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Scaling Up Normative Change Interventions for Adolescent and Youth Sexual and Reproductive Health

Literature Review Findings and Recommendations

INSTITUTE FOR REPRODUCTIVE HEALTH, GEORGETOWN UNIVERSITY
and SAVE THE CHILDREN

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Passages
Transforming Social Norms for Sexual & Reproductive Health

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LIST OF ACRONYMS AND KEY PHRASES

AT	African Transformation
AYA	African Youth Alliance
AYSRH	Adolescent and Youth Sexual and Reproductive Health
CEDPA	Center for Development and Population Activities
CSE	Comprehensive Sexual Education
ELA	Empowerment and Livelihood for Adolescents Program
ESMPIN	Expanded Social Marketing Project in Nigeria
FP	Family Planning
GEMS	Gender Equity Movement in Schools
GBV	Gender-Based Violence
GREAT	Gender Roles Equality and Transformation
HCP	Health Communication Partnership
HTSP	Healthy Timing and Spacing of Pregnancies
IMAGE	Intervention with Microfinance for AIDS & Gender Equity
IRH	Institute for Reproductive Health
KARHP	Kenya Adolescent Reproductive Health Project
KMG	Kembatti Mentti Gezzimma
LSSE	Life Skills, Sexuality Education
m4RH	Mobile for Reproductive Health
mKV	MEMA kwa Vijana
SRH	Sexual and Reproductive Health
SFH	Society for Family Health
TMEP	Tanzanian Men as Equal Partners
VYA	Very Young Adolescents
YFHS	Youth Friendly Health Services

EXECUTIVE SUMMARY

The Passages Project conducted a literature review of published grey and peer-reviewed literature to explore parameters of normative change interventions going to scale that were focused on adolescent and youth sexual and reproductive health. Forty-two (42) of 303 identified projects were eventually included in the review because they were going to scale and indicated an important focus on influencing community norms to achieve individual behavioral outcomes. Most projects were community based (35 of 42, or 83%) and employed social mobilization/community mobilization approaches, were designed to reach girls as well as boys, and were scaled up after evaluation of a pilot phase (39 of 42). Over half the reviewed projects (23 of 42, or 54%) employed evaluation designs that included comparison groups. Most assessed changes in knowledge (37), attitudes (39), and behaviors (41); relatively few assessed individual agency (14) and even fewer (12) assessed changes in perceptions of community norms, that is, perceptions of others' behaviors and social expectations for their own behavior. Of these 12, only four (4) were explicit about what norms were being measured.

Most documentation was related to pilot efforts – only 13 focused on scale-up and seven of the 13 discussed institutionalization efforts (versus expansion). Almost three-quarters (30 of 42) of reviewed projects were scaled up by the same organization engaged in the pilot effort. Even though by definition the projects were in scale-up phase or operating at scale – the documents reviewed did not describe well the process of scaling up, how pilots were adjusted for new scale-up environments, indicators used to track scale-up activities, or methods to ensure intervention fidelity at scale. Still, the review highlighted several factors that projects cited as important during scale-up or during both pilot and scale-up phases.

- **Effective strategies revolved around community-centered SBCC approaches and their potential for starting and sustaining normative shifts.** Authors noted the importance of public discussion to create the critical mass needed to achieve sustained social change and the importance of community-driven collective action to diffuse new ideas within the community. Interventions were designed to be relevant and interesting, thereby engaging communities in the SBCC effort. They linked community actions to policies and programs to legitimize community-driven efforts.

- **Attention must be paid to scale up implementation supports.** In particular, interventions need to strategically engage influential community and government stakeholders, and to develop tools and guidelines for new users of the interventions.

- **Staff must have mindsets and skill sets reflective of normative change.** Periodic reflection is critical to create personal clarity on how norms affect staff as well as communities they serve, and to encourage agility and capacity to manage scale-up processes in changing environments without compromising intervention fidelity.

- **Measurement of normative change and sustained impact is a challenge**. The need to measure normative change and the absence of such measures in reviewed documents indicate it is not well understood and/or not prioritized as an outcome. Measuring the extent that normative change is sustained post-intervention is critical but not being done.

