adolescents as well as parental/community support, the intervention was replicated and scaled up to seven provinces over ten years (Evelia et al., 2011; IRH & Save the Children, 2016, p. 10).
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> Save the Children's **Choices** is "a behavioral change curriculum aimed at stimulating discussion between boys and girls on gender and power, scaled up to seven countries after the pilot evaluation in Nepal" (IRH & Save the Children, 2016, p. 11).

Adaptations of programme models by new organisations in new locations. A number of community-based interventions working on social norms have been scaled up across countries and contexts through replication by multiple organisations. This has become a popular approach for violence against women and girls prevention models that use community-embedded volunteers, translating group education/discussion models into locally relevant content (e.g. SASA! and Stepping Stones, both of which have been implemented in multiple countries) (Remme et al., 2015; Heilman & Stich, 2016)[22].

> **Intervention example**
>
> The USAID-funded **Gender Roles, Equality and Transformations (GREAT)** project (2012–2017) was a deliberate attempt to design a scalable intervention, test it and scale it up. It aimed at shifting harmful social norms and attitudes on violence against women and girls and improving sexual and reproductive health among adolescents in post-conflict communities in Northern Uganda. Combined horizontal scale-up (roll-out by other organisations in new locations) of community-based activities reaching more than 260 community groups and school-based clubs – including a radio programme and public discussion – with vertical (political institutionalisation) integration activities. Supported organisations to adopt and introduce GREAT components into existing programme activities (functional scale-up), through a supply of intervention materials, along with orientation, training, and modest financial resources. See Annex for further details (IRH, Pathfinder International, & Save the Children, 2017).
>
> **SASA!** is an intensive community mobilisation intervention that aims to prevent violence against women and HIV. It was created by Raising Voices and first implemented in Kampala, Uganda, by

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[22] Heilman and Stich (2016, pp.16–17) provide a useful summary of these initiatives.

the Center for Domestic Violence Prevention (CEDOVIP). A randomised controlled trial on SASA!'s effectiveness[23] was the first study in sub-Saharan Africa to demonstrate population-level impact on women's experience of violence (Abramsky et al., 2014). Women in SASA! communities were 52 per cent less likely than women in control communities to report past-year physical violence by an intimate partner. SASA! is being implemented in 75 countries[24], having been translated into several languages and adapted to numerous contexts. SASA! methodology is available for free download (www.raisingvoices.org/sasa), with Raising Voices providing technical training and support to organisations to implement the approach (Heilman & Stich, 2016, p. 10).

Starting at scale by reaching more people through mass media behavioural change campaigns and social marketing methods. There is insufficient evidence (in quantity or quality) to recommend the effectiveness of communication and advocacy campaigns to prevent violence against women and girls (Fulu et al., 2015, p. 27). However, Fulu et al. (2015, p. 27) find that "the evidence that exists suggests that single component awareness campaigns are ineffective in preventing VAWG [violence against women and girls]". The evidence points to achievements of multicomponent, integrated interventions in preventing violence against women and girls, for example combining media campaigns with locally targeted outreach efforts and training workshops (Alexander-Scott et al., 2016, p. 20).

Intervention examples

The DFID-funded **Voices for Change** (V4C) initiative (2013–2017) started at scale across four states in Nigeria, targeting the 3 million young women and men (aged 16–25) using mass media communications combined with more intensive engagement to catalyse social change. V4C set out to strengthen the enabling environment for gender equality and to empower young women and men by changing social norms around three key behaviours: women in leadership, women's role in decision-making, and violence against women and girls. It worked at the level of the individual, formal institutions, and society at large. Central to the design was the idea of getting people to take action and to trigger change in others. See Annex for further details.

*"**Bell Bajao […]**,* a mass media campaign in India whose aim was to reduce gender-based violence through male involvement, combined a macro-level multi-media campaign with micro-level interventions (i.e., group meetings and community/household interactions) to create and sustain positive behavior change. *Bell Bajao* was originally launched in India in 2008 and by 2010 had reached over 130 million people. In 2013, *Bell Bajao* went global" (IRH & Save the Children, 2016, p. 19).

Towards Ending Female Genital Mutilation/Cutting (FGM/C) in Africa and Beyond is a GBP 35 million DFID-funded programme. From 2013 to date, it has complemented systemic vertical scale-up (through political, policy, and legal influencing at international, regional, and national levels) and horizontal roll community-level activities with a social communications campaign. Led by The Girl Generation[25] (TGG), the campaign aims to act as a platform for

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[23] The trial was conducted in a partnership between Raising Voices, the London School of Hygiene & Tropical Medicine, CEDOVIP, and Makerere University. See http://evaluation.lshtm.ac.uk/2016/10/28/the-sasa-study/

[24] http://raisingvoices.org/innovation/

[25] https://www.thegirlgeneration.org/

accelerating social change, through sharing positive stories of change and strengthening the capacity of its members to effectively speak out and campaign against the practice of FGM/C. The 2017 programme review found that TGG's growing membership had achieved a strong critical mass with a multiplier effect, with successful take-up among local NGOs and youth networks, particularly in the initial three focus countries. Best practice lessons from TGG Phase 1 countries include: context-specific approaches, building strong (and effective) relationships, managing expectations and resources well, and maintaining momentum (DFID, 2017, pp. 14–16).

Applying behavioural insights that focus on mindsets, decision-making frames, and the social environment – drawing on behavioural economics, psychology, anthropology, sociology, and neuroscience – to influence behaviour change at scale[26]. There have been successes with low-cost innovative "nudges" to encourage accurate and timely tax payments, organ donation registration, and reusing hotel towels – among other examples (Tankard & Paluck, 2016, p. 190; Thaler & Sustein, 2008). This has fuelled growing awareness that a better understanding of choice and behaviour can make development interventions more effective (Tankard & Paluck, 2016, p. 190; World Bank Group, 2015, p. 25).

The World Bank's *World Development Report 2015: Mind, Society, and Behavior* integrates findings on psychological and social underpinnings of behaviour, drawing on many different academic disciplines (World Bank Group, 2015, p. 2). The report highlights that when the psychological and social aspects of decision-making (including the influence of social norms) are incorporated in a programme, the intervention cycle should look different because understanding behaviour and identifying effective interventions are complex and iterative processes (World Bank Group, 2015, p. 21). The authors stress more resources are required for the definition, diagnosis, and design phases, while at the implementation phase, several interventions should be tested based on different assumptions about choice and behaviour. Moreover, the process of refinement (rounds of definition-diagnosis-implementation-testing) should continue when the final intervention is selected and scaled up (World Bank Group, 2015, p. 21). Other research also recommends experimentation to test the sometimes surprising impact of subtle design features, and points out the opportunities to layer interventions informed by behavioural insights on top of existing programmes (Bryan et al., 2017).

While most experience with behavioural insights is from more economically developed contexts, there are emerging experiences of development interventions applying behavioural insights in lower-income countries. These include interventions working on health and financial management issues, as well as some (fewer) examples on education, childhood development, and reproductive health (Carter, 2017).

Intervention examples

In Uganda, a randomised controlled trial (RCT) explored whether a school-based savings programme improved academic performance and reduced dropout rates by enabling students and their families to save for school-related expenses. Researchers partnered with the Private Education Development Network (PEDN) and FINCA Uganda to implement and test the

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[26] http://www.worldbank.org/en/programs/embed

"**Super Savers**" programme in public primary schools (136 schools in total, including the control group). Savings were returned to students in two ways: as cash payments positioned as being for educational purposes but with freedom for the student to spend as they wish, or as vouchers that could only be used to buy supplies or school services at the market set up at the school. The RCT found that unrestricted cash payouts resulted in an increase in the amount students saved, expenditures on educational supplies, and test scores[27] (Karlan & Linden, 2014).

The Population Council's **Berhane Hewan** programme in Ethiopia aimed to increase the age of girls at marriage, engaging girls, their families, and their communities to build adolescent girls' social, health, and economic assets and reduce their vulnerability[28]. Ashton et al. (2015) highlight the programme's use of incentives and commitments, which are also promoted by a behavioural science approach. The initiative involved a public commitment by parents and their daughters to delay marriage for at least the duration of the two-year programme, and families were also told they would receive a goat on successful completion. A quasi-experimental evaluation of the programme found that it delayed marriage among 10–14 year-olds and increased the use of family planning services among sexually active and married adolescents (15–19 year-olds) (Ashton et al., 2015, p. 30)[29].

(Cases summarised in Carter, 2017)

Adding inclusive change components to existing programmes and services (*functional scale-up*). Smaller projects seek institutionalisation into countrywide or regional programmes as a way to achieve sustainable scale-up (IRH & Save the Children, 2016, p. 11). A 2017 review of girls' clubs and life skills programmes found that the only ones operating at scale – five out of 44 identified interventions – were those run by large NGOs working fully or partially through the formal education system (Marcus et al., 2017, p. v).

The review by Remme et al. (2015) of approaches to scaling up interventions to prevent violence against women and girls highlights the opportunities to achieve operation at scale through integrating interventions to change norms on violence against women and girls with established programmes and services. As well as social protection programmes, the review identifies opportunities through integration with workplace, schools, and life skills programmes; microfinance and livelihood programmes; and maternal, child health, and sexual and reproductive health services (Remme et al., 2015).