1. BACKGROUND

In 2015, the Institute for Reproductive Health at Georgetown University (IRH), alongside partners, FHI360, JHSPH[i], PSI, Save the Children, and Tearfund launched the 5-year Passages Project – a research, intervention, and technical assistance project focused on transforming social norms for improved Adolescent and Youth Sexual and Reproductive Health (AYSRH). Firmly based in social science theory on social norms and implementation science approaches that consider real-world programmatic experience, Passages will bridge the gap between science and effective policy and practice through activities in three work streams:

1. Research: Establish evidence base on scalable normative change intervention pilots and replication studies
2. Practice: Assess and provide technical assistance and catalytic support for scaling normative change interventions
3. Global leadership: Advance knowledge dissemination and utilization of normative change interventions

Applying implementation science principles, Passages aims to explain what makes interventions effective in real world contexts; address socially complex issues including gender inequality, stigma and violence related to family planning (FP), healthy timing and spacing of pregnancies (HTSP), and sexual and reproductive health (SRH); and focus on scalability, considering cost, complexity, and adaptability. In doing so, the Passages project aims to increase foundational SRH support for very young adolescents, increase use of modern family planning, and improve healthy timing and spacing of pregnancies among youth and first-time parents.

2. PURPOSE

This document aims to advance knowledge and increase utilization of evidence about normative change at scale by reviewing and describing interventions that address normative change that have or are being scaled up. The document is not exhaustive but a result of a comprehensive review of interventions identified using key search terms of interest and serves as a tool for further discussion of strategies for and challenges of scaling up normative change interventions that improve AYSRH.

3. LITERATURE REVIEW METHODOLOGY

3.1 Definition of Normative Change Interventions

Social norms are the perceived standards of acceptable attitudes and behaviors prevalent within a community. Within Passages, normative change interventions can be operationally defined as *strategies designed to catalyze communities to reflect on and challenge existing social norms that support individual attitudes and behaviors leading to poor AYSRH* (e.g., gender-based and interpersonal violence, early pregnancy, child marriage, coercive male decision-making on issues of family planning, lack of adult support to adolescents vis-à-vis SRH advice and choices). Often, normative change interventions are ecologically focused, targeting many levels within a community or society. Some norms interventions take a more

appreciative approach and are designed to maximize norms that positively support individual behaviors leading to positive AYSRH outcomes (e.g., expanding traditional family advisory roles of grandparents to include family planning). Throughout this literature review, the term “intervention" refers to programs, campaigns, and initiatives.

The underlying ideas that support norms interventions are straightforward.

- Individual behavior is influenced by perceptions of what other people accept and expect, and how they behave.

- Individual perceptions of what others accept, expect, and do with respect to a potentially harmful behavior are often inaccurate. We often assume that others are more accepting of negative behaviors than they actually are, and that they engage in more negative behaviors than they actually do.

- Correcting these misperceptions will strengthen individuals’ feelings that their desire to resist negative behaviors is in fact normal— shared by the majority of other people. This perception will increase the feeling of social support for positive behaviors, and increase the probability that individuals develop new attitudes and adopt new behaviors.

3.2 Definition of Scale-Up

In this literature review, “scale-up” refers to *expanding or replicating interventions that have been piloted and evaluated with the aim of covering a larger geographic region and/or reaching a larger or new population and sustaining effect at scale, thereby increasing the impact of the intervention*. “Scale-up” can refer to expanding an intervention to different levels of an organization, increasing the depth and scope of the services that an intervention offers, and increasing the number of units the intervention reaches. This literature review will cover the latter of these: increasing the number of units the intervention reaches. This can occur through expanding the intervention to other organizations or geographic areas, or by institutionalizing the intervention into the public sector.

3.3 Intervention Inclusion/Exclusion Criteria

Normative change interventions are often integrated together with other approaches. The examples included in this literature review are limited to:

(1) Those interventions that exclusively or primarily aim to change social norms to prevent behaviors that ultimately lead to poor health outcomes,
(2) AND have been evaluated during their pilot stage,
(3) AND are in process of being expanded to reach new populations, increasing their overall health impact.

Examples excluded from this review include:

(1) Interventions that took place before 2000, in order to learn from relevant programs that address social norms in the current culture of communication and information gathering;
(2) Interventions with primary aims to improve *individual* normative beliefs and behaviors (e.g., Youth Friendly Health Services [YFHS], Life Skills, Sexuality Education [LSSE], and Comprehensive Sexual Education [CSE] interventions);
(3) Normative change interventions being scaled up exclusively via mass media and social media platforms;

(4) Spontaneous social change movements (e.g., Arab Spring), as this type of social change does not represent a planned scale-up effort; and
(5) Interventions that look beyond AYSRH (e.g., nutrition, sanitation).