One of these approaches is to layer "cash plus" services, interventions, and messaging onto social protection programmes to address interrelated social and economic vulnerabilities (Roelen et al., 2017). An assessment by Roelen et al. (2017) found that "cash plus" programmes addressed some of the non-financial and structural barriers faced by poor people, making access to services more pro-poor through explicit efforts to include the poor and most marginalised.

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[27] https://www.poverty-action.org/study/smoothing-cost-education-primary-school-saving-uganda

[28] http://www.popcouncil.org/research/building-an-evidence-base-to-delay-marriage-in-sub-saharan-africa

[29] However, the programme evaluation was unable to determine which component of the intervention had the most impact. To generate this evidence, from 2010–2016 the Population Council and partners in Burkina Faso, Ethiopia, and Tanzania tested and costed different approaches to address child marriage in different districts and measured the impact and cost of each approach (Erulkar, Medhin, & Weissman, 2017).

However, looking specifically at intimate partner violence, a review by Buller et al. (2018, p. 32) reports that the impact of this type of layering on cash transfers is seldom explicitly explored.

There are also experiences of mainstreaming disability-inclusive approaches in education services, which combine community sensitisation and training alongside improving infrastructure, resources and training for service providers, and supporting government policy reform.

Intervention examples

A cash transfer programme in **Bangladesh** reported decreases in intimate partner violence six months after the programme ended in the group that received the cash transfer plus behaviour change communication activity, but not in the cash transfer only group (Roy et al., 2017 cited in Buller et al., 2018).

Looking at "cash plus" social protection programmes, Roelen et al. (2017, p. 33) write: "In **Ghana**, the poorest segments of the population are automatically enrolled in the [National Health Insurance Scheme]. In **Chile**, vulnerable groups gained knowledge of and received preferential access to a set of social programmes at local level. In **Ethiopia**, the poorest members of the community receive coordinated support from trained social workers."

Intervention with Microfinance for AIDS & Gender Equity (IMAGE) is a programme in rural South Africa combining microfinance with HIV and gender education to transform gender norms and empower women. It aims to reduce violence against women and girls and the spread of HIV.[30] IMAGE is a collaboration between the Small Enterprise Foundation, the London School of Hygiene & Tropical Medicine, and the School of Public Health at the University of the Witwatersrand (Heilman & Stich, 2016, p. 8). Heilman and Stich (2016, p. 8) report that from a pilot phase in 2001–2004 there was rapid expansion with participation of approximately 30,000 rural women in three provinces across South Africa. In addition, the programme has been replicated in Burundi, Kenya, Tanzania, and Peru. In the current phase (as reported in 2016) replication tends to take place in one new South African province per year, with the organisation moving to a new location the following year and maintaining periodic contact with prior year(s)' participants (Heilman & Stich, 2016, p. 8). A trial found reduced intimate partner violence among clients but less evidence for impact on sexual behaviour among clients' households or communities. A process evaluation – examining the feasibility of IMAGE delivering and managing the take-up by intended beneficiaries during a trial and subsequent scale-up – found some barriers to collective action and recommended further investigation into feasible models for delivering microfinance and health promotion (Hargreaves et al., 2010).

The DFID-funded **Disability Inclusive Education for Girls in Kenya** (2013–2017) was a multi-level programme working to support 2,050 girls with disabilities going to primary school in the Nyanza Lake Region (one of the poorest regions of the country) through addressing attitudinal and behavioural barriers related to social norms; infrastructural and environmental barriers; policy barriers; and resource barriers. It combined vertical integration with political structures and policy with horizontal roll-out of activities for schools, teachers, children, parents, and communities. See Annex for further details.

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[30] http://evaluation.lshtm.ac.uk/2016/10/28/image-process-evaluation-intervention-microfinance-aids-gender-equity-rural-south-africa/

Political scale-up. Interventions to transform harmful gender norms have invested in influencing politicians and political institutions to bring about policy and legal reform – at global, regional and national levels. Other interventions have combined horizontal and functional scale-up pathways with some form of political, legal and policy influencing and institutionalisation, through advocacy, collaboration, and partnership. Some interventions establish technical steering committees situated within government institutions; others aim for mainstream institutionalisation of their activities.

Intervention examples

Funded by DFID, the **Towards Ending Female Genital Mutilation/Cutting (FGM/C) in Africa and Beyond** programme has invested in supporting global, regional, and country-led initiatives for policy and legal reform, through the UNFPA-UNICEF Joint Programme to Eliminate Female Genital Mutilation, a social change communications component, and a research programme (DFID, 2017). The 2017 annual review of the programme reports progress on legal reform (particularly in Nigeria, the Gambia, Mali, Sudan, and Somalia) and the introduction of FGM/C-related budgetary lines in a number of countries (most recently in Eritrea, Mauritania, and Uganda) (DFID, 2017, p. xi–xii). The Joint Programme has also supported other country and regional policy reform initiatives on ending FGM/C, including the Pan African Parliament, The Arab League and the Organisation of Islamic Cooperation (OIC), and religious leaders (DFID, 2017, p. xii).

The DFID-funded **Empowerment, Voice and Accountability for Better Health and Nutrition** (2014–2019) programme aims to empower, organise, and facilitate citizens and civil society to hold the governments of two provinces in Pakistan to account for delivering quality health services for women and children. It includes activities with community, district, and provincial level advocacy forums as well state institutions, mass media, journalists, and religious leaders among others. It has deployed a multi-level approach to systemic scale-up (informed by Jonathan Fox's analysis, e.g. Fox, 2016). Expanding geographically through direct implementation by one organisation, it has favoured a slower horizontal roll-out in favour of thickening activities in fewer areas. (See Annex for further details.)

The **Better Life Options** intervention by the Centre for Development and Population Activities (CEDPA) in India, which aims to break gender stereotypes through informal education, "cited the importance of garnering the government's support, noting that leveraging and building on the strength of the government's network enabled deeper access and reach of the intervention" (IRH & Save the Children, 2016, p. 24).

The Population Council's **Kenya Adolescent Reproductive Health Project (KARHP),** designed to improve knowledge about reproductive health and encourage healthy attitudes towards sexuality among adolescents, incorporated the intervention into government ministries' routine work plans and budgets to ensure sustainability, in this way scaling up to cover seven provinces (IRH & Save the Children, 2016, p. 24).

5. Key findings from scaling up inclusive change

5.1 Characteristics of inclusive change approaches

Interventions trying to scale up context-specific inclusive change that involves transforming social norms face particular challenges. Consequently, lessons learned on their scaling-up experiences are nuanced from mainstream scaling-up experiences. Consideration of these issues should inform the design of scalable inclusive change 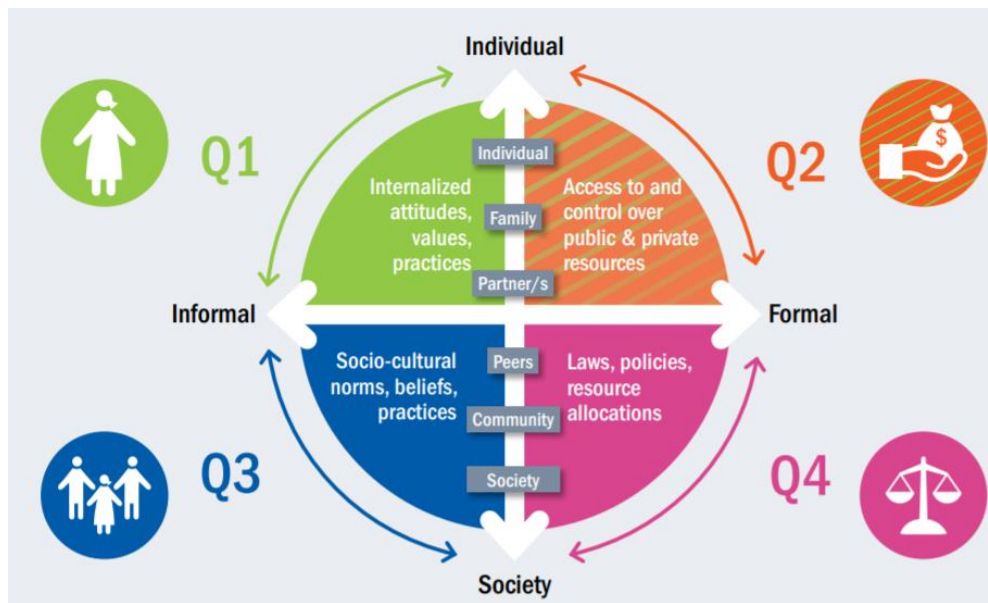interventions and their scale-up strategies. Common characteristics of inclusive interventions that affect their scale-up include:

1. Moving from a focus on specific areas of behaviour or practice in order to understand the wider contextual ideologies that uphold discriminatory practices and norms. This involves understanding how "some norms are upheld by, and entwined with, much more encompassing and profound world views, related to religion or valued cultural traditions" as well as "the ways in which different individuals and social groups can have deep interests in particular norms and the power to enforce them" (Harper et al., 2018, pp. 29–30). Including the most marginalised more meaningfully in all that a society has to offer often involves transforming embedded biases within state institutions as well as social structures. Moreover, there needs to be understanding by donors, researchers and practitioners of how they are effecting change in sensitive, nuanced aspects of others' lives, avoiding a focus on apparently detrimental norms outside of context through a historical, in-depth understanding of societies (Harper et al., 2018, p. 36).

2. Identifying and ensuring access and genuine participation by the most marginalised – who may be hidden within families and communities – is particularly difficult and is likely to be costly.

3. Working with a longer timescale to achieve success in initial interventions, even before thinking about scaling up and achieving success at scale. Inclusive change involves transforming historic, deeply held social norms and power structures – it can be fundamentally about challenging the status quo (Heilman & Stich, 2016; CUSP, 2017, p. 2).

4. Understanding and being prepared for possible reversals and considerable backlash because of the deep-seated values and power relations that can be at stake (Harper et al., 2018, p. 31). An effective intervention scaling up to address harmful social norms at one level (macro social, community, interpersonal, and individual) may be undone by a risk factor on another level (Contreras-Urbina et al., 2016, p. 12).

5. Turning theoretical models and emerging evidence on how successful inclusive change approaches require a strategic systemic response to tackle systemic problems into operational guidance and effective practice (Figure 4). This is complicated by the variety in inclusive change interventions' aims, strategies, contexts and scale-up pathways when attempting to learn how best to design and scale up systemic approaches for inclusive change (Box 4).

6. Learning how to measure norm change. This challenge is multiplied when measuring the effect of interventions that are scaling up and when they are operating at scale.

Figure 4.   Systemic approach needed to establish new social norms

Social norm theory – informed by systems theory – recognises how (1) group-based behaviours are affected by wider societal influences coming from the family, community, and formal institutions such as legislation and political structures; (2) these domains are interconnected, in constant tension, and this tension creates the space for change; and (3) working across the domains in a coordinated way is the most effective means of promoting behaviour change and establishing new social norms (Denny, Hughes, & Nwankwo, 2017; Salamander Trust et al., 2017, p. 22).

The change matrix

Source: Salamander Trust et al., 2017, p. 22.

Box 4. **Complexity of inclusive change interventions and their scale-up**

"The interventions listed in this literature review [of normative change interventions going to scale that were focused on adolescent and youth sexual and reproductive health] can also fit into multiple categories. For instance, some may have multiple entry points (i.e., both schools and communities), target more than one population (i.e., both adolescent boys/men and adolescent girls/women), use a multi-sectoral approach or multiple activities (i.e., utilize both community mobilization and mass media/communication for behavioral change), and utilize multiple strategies for scale-up (i.e., scaling up through both geographical expansion through the resource organization and integrating services into government structures)."

Source: IRH & Save the Children, 2016, pp. 7–8.

5.2 Guidance for scaling up inclusive change interventions

There is some – albeit limited – experience of applying frameworks developed for other sectors to guide the design of scalable interventions and scaling up strategies of inclusive norm change approaches. A review by IRH and FHI 360 (2016) finds that various approaches offer relevant

guidance for scaling up normative change interventions (from their focus on adolescent sexual and reproductive health and wellbeing) (Box 5).

Box 5. **Applying frameworks for scaling up social change interventions**

ExpandNet. The approach is increasingly being used outside of health service delivery settings, including for community-based interventions such as the USAID-funded Gender Roles, Equality and Transformations (GREAT) project in Uganda (IRH et al., 2017).

The **Brookings framework**. The IFAD framework is well suited for understanding the broad design of development programme scale-up approaches, with particular attention to multisectoral coordination and using behaviour change communication – both key components of successful transformative norm interventions.

The **Management Systems International (MSI) framework.** There is potential to adapt lessons learned from initial fieldwork that supported the scale-up of 22 pilot projects in Mexico, Nigeria, and India in the fields of rural health, maternal mortality, HIV/AIDS, micro-insurance, family planning, and early childhood education.

Source: IRH & FHI 360, 2016, pp. 23–25.

There is some guidance developed specifically for scaling up inclusive norm change interventions. For example, there is a USAID-commissioned framework for scaling up interventions preventing gender-based violence (GBV), informed by a review of interventions that expanded in scope[31] or were replicated or expanded geographically across four sectors: health, youth and education, democracy and governance, and economic growth[32] (dTS, 2015). This report provides a detailed checklist and scoring guide to assess an intervention's scalability (dTS, 2015, pp. 49–50), and also identifies the following six best practices:

- Aligning GBV interventions with government commitments to end GBV.

- Securing community ownership for the GBV intervention.

- Providing proof of concept for the GBV intervention.

- Building a GBV prevention and response community of practice.

- Integrating GBV prevention and response into government structures and sectoral programmes.

- Designing GBV interventions with scale in mind.

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[31] Defined by the study as "increasing the size of a particular intervention by adding resources to increase the number of beneficiaries served or adjusting an activity so that it offers additional services that allow it to more fully meet challenges and on-the-ground needs" (dTS, 2015, p. 4).

[32] The review analysed 18 scaled-up GBV interventions, with eight analysed in-depth through site visits. Best practice examples identified are: *health*: One Man Can Campaign, Soul City, and Stepping Stones in South Africa; *youth and education*: Yaari Dosti and Gender Equality Movement in Schools in India; *democracy and governance*: South Africa's Thuthuleza Care Centers (TCCs) and the International Justice Mission (IJM) in India; *economic growth*: Intervention with Microfinance for AIDS and Gender Equity (IMAGE) in South Africa (dTS, 2015, p. 1).

In addition, see the Global Women's Institute of the George Washington University and the World Bank Group's guidelines for replicating community mobilisation interventions to address intimate partner violence (Contreras-Urbina et al., 2016), the recommendations by the Community for Understanding Scale Up working group (CUSP, 2017), and other reports listed in the evidence base (Section 4.1). The recommendations from these are summarised in Section 5.3.

There is also sector-specific scaling-up guidance that will be relevant for understanding how to integrate norm change components on existing sectoral programmes. For example, a 2016 review identifies the core components contributing to successful scaling of educational interventions in developing countries (Box 6) (Robinson & Winthrop, 2016). This framework could be helpful to inform the functional scale-up of inclusive education.

Box 6. **"Millions learning" – core components for successful scaling up of quality learning**

Design
1. **Local education needs**: Interventions should be designed in response to local demand and should ensure the participation of end-users.
2. **Cost-effective learning**: Cost structures affordable at scale should be incorporated in the design.
3. **Flexible adaptation**: Core elements of effective learning approaches should be identified and replicated across contexts while adapting the rest to local circumstances.
4. **Elevating teachers**: Community expertise should be leveraged to support and unburden teachers.

Delivery
5. **Education alliances**: All actors need to work together to achieve a common goal.
6. **Learning champions and leaders**: As scaling quality learning is a political and technical exercise, champions within and outside government and the classroom are crucial.
7. **Technological advances**: Context-appropriate technologies can accelerate education progress.
8. **Windows of opportunity**: Effective education approaches are more likely to take root and spread when they align with country priorities.
9. **Better data**: Data on learning and scaling play a central role by motivating informed action at the policy and practice levels.

Finance
10. **Flexible education financing**: Financing should be flexible, including to build core operational capacity.
11. **Long-term education financing**: Stable and predictable support is essential.
12. **"Middle phase" financing**: Financing required to bridge the critical stage between pilot and broad uptake.

Enabling environment
13. **Supportive policy environment**: Government policy must safeguard every child's right to a quality education while remaining open to a diversity of ideas and actors to contribute to this common aim.
14. **A culture of research and development**: Ensuring that more children learn requires a strong ethos of experimentation, collecting learning data, and using it for continuous improvement.

Source: Robinson & Winthrop, 2016.

5.3 Issues to consider when scaling up inclusive interventions

1. **Systemic scale-up**

A strategic systemic approach to scaling up inclusive change can have various elements. Recommendations in the literature for systemic scale-up include:

- **Integrating vertical scale-up – activities to influence politics, policy and/or legal reform (formal institutions) – with horizontal reach** through addressing community-level social norms (informal institutions) (Fox, 2016; WHO, Department of Reproductive Health and Research – ExpandNet, 2009, p. 31).

- **Working with ongoing state-based reforms and services**, coordinating citizens' voice with these, and fostering a wider enabling environment (Kirk, 2017, p. 6).

- A **strategic blend of targeted and mainstreaming approaches** to reach and include the most marginalised groups (Bijleveld et al., 2011, p. 3).

- **Deploying multiple tactics working on multiple risk factors involving different modes of delivery** (policy/legal reform, mass media, community education/mobilisation, couple/individual engagement) **at different levels** (macro social, community, interpersonal, and individual) (Contreras-Urbina et al., 2016, p. 12; Fulu et al., 2015, p. 47). Harper et al. (2018, p. 31) note the importance of i**ntegrating approaches from different institutional spaces,** given the ways in which norms are embedded in societies and upheld by various formal and informal institutional arrangements. They highlight that changes in the broader institutional environment often drive changes in norms.

- **Integration of norm change activities with sector services and programmes**. The 2014 ODI review of communication actives on gender norms found "the combined effects of communications activities alongside improvements in service delivery or livelihoods support can be greater than the impact of stand-alone communications activities" (Marcus, 2015, p. 3).

- **Collaboration across multiple sectors and multiple stakeholders – including whole community approaches that involve both men and women, and boys and girls**. The Global Women's Institute of the George Washington University and the World Bank Group's review finds that programmes achieving the most success in preventing intimate partner violence cut across and collaborate with multiple sectors (education, citizen security, disaster response, health, judicial, etc.) in an integrated manner to coordinate comprehensive prevention and response efforts (Contreras-Urbina et al., 2016, p. 11). This necessitates involving multiple stakeholders (health service providers, legal authorities, community leaders, community members – both men and women, and government representatives) to mobilise communities and foster sustainability (Contreras-Urbina et al., 2016, p. 11). See Box 7 for an example of a disability-inclusive intervention with a multi-sectoral approach in Zimbabwe.