3.4 Project Identification

A literature review was conducted between October 2015 and July 2016 to analyze existing published grey and peer-reviewed literature that evaluated and/or described these normative change interventions. The literature search was conducted in October/November 2016 via two platforms:

1. Research databases including: Google Scholar, ScienceDirect, and JSTOR, using keywords and a combination of search terms (Figure 1), and

2. Consultation with several experts in the field who identified known AYSRH interventions that contain a scale-up component.

Figure 1: Search Terms

Main Search Term	And…	And…
- Social norm change	- Scale-up	- Mass media
- Normative change	- Expand	- Communication for social change
- Norms change	- Institutionalization	- Social and behavioral change
- Diffusion of innovation	- Replication	- Adolescent health
- Community norm change		- Sexual and reproductive health
- Social change		- Gender
- Social mobilization		- Gender-based violence
- Community mobilization		- HIV
		- Early marriage
		- Male engagement
		- Nutrition

3.5 Validation and Synthesis

From an initial list of 303 peer reviewed and grey literature sources identified using both database searches and consultation with experts, the list of interventions was reduced to the 42 included in Table 1 (Findings Overview: Intervention Types section) based on the inclusion criteria. Evaluation efforts from these 42 interventions were analyzed and are included in Table 2 (Findings Overview: Evaluation Methods section). Table 2 includes 51 evaluations, as some of the 42 interventions are associated with multiple evaluations. The team reviewed each intervention and evaluation in Tables 1 and 2 and identified lessons learned that emerged across them.

3.6 Limitations of Literature Review

The list of interventions identified is not a systematic review of all AYSRH normative change interventions whose pilots have been evaluated and are going to scale; this report represents only an initial effort. In addition, as this was a desk review, categorization of interventions included in the literature review relied on subjective determination by individual members of the literature review team. This assessment is based on

the information available to the team, which, in many cases, is quite limited and may not represent the entirety of the project, its geographic reach, scalability, and lessons learned.

4. FINDINGS OVERVIEW

4.1 Intervention Types

This literature review contains a wide variation of social norms interventions. To aid in the analysis of norms interventions going to scale, we have classified them according to common intervention variables shown in Figure 2.

Figure 2: Intervention Categories

BY ENTRY POINT Schools | families | communities | media
BY BENEFICIARY POPULATION Mixed sex groups | adolescent boy/youth men | adolescent girls/youth women | younger adolescents/VYAs | parents and children | young newlyweds | first time parents
BY INTERVENTION TYPE Community mobilization | peer or relationship interventions | parenting interventions | small group interventions | school interventions | economic interventions | counseling interventions | mHealth interventions | marketing/communications interventions
BY ACTIVITIES Media | community dialogue | education | training
BY TYPE OF NORM Influencing family planning | gender roles | early marriage | HIV/AIDS
BY SCALE-UP STRATEGY Evidence of geographic expansion by the "resource" organization (that developed and is driving implementation of the intervention) | expansion by new-user organizations | incorporation into public sector interventions | evidence of institutionalization into country-wide or regional interventions operated by government, NGOs, or the private sector (which implies continuing allocation resources for training, implementation, and quality assurance from the host organization) | unclear on which organization is driving expansion/no strategy specified