Box 7. **A multi-sectoral approach to mainstreaming disability-inclusive livelihoods protection and promotion**

A Catholic Agency for Overseas Development (CAFOD) programme – implemented in partnership with Caritas Hwange and the National Council of Disabled Persons of Zimbabwe (NCDPZ) – sought to promote and protect the sustainable livelihoods of 15,600 chronically poor and labour-endowed households in five districts in Zimbabwe, with special focus on vulnerable groups such as people with disabilities. Operating for three years (ending in 2011) the programme's objectives included increased food production; diversified livelihoods and income sources; improved household income-earning capacity; nutrition mainstreaming; and increased access to safe water, sanitary facilities and hygiene.

According to a brief case study (United Nations, 2011), the programme effected change in a number of ways. There was increased attendance and greater participation of people with disabilities in development activities; a reduction in negative attitudes towards people with disabilities; changes in government practices to bring rehabilitation services to community doorsteps; and transference of disability mainstreaming skills to community and district structures.

CAFOD and partners highlight the importance of multi-stakeholder consultations to assess the availability and accessibility of services for people with disabilities, and establishing effective alliances with various other players (government and civil society) working on disability. Training of trainers on disability mainstreaming was undertaken targeting CAFOD and partner staff, district stakeholders, ward community leaders and community members. Facilitating factors included the community and district leadership commitment; working with disabled people's organisations; staff development on disability issues; strong leadership and management support from local partners and CAFOD; community commitment to eradicate stigma and discrimination; and a legal framework supporting socioeconomic and cultural rights of people with disabilities. A key challenge was limited resources, as some disability issues go beyond mainstreaming and require more resources, especially in very remote areas.

Source: United Nations, 2011, pp. 31–34.

Understanding how to take the first steps to implement these types of recommendations for multi-component and multi-stakeholder interventions can be challenging. Joshi (2017) has undertaken analysis of multi-level strategic approaches in the social accountability field (Table 1). This could be a starting point to inform future research on understanding evidence gaps, drivers, and organisational capacities for scaling up systemic approaches to inclusive change.

Table 1. Understanding multi-level strategic approaches

Evidence gaps	Drivers of the form of the approach	Organisational capacities
- What are the drivers of multipronged, multi-level strategies? - What are the practical and conceptual issues they raise for civil society organisations and social movements that adopt them? - What prongs appear to be key, and why? - What challenges and opportunities do they pose? - When do they work and how?	- The capacity of civic organisations - The nature of the bureaucracy - Public expectations - The role of the media - Opportunity structures offered by the overall legal	The ability to: - work with local grassroots organisations - combine collaborative and confrontational modes of action - work through mixed disciplinary teams - manage frontline staff and potential burnout

- Do the different approaches reinforce each other, and if so, under what conditions? - Why do public authorities respond constructively in some contexts and not others?	and governance frameworks	- to be backstage when engaging with local governments, and placing community representatives at the forefront

Source: Joshi, 2017, p. 169.

2. Political support for scale-up

Across the literature, a common theme is that scaling up is a complex social, political, and institutional process (Simmons et al., 2007, p. x). Scaling up inclusive change approaches working on socially and politically sensitive issues will impact on political relationships and power structures. Without government buy-in, scale-up is likely to be limited, resource intensive and have an uncertain future.

By definition, mainstreaming inclusion in state services – such as disability inclusive education – requires political will for complementary policy reform and resource allocation (Box 8). Community mobilisation approaches also commonly identify political support as key for sustainable impact. IRH and Save the Children's (2016, p. 19) review of adolescent and youth sexual and reproductive health community-based interventions recommends that scaling-up interventions partner with governments, who have a role to legitimise normative change efforts, and work within a policy context. Roelen et al. (2017, p. 33) highlight the importance of political champions in advocating in favour of social protection – and "cash plus" programmes in particular – and the establishment of formal agreements.

Even when initiatives address highly sensitive cultural issues (such as female genital cutting), there are cases of community-based approaches successfully engaging government partners (Heilman & Stich, 2016, p. 15). **Successful strategies** include using non-aggressive collaborative approaches, and allowing community members (politicians' power base) to lead the social movement (Heilman & Stich, 2016, p. 15). The GREAT project in Uganda and the Empowerment, Voice and Accountability for Better Health and Nutrition (EVA-BHN) project in Pakistan have had success with engaging line ministries and state officials in technical advisory groups (GREAT) and district advocacy forums (EVA-BHN), giving them some measure of ownership while applying targeted pressure when opportunities presented themselves (EVA-BHN) (IRH et al., 2017; Palladium, 2016, p. 10).

However, Heilman and Stich (2016) **question whether government leadership and institutionalisation is always an appropriate end goal for politically and socially sensitive community-based initiatives**. Dynamic political environments and shifting national funding priorities may jeopardise sustainability, while asking government outreach workers to undertake intensive community mobilisation programming can overburden them to the detriment of programme quality (Heilman & Stich, 2016, p. 16, 21).

There are cases when **vertical scale-up has not resulted in sustainable impact**. For example, the impact of the IMAGE pilot intervention led to formal inclusion of microfinance and women's empowerment in the South African government's National Strategic Plan for HIV/AIDS. However, (as reported in 2016) little progress had been made, with the government not committing – and likely lacking the funds for – the required resources (Heilman & Stich, 2016, p. 16).

Further **research is needed to understand the drivers influencing political will** in individual cases to draw out lessons for future strategies on vertical scale-up of inclusive change approaches. While ideal conditions do not exist anywhere, most socioeconomic, cultural, and bureaucratic environments are likely to offer some opportunities for scaling up (Simmons et al., 2007, p. 18). Simmons et al. (2007, p. 18) find that "the major challenge is to identify where such opportunities exist and to make strategic choices about how to proceed". A **Political Economy Analysis** (PEA) prior to scale-up would enable learning on (a) how barriers to initial intervention were overcome, and (b) if there are reasons to believe that the scale-up will attract a larger range of opponents. Experience from the EVA-BHN project in Pakistan highlights the value of undertaking regular PEAs (and involving its participants – local experts – in these) (Kirk, 2017, p. 26). There is relevant learning from (1) Hudson and Leftwich's 2014 paper guiding policymakers and practitioners on how to interpret the "micro" politics of contexts with a focus on "recognising and working with the different forms of power, on understanding how and where interests develop, and on the role of ideas" (p. 5), and (2) the Development Leadership Program's ten-year synthesis study that looks "inside the black box of political will" (Hudson et al., 2018).

Box 8. **Policy change for inclusive education for girls with disabilities**

Research by Leonard Cheshire Disability into evidence of effective or promising programme approaches that address barriers to education for girls with disabilities finds that: "Policy level advocacy is important to achieve systemic change and needs to be a fundamental element of programmes. Policy change enables appropriate budget allocation and education sector planning that takes into account disability and gender. Even with increased awareness of and commitment to inclusive education by teachers, large classrooms, inflexible curricula, lack of resources and specialised support and results-based focus of education pose significant challenges to the implementation of policies, which – if in place – are often short on direct statements around plans and resources."

Source: Leonard Cheshire Disability, 2017a, pp. 42–43.

3. Balancing reach, speed, cost with quality, equity, and sustainability

A key issue for scaling up inclusive change approaches is how to achieve greater impact (through reaching more people and/or achieving political influence) in a timely manner, while maintaining the required quality and sustainability of the intervention. Reviews of scaling up inclusive change interventions recommend understanding these potential trade-offs to inform strategic choices on scale-up objectives, pathways, resources, reach, speed, and sequencing.

<u>Respecting gender, equity, and human rights – and doing no harm</u>

While scaling up requires continuous adaptation to local circumstances, the approaches should maintain their quality, ensuring that they are grounded in respect for gender, equity, and human rights (Simmons et al., 2007; WHO, Department of Reproductive Health and Research – ExpandNet, 2010, p. 8; CUSP, 2017). Upholding basic ethics (which include principles of confidentiality and non-discrimination) is essential for all programming, including scaled up approaches, which should above all seek to do no harm.

This involves anticipating and planning mitigation strategies for backlash, a common hazard when working on sensitive issues such as preventing violence against women and girls (DFID, 2012; Bishop & Parke, 2017, p. 15). The V4C programme in Nigeria found more measures could have been programmed to mitigate backlash. These include: allocating resources to assess and respond to backlash; ensuring basic care and support services of decent quality were available; establishing and supporting community mechanisms to monitor violence; and providing emergency funding to women and girls for transport to access support (Bishop & Parke, 2017, p. 15).

<u>Whether to scale up and optimal reach and depth</u>

A first step in any scaling-up approach should be to decide whether scale-up is possible and desirable, to what optimal size and how (Hartmann & Linn, 2008, p. 10). An intervention that addresses a localised problem of contained scale or in a very locally specific manner may not be replicable without adaptation (Remme et al., 2015). Limits to scaling up paths might include: diseconomies of scale, quality/quantity trade-offs, and organisational constraints (Hartmann & Linn, 2008, p. 10). A problem may arise if the widest possible reach is sought automatically – as an assumption of success – without due attention to the quality of programme theory, design, and implementation (Heilman & Stich, 2016, p. 22).

There is evidence that more intensive, sustained programme activity can have a positive impact. A 2014 review of 61 communication programmes challenging gender discriminatory attitudes and practices found that longer or more intense exposure to communication activities or materials usually led to greater, more sustained change in gender norms (Marcus & Page, 2014).

Looking at community mobilisation initiatives, analysis of recent experiences finds that some initiatives may be best suited to "go deep" with their activities in a smaller number of settings (Heilman & Stich, 2016, p. 22). The EVA-BHN project in Pakistan is an example where quick horizontal scaling was resisted in favour of "thickening" EVA-BHN's presence on the ground. This has been found to be a more sustainable approach compared with the "more loosely connected and unsustainable networks that have characterised past projects in Pakistan", according to a review by Kirk (2017, pp. 26–27). Advantages of a slower phased roll-out reportedly include enabling EVA-BHN to keep abreast of local politics, and enable reaching as many citizens as possible within each locality (Kirk, 2017, p. 27). This approach has "led to some confusion among stakeholders as to EVA's limited size compared to its costs" (Kirk, 2017, p. 26).

<u>Speed and phasing of scale-up</u>

The relationship between the speed of scale-up and the quality of the programming should be considered. Rapid scale-up through additional financial inputs may come at the cost of quality programming and equality of access, while a slower scale-up that focuses on culturally appropriate messaging may be linked to greater impact but reduced outcomes (Michaels-Igbokwe, 2016, p. 3). Gradual scale-up strategies are considered important for learning by doing, and adaptive, flexible and participatory approaches, but funders often prefer rapid (and top-down and standardised) approaches (CUSP, 2017, p. 4). Sometimes a one-off major barrier needs to be surmounted (such as legislation), resulting in a scale-up leap forward; the trade-off may be the intervention team losing control of the speed of implementation (Remme et al., 2015, p. 34; Simmons et al., 2007, p. 46). More work is needed to draw out findings from intervention experience of what phasing has and has not worked for different scale-up strategies.

Trade-offs between scaling-up pathways

As well as tensions between speed, reach and quality, there may be other trade-offs to consider between different types of scale-up pathways. For example, donor organisational scale-up may affect country ownership and sustainable change. This review has not found much analysis in the literature of how these types of potential trade-offs have been identified in scaling up strategies and how they have been managed; this could be a focus of future research.

Cost and equity

Although scale-up assumes economies of scale (lower average costs with increased coverage), such programmes may in fact exhibit diseconomies of scale as it becomes more costly to reach the most marginalised. Reaching the most marginalised may result in higher costs per beneficiary, or fewer beneficiaries for a given cost (Loryman & Meeks, 2016, p. 8). Given the potential trade-off between unit costs and equity, additional costs may be necessary to maximise the impact of an intervention, although this may result in substantial opportunity costs. There are methodological developments in this field that enable the consideration of equity objectives in economic evaluations, namely distributional cost-effectiveness analysis (Asaria, Griffin, & Cookson, 2016) and extended cost-effectiveness analysis (Verguet, Kim, & Jamison, 2016), which both provide frameworks to consider the distribution of an intervention's impact on the most and least marginalised populations. These would be useful to build inequality concerns into value-for-money assessments and investment analyses for such interventions.

Ensuring quality while adapting programmes

When replicating community mobilisation approaches in new locations through new organisations, Heilman and Stich (2016) note that programme developers have taken different approaches in an attempt to reconcile the tension between scaling reach and quality. Some try to emphasise high quality by expanding their own ability to implement, slowly increasing scale; some make materials publicly available, prioritising scale; and others make materials available while offering training, guidance, and other technical support (Heilman & Stich, 2016, p. 16).

Replication risks include: mismatches with new population, agency, and the original programme; culturally inappropriate language, images or examples; controversial or irrelevant objectives, approaches, and activities; and issues with new organisations' funding, staffing, and expertise (Stern, 2017). There is a risk that too much attention is focused on the content of the intervention but not enough on the implementation processes and tools affecting the delivery of the programmes (UNFPA ESARO & SVRI, 2016, p. 10). These "critical enablers" include the selection and capacity of facilitators; management and accountability processes; training and technical support; and resources.

Success factors include:

- **Supportive political environment and engaging key stakeholders**. Contreras-Urbina et al. (2016, p. 31) highlight that local political authorities as well as local community and religious leaders can lend credibility, extending a programme's reach and bolstering its legitimacy. Other experiences show these actors may create obstacles, particularly when excluded from the design of a programme.

- **Identifying core elements integral to an intervention's success**. This could be an underlying principle, a piece of technology, or an existing distribution network (Robinson & Winthrop, 2016, pp. 70–71).

- **Embedding flexibility in the design to adapt** the model or approach to the local context as needed (Robinson & Winthrop, 2016, pp. 70–71).

- **Strong leadership and managerial and technical expertise from the resource team**. (dTS, 2015, p. 14) Investment in generating the appropriate mindsets and skill sets among programme staff, to encourage agility and capacity to manage scale-up processes in changing environments (IRH & Save the Children, 2016, p. 3)

- **Choosing the right implementing partner and investing in training and support to implementing organisations**. This could include site visits and technical support services in each new location of implementation; peer-to-peer learning initiatives; and technical advisory groups to support implementation (Heilman & Stich, 2016, p. 17; Contreras-Urbina et al., 2016, p. 24).

The Global Women's Institute of the George Washington University and the World Bank Group provide recommendations on replicating and adapting community mobilisation interventions to address intimate partner violence (Contreras-Urbina et al., 2016). They set out **six essential steps to successfully adapt a community-based programme** to prevent intimate partner violence which may occur sequentially or concurrently:

- Understanding violence in the programme setting, violence prevention approaches, and selecting the particular methodology and model to adopt.

- Selecting programme locations thoughtfully.

- Developing a network of local partners – and carefully choosing the right intervention partners by assessing their operational capacity, financial and legal status; conceptual understanding and implementation capacity; and leadership and team capacity.

- Formalising a locally appropriate programme (the approach, strategies, participants, and beneficiaries); evaluation design; budget; and timeline.

- Preparing the programme materials.

- Finalising the outreach and dissemination plan as early as possible.

4. Catalysing change: tipping points and diffusion

Essential learning on what type of interventions have been effective for preventing violence against women and girls is emerging (such as from the What Works research programme). This evidence is key to informing strategic decisions on what approaches work to catalyse social change and what to scale up (Box 9).

Box 9. **Evidence of what interventions work to prevent violence against women and girls**

The What Works rapid review of approaches to preventing violence against women and girls concluded that there is "fair evidence to recommend: relationship-level interventions such as Stepping Stones; microfinance combined with gender-transformative approaches, such as IMAGE; community mobilization interventions to change social norms, such as SASA!; interventions that primarily target boys and men through group education combined with community mobilization; and parenting programmes". The review found conflicting evidence on bystander interventions and

school curriculum interventions, and insufficient evidence on single component communication campaigns and alcohol reduction programmes. The review also found insufficient evidence on school-based interventions "mainly because they did not measure VAWG as an outcome sufficiently, but they show promise in reducing risk factors for violence" with whole of school approaches looking particularly promising.

Source: Fulu et al., 2015, pp. 45–47.

This research and other studies have started to identify successful strategies for catalysing social change. These include findings on mechanisms for tipping points and social diffusion of ideas and change (Harper et al., 2018, p. 28). For example, the GREAT project – a Ugandan community participation, radio drama, and village health service programme on norms on violence against women and girls and adolescent sexual and reproductive health – achieved individual change but did not have enough participation within each community to spark community-wide change. The project evaluation concluded that "expansion must focus on **increasing depth and breadth of coverage to reach a 'tipping point'** of community change" (Lundgren, Dagadu, & Slesinski, 2016).

As most programmes will not have resources to work intensively with entire populations, the use of **mass media and marketing approaches** can be an efficient way of reaching large numbers of people at relatively low cost (Alexander-Scott et al., 2016, p. 32). In their guidance note on shifting social norms to tackle violence against women and children, Alexander-Scott et al. (2016, p. 32) find mass media and marketing approaches useful for modelling and promoting new (non-violent) norms; promoting new norm benefits; changing attitudes towards harmful behaviours and norms at scale; and promoting stories of change. From their review of scaled-up adolescent and youth sexual and reproductive health interventions, the IRH and Save the Children (2016, p. 19) found "**public discussion – often coupled with mass media – can create the critical mass** needed to achieve sustained social change".

The ODI 2014 review of gender norm communication activities found that "the greatest change often comes from approaches that build in **opportunities for people to discuss and reflect** on messages about changing gender norms, and then do things differently as a result – for example, community dialogue, non-formal education classes or interactive radio" (Marcus, 2015, p. 3; Marcus & Page, 2014). The gender empowerment Voices for Change (V4C) programme in Nigeria found that combining mass media communications – a platform designed to achieve scale – with complementary intensive engagement produced better results on violence against women and girls. However, the evidence does not say what the optimal mix or saturation is needed to bring about lasting changes in these types of harmful social norms (Bishop & Parke, 2017, p. 14).

V4C also found that while more educated and less poor young people were targeted by the programme (deliberately as likely drivers of societal change), gender attitude and behaviour change results were similar among young people regardless of socioeconomic status. The programme found that **radio achieved the greatest reach and was the method of outreach**

most effective at reaching lower-educated, poorer parts of the population[33] (Armitage & Hughes, 2017, p. 17). However, from the review of gender norm communication approaches, Marcus (2015, p. 3) cautions that "many adolescent girls and boys can't listen to the radio or watch a TV without their parents' (typically father's) permission, and that radios are often too expensive for the poorest households".