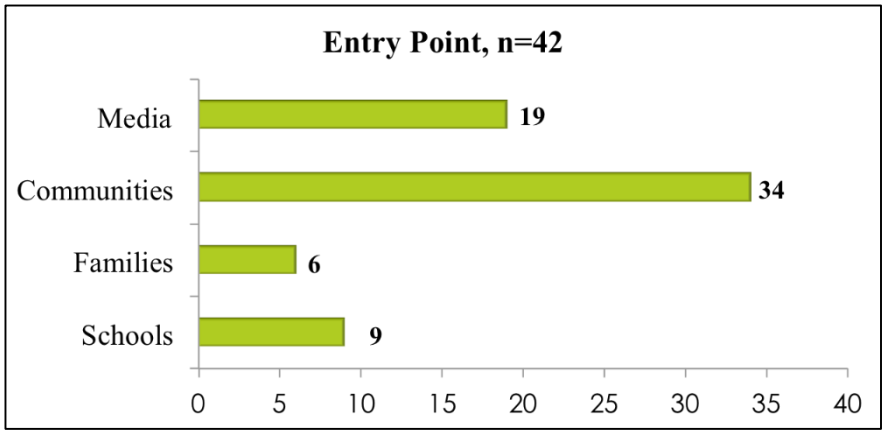
Of the 303 peer reviewed and grey articles identified from initial searches, 42 total interventions met inclusion criteria. Of these 42 interventions, the majority (27) were gender norms interventions, nine were HIV/AIDS interventions, six were family planning interventions, and two were early marriage interventions. Some interventions were cross-thematic, but were listed by their main theme and the outcome addressed. For instance, most interventions classified as gender normative change interventions also contain aspects of HIV/AIDS, family planning, or child marriage, not unexpected because in general, gender normative change interventions are tied very closely to reducing or encouraging specific behaviors, such as preventing HIV/AIDS, increasing family planning use, or reducing negative behaviors relating to early marriage. In addition, the interventions listed in this literature review 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). The list and description of interventions can be found in Appendix 1.

4.1.1 Intervention Types: Categorization of normative change interventions by entry point

The main entry point for the majority of interventions included in this review was through the community (Figure 3). Thirty-four interventions out of 42 (81%) used the community as the, or one of the, intervention's entry points. Twenty-two of the 42 interventions (52%) used multiple rather than single entry points. For instance, *Tanzanian Men as Equal Partners (TMEP)* (#28 in Table 1), a program that works to engage men in sexual and reproductive rights, used schools, communities, and the media simultaneously as entry points for the intervention.

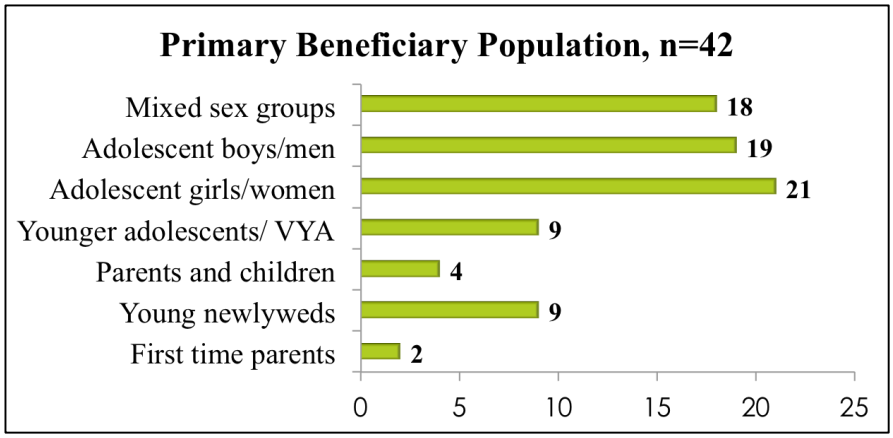
Figure 3: Categorization of normative change interventions by entry point



4.1.2 Intervention Types: Categorization of normative change interventions by beneficiary population

The majority of interventions identified in this review target adolescent girls/women, adolescent boys/men, and mixed sex groups (Figure 4). The category of mixed sex groups refers to interventions that use a gender synchronized approach, meaning both genders are targeted and reflect on normative change together. This finding makes sense, as the majority of the interventions in the review are based on changing gender norms. For instance, *MenCare* (#22 in Table 1) in South Africa engaged men to support women's social and economic equality through educating and encouraging them to take more responsibility for childcare and domestic work. Many programs targeted mixed gender groups; within these, some, like India's *Gender Equity Movement in Schools (GEM)* (#14 in Table 1) and *Siyakha Nentsha* (#27 in Table 1) in South Africa, focused on boys and girls interacting socially and reflecting together on normative change. Forty-three percent of the interventions were categorized as having multiple beneficiary populations. Of note, very few (4) interventions define primary beneficiaries within the young people's social environment (e.g., parents who often influence SRH choices of young people).