There is some evidence that the **personal transformation part of the social norms journey is key**, as people who go through it tend to start influencing others – a diffusion effect – and more intensive engagement is likely to trigger this. The diffusion effect has implications for calculating cost-effectiveness (Box 10) (Bishop & Parke, 2017, p. 14). Reviews and case studies highlight, when scaling up social change approaches, the critical influence of **champions (sometimes also referred to as influencers or early adopters)** – within government and civil society. Promising practices have paired mass communication strategies with the cultivation of local change agents (citizens, key influencers, and role models) (Alexander-Scott et al., 2016, p. 26).

For example, EVA-BHN in Pakistan found that the participation of civil society leaders, religious leaders, media representatives, and lawyers in the district advocacy forums was critical. Embedded in the community with natural constituencies, these actors have an invaluable level of legitimacy, power, and respect among both the wider community and the state duty-bearers (Palladium, 2016, p. 10; see also lessons learned from the V4C programme: Milward, 2017.) Similarly winning over the critical gatekeepers to influence the level of inclusion of girls with disabilities in schools in Kenya is identified as a key success driver for the Leonard Cheshire Disability project. The intervention influenced the attitudes and behaviours of family members, guardians, and the wider communities through parent support groups, community resource workers, and training male mentors (Leonard Cheshire Disability, 2017b).

Other analysis highlights the importance of taking a holistic view to catalyse change – be that **"whole of school" or "whole family"** approaches – similar to the whole community approach taken by community-led total sanitation (CLTS) (Fulu et al., 2015, p. 47). There is also emerging evidence that interventions that work with **both men and women** are more effective than single-sex intervention (Fulu et al., 2015, p. 44).

Box 10. **Diffusion effect in Voices for Change (V4C), Nigeria**

"A key strategy of scaling up within V4C was to catalyze young people to take action and spread key messages and create new norms. V4C evidence shows that for each young woman or man that goes through the physical safe space, they each positively shift the attitudes and behaviours of up to 6 others. This diffusion effect has implications for how we calculate cost-effectiveness and decisions about what to take to scale. When these secondary beneficiaries of physical safe spaces are taken into account, this reduces the unit cost per person reached from £174 (Girls trained in physical safe spaces alone) to £26 per girl reached."

Source: https://medium.com/@DFID_Inclusive/voices-for-change-576781a5d30a

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[33] https://medium.com/@DFID_Inclusive/voices-for-change-576781a5d30a

5. Locally grounded, adaptive, participatory approaches to reach the most marginalised

Understanding contextual factors and involving local stakeholders, including marginalised people, is important when scaling up inclusive change interventions. From the starting point of defining programme and scale-up objectives, practitioners highlight the importance of valuing "expertise through experience" and ensuring the participation of multiple stakeholders – and in particular marginalised people, the intended beneficiaries (Simmons et al., 2007; Salamander Trust et al., 2017; Welbourn, 2017). Bishop & Parke (2017, p. 13) find that the V4C programme could have had better results with more awareness of the different starting points and interaction of state-level contextual factors (including the different legal environments; the different levels of response services available; and the wider gender environment).

When scaling up, interventions need **space to adapt flexibly** over time to experience implementation at different scales and in different contexts – particularly when working with context-specific social norms (Agapitova & Linn, 2016, p. 6). The GREAT project in Northern Uganda found using **an iterative, participatory process** in collaboration with project staff and stakeholders effective (IRH et al., 2017). This included a process for making key decisions regarding expansion scope and pace.

Local engagement is **particularly critical when scaling-up approaches attempt to reach the most marginalised**. A scaling-up strategy requires a locally grounded understanding of the intersecting inequalities driving the context-specific (attitudinal, environmental, and institutional) barriers people face. This involves understanding how individual experiences of the intersecting factors that shape exclusion and marginalisation – gender, disability, age, health status, geography, caste/class/tribe, migration status, security, and other factors – are "unique, not simply the sum of different discriminations" (Gender and Development Network, 2017, p. 1; Nick Corby, personal communication). Evaluation work in 2007–2008 on World Vision projects in Angola, Armenia, Cambodia, and Senegal highlighted that "consultation with disabled people (rather than making assumptions) is critical; disabled people are not a homogeneous group – consultation processes should reflect this" (Coe, 2012, p. 403). Locally grounded participatory methods can be important tools in enabling community-based interventions to reach the most marginalised (Box 11).

Box 11. **Reaching the most marginalised through community participation**

The **Empowerment, Voice and Accountability for Better Health and Nutrition (EVA-BHN)** project in Pakistan "… seeks to include the poor and marginalised – such as women-headed households, religious minorities and lower castes – in its activities. Nonetheless, the project confronts a series of entrenched attitudes that make this difficult. For instance, other members sometimes resist their inclusion, arguing that they do not want to sit with them or that their issues should not be accorded special status. For their part, the marginalised often believe that powerholders are disinterested in their concerns or that they will face additional problems if they are part of a group that challenges the status quo.

In reply, EVA-BHN adopts two strategies: Firstly, it is unafraid to acknowledge these groups' marginalisation, instead reframing them as potentially powerful social blocks for change. And secondly, it is sensitive to cultural norms that cannot be overcome. Crucial to this approach is the involvement of community members with the legitimacy to introduce the poor and marginalised to the project's aims. For example, in KP [Khyber Paktunkhwa], a well-known Madrassa teacher is an active recruiter for the project. He encourages potential participants to view its activities in the context of Islam's instructions to raise your voice for the collective good. Women also often introduce their female relations to the project. In Punjab such strategies have contributed to the establishment of over 14 mixed groups led by women."

Source: Palladium, 2016, pp. 9–10.

6. Long-term approaches with funding models to match

A commonly identified problem is that the short-term (commonly maximum three-year) funding cycle is too short for programmes to scale up and produce significant results when they seek to address deeply held beliefs and attitudes (e.g. about gender equality), and when the direction of social change is a non-linear, long-term endeavour (Contreras-Urbina et al., 2016, p. 24; Bishop & Parke, 2017, p. 16; CUSP, 2017; Heilman & Stich, 2016). Multiple reviews highlight the detrimental effect of short-term programming on changing social norms (see research summarised in Haider, 2017). Implementing organisations recommend long-term investment from donors, to secure long-term support and financial sustainability for social change programming, thereby avoiding unhelpful policy and programming shifts (Bishop & Parke, 2017, p. 16; IRH et al., 2017). The challenge is establishing what a reasonable time frame is, and what evidence is needed to identify that change has occurred, to understand when the intervention can move on to phasing out donor support.

7. Cost-effective and financially feasible

With funds for sensitive social and political issues limited, especially in resource-constrained settings, securing significant long-term funding requires **adequate evidence that interventions are cost-effective and financially feasible** (Heilman & Stich, 2016, p. 20). However, there is not much rigorous evidence on this for inclusive change interventions. There are specific challenges for measuring both the cost and the effectiveness of complex social change interventions and their scale-up (see guidance by Homan, 2016; Remme et al., 2015; Michaels-Igbokwe, 2016). For one, these interventions will tend to have multiple outcomes in
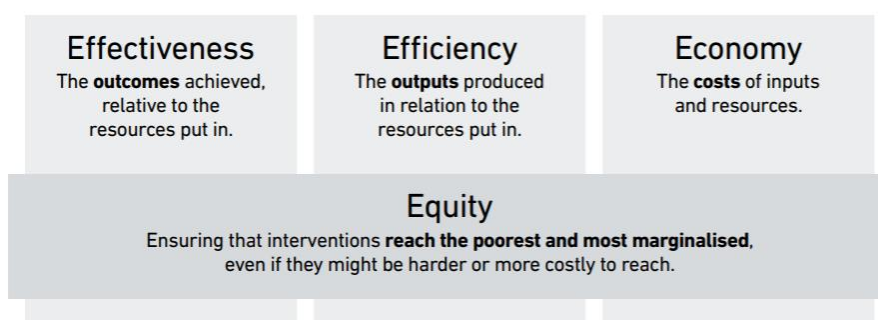
multiple sectors, and would therefore be undervalued in the dominant cost-effectiveness frameworks that only consider single outcomes and siloed sectoral budgets (Remme et al., 2014).

A **critical risk factor is resource constraints** when scaling up. IRH and Save the Children (2016, p. 22) note the importance of planning "for additional resources to support effective scale-up, including capacity-building of new user organizations and leveraging existing program resources". The **availability of human resources can create a bottleneck**: any underlying assumptions that existing staff have additional to time to allocate to new activities may not be realised. This emerged as a problem during the scale-up of IMAGE, for example (Remme et al., 2015, p. 39).

Recommendations include:

- Identifying costs in sufficient detail for any single activity so others can consider how an intervention/activity can be adapted to a different context (IRH & FHI 360, 2016, p. 26)

- Understanding the optimal scale of an intervention in its current form, the degree to which activities can be sustained with increasing coverage, and at what point further inputs will be required in order to expand coverage and deliver services to a wider audience (Remme et al., 2015, p. 13). It is important to plan carefully what will stay the same and what will need to change (in terms of types, quantity, and source of resources) as the intervention expands or is adapted in a new locale (Homan, 2016).

- Continuing to monitor the changing relationship between cost, resource use, and outputs as an intervention is scaled up (Remme et al., 2015, 16).

- Including a formal economic evaluation component in evaluations of interventions aiming to prevent violence against women and girls, to provide more accurate and informed estimates of the costs associated with scaling them up (Michaels-Igbokwe, 2016).

- Including equity as a core component of value-for-money assessments that does not undermine the other value-for-money areas (effectiveness, efficiency, and economy) (Loryman & Meeks, 2016).

- Taking a longer and broader view to understand the overall value for money of sustainable social change impact. This would facilitate appreciation of the cost-effectiveness of investments in longer-term processes that are key to shifting harmful social norms, while simultaneously delivering other cross-sectoral benefits to beneficiaries. This involves moving away from thinking about value for money as the "per beneficiary" financial cost of an intervention during a particular funding cycle, to fully consider cost-effectiveness across several outcomes of societal value (CUSP, 2017, p. 6).

Figure 5.   4Es value-for-money approach

Effectiveness	Efficiency	Economy
The **outcomes** achieved, relative to the resources put in.	The **outputs** produced in relation to the resources put in.	The **costs** of inputs and resources.

Equity
Ensuring that interventions **reach the poorest and most marginalised**, even if they might be harder or more costly to reach.

Source: Loryman & Meeks, 2016, p. 8.

8.   Measuring impact and sustainability

The critical need to measure normative change – to check intervention effectiveness, feedback to adapt implementation, and generate demand and political support – tends to be neither well understood nor prioritised, with some exceptions (IRH & Save the Children, 2016). There are several issues. Donors do not always provide sufficient funds or time to undertake pre-testing to inform a scaling strategy (Evidence Project et al., 2014). Lessons learned from the DFID-funded Indashyikirwa[34] programme in Rwanda to prevent intimate partner violence include allowing time for adaptation (e.g. a one-year inception phase), and engaging research and programming in meaningful and ongoing collaboration (Stern, 2017).

Moreover, measuring social norms and the impact – extent and sustainability – of interventions to change them is highly challenging (IRH & Save the Children, 2016, p. 24). It is difficult to establish causal attribution of interventions with multiple components or to identify an appropriate comparison group for a programme with wide (national) coverage[35] (IRH & Save the Children, 2016, pp. 24–25). CUSP (2017) highlights the limitations of most randomised controlled trials for measuring and understanding social norms change programming.

Many evaluations of the scale-up of normative change interventions do not assess the extent of normative change or how sustainable that change is. The Institute for Reproductive Health, Georgetown University (IRH) and Save the Children's (2016, p. 24) review of adolescent and youth sexual and reproductive health interventions found that only three out of the 13 scale-up evaluations included measured the perception of community norms. Without this, it is difficult to

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[34] Implemented by CARE International Rwanda, Rwanda Men's Resource Center (RWAMREC), and Rwanda Women's Network (RWN).

[35] The V4C programme in Nigeria provides learning on measuring the impact of a social norm intervention operating at scale (Denny et al., 2017).

conclude whether a norm has changed. Further, they found that even when studies seemed to have evidence of achieving normative change, there was often no evidence of sustainability. Only one programme in the review addressed the issue of sustained normative change. Possible explanations are that project life cycles were not long enough to measure sustainability, or sustainability was not an explicit or long-term objective. While many interventions measured behaviours and attitudes in an end line survey, these usually occurred soon after the intervention (IRH & Save the Children, 2016, p. 25–26).

Recommendations in the literature include:

- Where effectiveness of the original intervention has not been established, effectiveness should be monitored while scaling up, leaving space for modifying or restructuring the intervention (Michaels-Igbokwe, 2016, p. 18).

- More monitoring and evaluation (including economic evaluations) of adaptations of programmes to check that interventions are not only effective in the original implementation setting, but also can be generalised and adapted to a variety of settings (Michaels-Igbokwe, 2016, p. 6).

- Investment in robust monitoring and evaluation systems that can facilitate disaggregated analysis to enable equity considerations to inform programme implementation (Armitage & Hughes, 2017, p. 19).

- Continuing investment in developing quasi-experimental and other participatory survey methods to generate rigorous data to inform scale-up of social norms change programming (CUSP, 2017, pp. 5–6).

- Monitor the extent of normative change – through measuring the perception of community norms – and the sustainability of this change beyond the project life cycle (IRH & Save the Children, 2016, pp. 19, 24–26).

- Build on existing work compiling case studies and best practice recommendations on including people with disabilities in all aspects of development efforts (United Nations, 2011; Bruijn et al., 2012) with investment in building the (currently very limited) evidence base on the impact and effectiveness of disability inclusive approaches.

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Annex. Case studies

This review looked at four case studies in more depth. The cases were chosen to provide illustrative examples of (1) designing a scalable intervention; (2) taking an intervention to scale; (3) starting at scale; (4) a variety of inclusive social norm change intervention models; and (5) a variety of scale-up pathways (horizontal, vertical, functional, and organisational).

1. Gender Roles, Equality and Transformations (GREAT) project, Uganda (2012–2017)

The USAID-funded Gender Roles, Equality and Transformations (GREAT) project[36] developed, tested and scaled up an intervention aimed at promoting gender equality, reducing violence against women and girls, and improving sexual and reproductive health among adolescents in post-conflict communities in Northern Uganda. Activities included community discussion, radio drama, linkages with village health team services, and a toolkit for community groups and school-based clubs. GREAT was designed to shift social norms, changing expectations for appropriate behaviour through diffusing new ideas and information through different levels of the community to support individual change. Using the WHO/ExpandNet scale-up model from inception, the programme designers wanted to enable scale-up by existing groups and modest additional resources (Lundgren, Dagadu, & Slesinski, 2016; IRH et al., 2017).

With implementation starting in 2012, the Institute for Reproductive Health, Georgetown University (IRH), Pathfinder International and Save the Children tested GREAT for 22 months in two districts in partnership with other organisations. Six and a half years later, 35 community-based organisations, NGOs, and sub-county governments had scaled up the GREAT components to approximately 2,200 villages in 33 sub-counties in six districts. Vertical scale-up, or institutionalisation, was led by Community Development Offices (CDOs) under the Ministry of Gender, Labour and Social Development. Other stakeholders were the Ministry of Health and Ministry of Education and Sport at district and national levels, and USAID/Uganda (IRH et al., 2017).

The key components to the GREAT scale-up process included: (1) developing materials to guide the scale-up; (2) integrating into programmes through an iterative, participatory process involving stakeholders; (3) capacity building for implementing organisations; and (4) throughout the process evaluating fidelity to the intervention, feasibility of implementation/capacity, and institutionalisation (IRH et al., 2017).

A mixed-methods evaluation concluded that GREAT achieved significant improvements in the attitudes and behaviours among exposed individuals (compared to a matched control group) (Lundgren et al., 2016). However, group participation in the communities was insufficient to spark community-wide change. Another key finding was that the serial radio drama was an effective strategy to reach community members who did not participate in small group activities. IRH and Save the Children (2016, p. 19) reported that behaviour change was greatest in those that both

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[36] http://irh.org/projects/great_project/

heard and discussed the radio drama, concluding that the coupling of the radio programme and community discussion was integral in creating sustained change.

The evaluation of the scale-up phase concluded that "with a supply of intervention materials, along with orientation, training, and modest financial support, user organizations can adopt and introduce GREAT into existing program activities. However, coverage – and most likely effectiveness – would be greater with more resources" (IRH et al., 2017, p. 4). Key lessons include:

- Create lean, affordable materials that can be used with minimal orientation and coaching.
- Develop "how-to" guides for staff orientation and step-by-step implementation guidance, including approaches to monitor fidelity to the original concept while adapting for new contexts.
- Invest in providing orientation, training, and support to new user organisations using ongoing check-ins and coordination and reflection meetings for user organisations and districts to learn from each other.
- Ministry engagement was a critical driver of success. The technical advisory group was an effective mechanism of engagement.
- As scale-up activities are integrated into existing programmes, each organisation needs adequate financial resources, with most money spent on salaries.
- Donor engagement and support was critical to maintaining momentum. Donors should invest in capacity-building initiatives, fostering collaboration across government sectors and civil society, and long-term efforts beyond one-year increments or five-year projects (IRH et al., 2017, p. 4–5).

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2. Voices for Change (V4C), Nigeria (2013–2017)

The DFID-funded GBP 29 million Voices for Change (V4C) programme in Nigeria set out to strengthen the enabling environment for gender equality and to empower young women and men (aged 16–25). It aimed to change social norms around three key behaviours: women in leadership, women's role in decision-making, and violence against women and girls. It is a rare example of a programme applying social norms at scale and addressing the structural barriers to gender equality. The programme's theory of change was to bring about change at scale in Nigeria through a multi-media communications approach working at multiple levels, at the level of individual, formal institutions and society at large. Central to the design was the idea of getting people to take action and to trigger change in others. Conceived as the pilot stage of a 20-year vision, V4C implementation began in October 2013 and ended in September 2017 (Bishop & Parke, 2017, p. 18).

Within just over four years of implementation, the project was reported to have "achieved both broad reach and deep impact among Nigerian young people's gender-related attitudes and behaviours"[37]. Between 2014 and 2017, 2.4 million young people aged 16–25 in the four target states[38] (a total of 89 per cent of young people in these states) demonstrated "improved attitudes or behaviours in relation to women's role in decision-making, women taking leadership positions and violence against women and girls" (Bishop & Parke, 2017, p. 2).