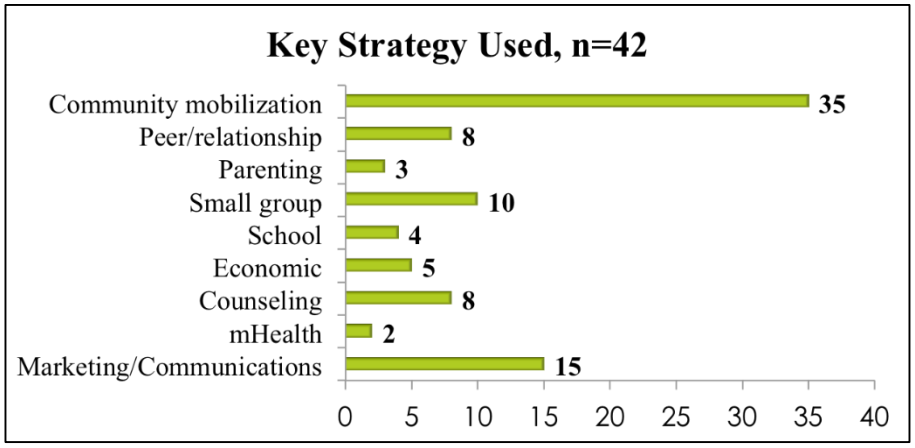
Figure 4: Categorization of normative change interventions by primary beneficiary population



4.1.3 Intervention Types: Categorization of normative change interventions by key strategy used

The majority of interventions in this review (35) use community mobilization as the main strategy for social norm change (Figure 5). For instance, *Berhane Hewan* (#32 in Table 1) in Ethiopia used participatory community dialogue to engage community members in discussions around the issue of early marriage, with the aim of exploring problems and devising solutions together with the community. *SASA!* (#25 in Table 1) in Uganda selected and trained women and men who showed interest in addressing issues related to violence against women to be community activists and hold informal activities within their own social networks to foster activism in their communities. Seventy-six percent (76%) of the interventions incorporated multiple strategies versus a single strategy. Many combined community mobilization approaches with communications approaches. For example, *Equal Access* (#13 in Table 1), a social change program, used radio, television, and text messaging to distribute educational information to communities, and then trained community leaders to facilitate listening and discussion groups based on the information provided in the media programs. Similarly, *Malawi Bridge Project* (#37 in Table 1) combined community-based participation (e.g., small group discussions, community-wide events, interactive drama, and community referral) with mass media messages delivered through the radio to encourage social and behavior change around HIV prevention.

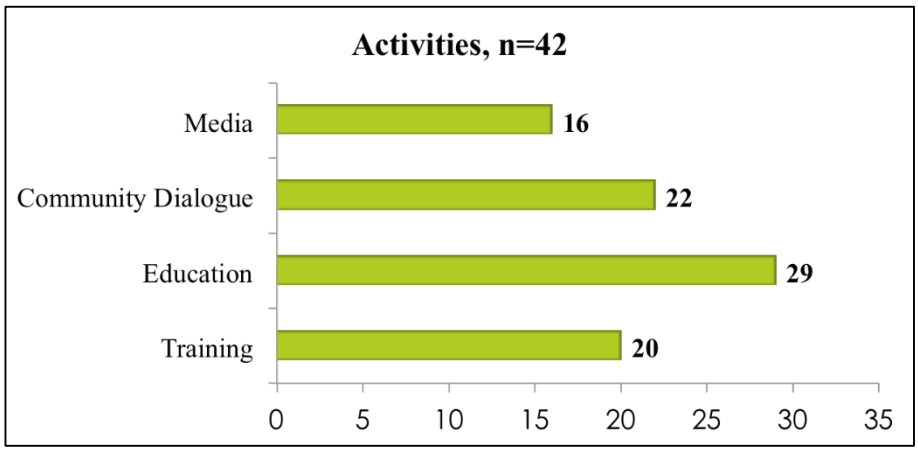
Figure 5: Categorization of normative change intervention by key strategy used



4.1.4 Intervention Types: Categorization of norms interventions by activities

The majority of the interventions contain an education component. For instance, *Intervention with Microfinance for AIDS & Gender Equity (IMAGE)* (#18 in Table 1) combined a microfinance program with a gender and HIV training curriculum for women to discuss issues like gender roles, sexuality, gender-based violence (GBV), relationships, and HIV prevention. Thirty-eight percent (38%) of the interventions in this literature review contain a media component, which includes radio, television, text messaging, and marketing. A little less than half (48%) contained multiple activities versus a single activity.

Figure 6: Categorization of normative change interventions by activities

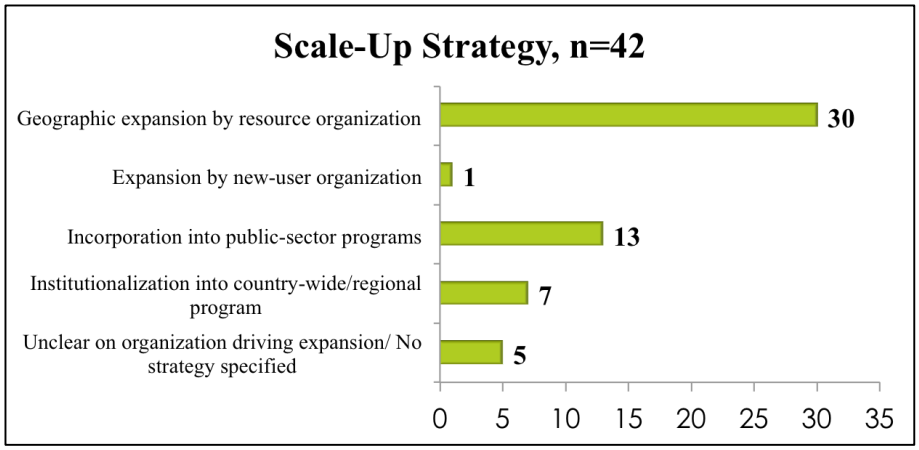


4.1.5 Intervention Types: Categorization of norms interventions by scale-up strategy

The majority of the interventions in this literature review used geographic expansion by the resource organization for its scale-up strategy (Figure 7). For example, Promundo started their program *H&M* (#24 in Table 1) in Brazil and replicated the intervention to 22 countries with additional funding after evaluating their pilot. Similarly, the public/private sector *Kenya Adolescent Reproductive Health Project (KARHP)* (#21 in Table 1) – whose pilot research project started in two districts in Kenya's Western Province, and was found to be effective in achieving positive reproductive health outcomes for adolescents as well as parental/community support – was replicated and scaled up to seven provinces over ten years. Furthermore,

Save the Children's *Choices* (#11 in Table 1), 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. Thirteen (31%) of the interventions described incorporation into public-sector programs as their key scale-up strategy. For instance, *PRACHAR* (#4 in Table 1) used a government/non-government organization partnership model to change youth reproductive behavior through education on reproductive health and family planning by frontline government health workers. Through this model, *PRACHAR* was able to implement programs across India's state of Bihar. Seven (17%) interventions described institutionalization into country-wide or regional programs as their scale-up strategy. For instance, the *Geracao Biz Program* (#1 in Table 1), which was designed at the outset for national scale-up, worked with the ministries of health, education, and youth and sports to implement and expand their programs to multiple provinces in Mozambique. Twelve (29%) of the interventions discussed using multiple versus single scale-up strategies. It is important to note that the type of scale-up strategy was often the least well-described aspect of reviewed interventions — the scale-up process was minimally described compared to the intervention going to scale.

Figure 7: Categorization of normative change interventions by scale-up strategy



4.2 Evaluation Methods

Evaluation can be defined as "a process for determining systematically and objectively the relevance, effectiveness, and impact of interventions in relation to their objectives" (USAID). Evaluating programs is integral to understanding the effectiveness of an intervention. This section of the review focuses on two types of evaluations: process and summative. Process evaluations are usually done throughout an intervention's life cycle. Their focus is to determine whether activities were implemented as planned, and their purpose is to learn and improve upon the intervention during its implementation (improving both the process and intervention itself). A process evaluation may also help explain the outcomes observed in an intervention and their relevance for potential replication in other settings. In the case of this literature review, process evaluations are especially useful to inform the feasibility of bringing a program to scale, as well as to highlight problems in the delivery of a program that must be addressed or resolved before replication or scale-up. Process evaluations can also help in identifying ways to simplify interventions without jeopardizing outcomes, useful information when planning for scale-up. Summative evaluations, on the other hand, occur at the end of the program and focus on the program's main outcomes, evaluating the overall merit, worth, value, and significance. Summative evaluations answer the question, "Did this intervention work?" and "Did the intervention achieve its intended results?"