While there has been significant programmatic success for V4C as a whole, V4C's contribution to changes in attitudes, behaviours and norms relating to violence against women and girls are more complex and mixed. Bishop and Parke (2017, p. 14) find that "What the programme appears to have demonstrated is that a well-designed communications-led programme can shift social norms at scale – shown by the results on shifting norms around women's leadership and women in decision-making – but the combination with more intensive engagement is critical". The best results on violence against women and girls emerged from (1) intensive engagement with young people, or (2) radio programming reaching larger numbers of people while also fostering discussion around gender issues.

A light touch study on V4C's theory of change finds that the programme's achievement of widespread change in social norms on gender equality was driven through pathways of influence at three levels, namely:

- "actions in personal and private spaces;
- individual actions involving a more public engagement with strangers in public spaces;
- platforms for collective action and influence together with the personal transformation of some individuals, leading to the start of institutional changes within radio stations, traditional institutions and post-secondary institutions" (Milward, 2017, p. 12).

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[37] https://medium.com/@DFID_Inclusive/voices-for-change-576781a5d30a

[38] Enugu and Lagos in the south of the country, and Kaduna and Kano in the north.

Milward (2017, pp. 12–13) reports that the programme involved scaling up change through diffusion from both the bottom up and top down: "The bottom-up process involved creating a cohort of influencers and supporting these to access platforms from which to address different constituencies – whether radio listeners, religious congregations or college students. The top-down process involved creating messaging and branded mass media communications to work on the widespread dissemination of new norms translating into observable changes in attitudes and behaviours". Milward (2017, p. 13) finds the study suggests "that the 'layering' of both directions of interventions so that these interactions come about is a key factor of achieving change at scale".

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3. Empowerment, Voice and Accountability for Better Health and Nutrition, Pakistan (2014–2019)

Begun in 2014, the Empowerment, Voice and Accountability for Better Health and Nutrition (EVA-BHN) project aims to empower citizens and civil society to hold the governments of Punjab and Khyber Pakhtunkhwa (KP) in Pakistan to account for delivering quality health services for women and children. EVA-BHN is implemented by Palladium, in partnership with the Center for Communications Programs Pakistan (the latter leading on work with media and religious leaders) (Palladium, 2016, p. 3). A five-year (2014–2019) GBP 18.85 million project, it is a component of DFID Pakistan's flagship maternal and child health Provincial Health and Nutrition Programme (PHNP), which delivers a Technical Resource Facility (TRF+) providing advice to the two governments; and a conditional financial aid package of GBP 130 million (Kirk, 2017, pp. 3, 7).

EVA-BHN applies "a holistic model of social accountability that uses multiple components to foster an ecosystem for accountability" for improved reproductive, maternal, newborn, child health and nutrition services (Palladium, 2016, p. 4). The project facilitates local community groups to raise issues and demands related to health, with a focus on reproductive, maternal, newborn, child health and nutrition services. Its activities include training in community-based monitoring, and the use of this information to support direct advocacy efforts (Kirk, 2017, p. 7). EVA-BHN seeks to include the poor and marginalised – such as women-headed households, religious minorities and lower castes (Palladium, 2016, pp. 9–10). Demands that cannot be

resolved locally can be raised within district and provincial level forums, where community members, civil society activists, state representatives and EVA-BHN staff interact. Other work with Pakistan's print and television media, journalists, and religious leaders seeks "to legitimise EVA's activities, amplify the voices of its community groups, and to educate the wider population as to their rights and entitlements".[39]

EVA-BHN has facilitated 310 community groups, each with an average of 25 members, spread across nine districts in Punjab and KP (Kirk, 2017, p. 8). The project confined itself to nine districts across KP and Punjab, moving to new districts once there was confidence that its evolving model was transplantable (Kirk, 2017, p. 26).

With support from counterparts in DFID and the wider PHNP framework, EVA-BHN has built "structures and relationships that span the state society divide", and created "re-occurring opportunities for citizens to engage powerholders and to demand their rights and entitlements" (Kirk, 2017, p. 30). In his exploratory analysis, Kirk finds some emerging signs of progress. For example: 37 per cent of the 3,585 demands made by the 310 community groups by the end of 2016 were resolved to the satisfaction of the groups; a EVA-BHN-facilitated Patient's Rights Charter was mainstreamed throughout the KP by the Health Care Commission; and users' perspectives were added to the monitoring data of KP's public health service oversight body (Kirk, 2017, pp. 8, 24).

EVA-BHN's approach actively seeks ways of acknowledging and working with the grain of Pakistan's power and politics (Palladium, 2016, p. 12). It works at numerous levels of governance, seeking to coordinate citizens' voice with ongoing reform efforts (Kirk, 2017, p. 30). It applies an adaptive, politically smart, and locally led approach, consistently questioning its theory of change and reacting to lessons from the field and emerging political developments (Kirk, 2017, p. 30). Key elements of the EVA-BHN approach include:

- Mainstreaming regular Political Economy Analyses: i.e. participants who are local experts.

- Building its presence within localities rather than automatically scaling up.

- Using flexible budgeting to allow an adaptable approach, responding to the fluid political landscape and emerging lessons from the field.

- Benefiting from a good working relationship with the DFID country office – facilitating initial stakeholder "buy in" – and a coordinated joined-up approach that draws on each organisation's strengths.

- Moving beyond recording the number of demands raised and resolved, developing innovative ways to demonstrate impact (e.g. a series of tracer studies mapped onto the theory of change and case studies documenting the key approaches of the project) (Kirk, 2017, pp. 26).

Kirk (2017, p. 8) concludes: "EVA's experiences suggest that social accountability programmes require the time and space to gradually scale up, should not limit themselves to 'vertical' accountability, and should be encouraged to demonstrate their impact through innovative

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[39] http://thepalladiumgroup.com/research-impact/Reframing-citizen-state-relations-from-the-bottom-up---EVA-BHNs-model-of-social-accountability-in-Pakistan

methods. To support this, donors may have to re-think what denotes 'success' within programmes, with particular attention given to what takes place in the margins, and how they can support wider enabling environments for accountability".

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4. Inclusive Education for Girls with Disabilities, Kenya (2013–2017)

This Leonard Cheshire Disability inclusive primary education project was funded by DFID's Girls' Education Challenge (GEC). Delivered from 2013–2017, the project supported girls with disabilities across the Nyanza Lake Region of Kenya, one of the poorest regions of the country, to enrol in primary school. It also aimed to achieve:

- increased awareness and capacity of duty-bearers and service providers to respond to the needs of disabled girls;
- a sustained improvement in the enrolment, attendance and retention of disabled girls in mainstream primary schools;
- improved quality and accessibility of mainstream education for disabled girls, resulting in improved learning outcomes; and
- improved knowledge and evidence to demonstrate the effectiveness of inclusive education (Leonard Cheshire Disability, 2017b, p. 6).

The majority of the girls were aged 7–19, with an average age of 12 years. They had a wide range of disabilities and impairments.

The Leonard Cheshire Disability inclusive education model applies a systems approach to create sustainable change at an individual, community, school, and policy level, locally and nationally. It seeks to address the varied barriers children with disabilities face in accessing and remaining in education. These include: attitudinal and behavioural barriers related to social norms; infrastructural and environmental barriers; policy barriers; and resource barriers.

Scale-up pathways included:

- School, individual, and family/community support, and mobilisation and sensitisation activities to 2,050 girls in 50 primary schools in the Nyanza Lake Region (*horizontal scale-up*)
- Supporting children with disabilities in the classroom, by providing training to teachers, their trainers and school inspectors; infrastructure; child-to-child clubs; and resource mobilisation (*functional scale-up*)

- Working with local civil society and government on institutionalising inclusive education. (*vertical scale-up*) (Leonard Cheshire Disability, 2017b).

Over the course of the project, 2,180 previously out-of-school girls with disabilities were identified and enrolled in school, exceeding initial targets. Retention was also improved, as were learning outcomes. By the end of the project, the girls who participated were more likely to be at the highest level of literacy and numeracy compared to a control group, who did not receive the intervention (Leonard Cheshire Disability, 2017b, p. 10).

The impact report concludes: "This project has demonstrated the success that can be achieved through taking a multi-level systems change approach to tackling education inequality for girls with disabilities. At the individual level the project mobilised resources and provided direct support to children and their families to overcome the personal barriers they face. Communities and schools were provided with the training and tools to move towards inclusion and reduce inequality and discrimination. In the long-term the collaborative work with local and national government has driven forward the process of implementing inclusive policy, affecting children with disabilities across Kenya" (Leonard Cheshire Disability, 2017b, p. 33).

Multiple factors are identified as being critical for facilitating this outcome. The impact report identifies that of primary importance was winning over the critical gatekeepers to influence the level of inclusion of girls with disabilities – influencing the attitudes and behaviours of family members, guardians, and the wider communities through parent support groups, community resource workers, and training male mentors.

Future plans include expanding the project over the next five years to (a) reach more girls with disabilities (horizontal scale-up); (b) extend activities to secondary schools and vocational training settings, extend services to boys, and integrate an adaptive pathway for those with more complex intellectual disabilities (functional scale-up); and (c) maintain pressure on local and national governments to implement new inclusive policies and work with disabled people's organisations to monitor their impact (vertical scale-up) (Leonard Cheshire Disability, 2017b, p. 33).

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