Numerous studies have described how social norms may influence a person's responses to issues around sexual and reproductive health. These types of studies offer insight into the different factors that may shape a person's attitudes, self-efficacy, and behaviors. *However, while there exists a plethora of interventions that aim to change social norms around sexual and reproductive health, there are no agreed-upon principles that interventions follow to achieve the intended normative change, nor is there an agreed-upon standard for measuring normative change*. For a new norm to come into existence within a group, enough members of the group must believe that enough members are adopting that new norm. Evidence for the adoption of a new norm consists of observing behaviors that are consistent with the new norm in the majority of the population that is under study. Measuring how specific interventions alter social norms can prove challenging, since social norms or their processes of change cannot necessarily be inferred from behavior alone. Measuring an individual's behavior could be as simple as comparing the number of times he or she engages in a behavior before and after an intervention. However, this behavior change by itself is not an indication of whether social norms have shifted. For instance, individuals in a group could have similar behaviors, but not necessarily because others in their group expect it of them (Mackie 2012). Furthermore, measuring an attitude by itself is not sufficient because an individual's personal attitude could be different to the social norm being adopted; yet because of the presence of the social norm, the individual would adopt the popular social practice. Changing the social expectations (and thus, norm) of enough members of the group is critical to achieving a coordinated behavior change among enough members of the group. Mackie et al. note, "action motivated by social norm cannot be conceptualized and measured the same way as action motivated by personal attitude." Instead, Mackie et al. suggest measuring normative change by measuring human behavior as determined by an individual's personal attitudes and beliefs; an individual's beliefs about what others in their group do and what others approve of (perceived norm); and self-efficacy (perceived behavioral control). All of these indicators must be measured to provide sound evidence of the presence of normative change.

This section will review the research and evaluation designs and methods used in the studies described in section 4.1 (Intervention Types). Appendix 2 summarizes evaluation efforts for each intervention and provides a comparative review of the evaluation design, methods, and indicators used in each. Categories include the aim of the study (e.g., whether the evaluation was a pilot, scale-up, and other type of evaluation [for instance, the evaluation documented the experience of implementing the intervention in multiple countries but did not explicitly state whether the evaluation was on scaling up the intervention in these countries]); purpose of the evaluation (e.g., process and summative); evaluator (e.g., internal, external, and mixed); type of evaluation design (e.g., pre/post-test with no comparison group, pre/post-test with comparison group, post-test only with comparison, and post-test only with no comparison); type of data collected (e.g., qualitative, quantitative, and mixed method); and outcome indicators (e.g., knowledge, attitudes, behaviors, agency, and perceptions of normative change). The table includes all 42 programs described in the previous section. Some programs are associated with multiple evaluations and consequently, the table includes a total of 51 evaluations. It should be noted that some evaluations have multiple purposes (e.g., both formative and summative) and outcome indicators (e.g., behaviors and attitudes, or knowledge and attitudes). Few evaluations *measured* normative shifts.

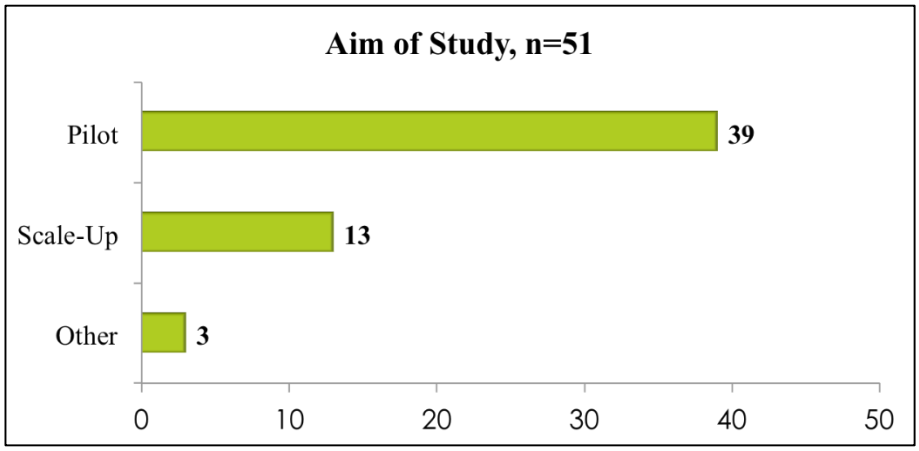
Figure 8: Categorization of Evaluation Methods

BY AIM OF STUDY Pilot | Scale-Up | Other
BY PURPOSE OF EVALUATION Process | Summative | Unclear
BY WHO CONDUCTED EVALUATION Internal | External | Mixed Team | Unclear
BY EVALUATION DESIGN Pre/Post Intervention With Comparison | Pre/Post Intervention With No Comparison | Post-Test Only With Comparison | Post-Test Only With No Comparison | Unclear
BY TYPE OF DATA COLLECTED Quantitative | Qualitative | Mixed Methods | Unclear
BY OUTCOME INDICATORS Knowledge | Attitudes | Behaviors | Agency (Self-Efficacy) | Perception of Community Normative change | Unclear

4.2.1 Categorization by Study Aim

The majority of the studies reviewed were evaluations of pilot interventions. Thirteen studies were evaluations of scale-up. Studies in the "other" category do not fit neatly into either pilot or scale-up categories. The "other" category is composed of literature on interventions that documented the experience of implementing the intervention in multiple countries but did not explicitly state that the aim of the document was to assess bringing the intervention to scale. For instance, the available literature on the *Equal Access* program was not necessarily an evaluation, but rather an annual report that did not have a description of the study design used to evaluate its results. Three studies assessed both pilot and scale-up.

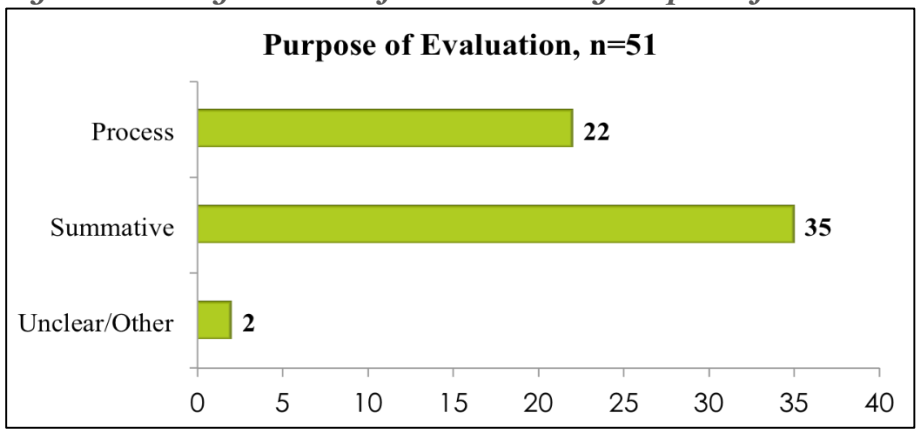
Figure 9: Categorization of Evaluations by Aim of Study



4.2.2 Evaluation Methods: Categorization by Purpose of Evaluation

The majority of studies reviewed were summative evaluations (35), thus they assessed the overall outcomes, effectiveness, and merit of the programs. Twenty-two studies were process evaluations, thus they assessed implementation of the programs. Two studies did not fit either description of process or summative evaluations. For instance, information included in this literature review for *Abriendo Oportunidades, Siyakha Netsha*, and *Kishori Abhijan* came from literature describing the programs' outcomes without describing the evaluation designs for each program. These programs are included in this literature review because the literature in which these programs are found state that the programs were evaluated and had been/were being scaled up, which are inclusionary criteria for this review. Eight evaluations served multiple purposes (both process and summative). For instance, *PRACHAR*'s evaluation was divided into three phases, one of which was evaluated through a summative evaluation and two of which were evaluated through process evaluations. The Phase I evaluation examined the results of the behavioral change intervention that had been implemented, assessing whether the program showed evidence of change in SRH knowledge, attitudes, and behaviors; thus Phase I is categorized as a summative evaluation. *PRACHA*R then used its Phase I evaluation results to inform the scale-up processes in Phases II and III. The Phase II evaluation focused on preparing/designing the program for scale, and Phase III focused on testing scalability; thus the Phase II and III evaluations were process evaluations, as they evaluated the intervention's processes in relation to achieving the intended health outcomes.

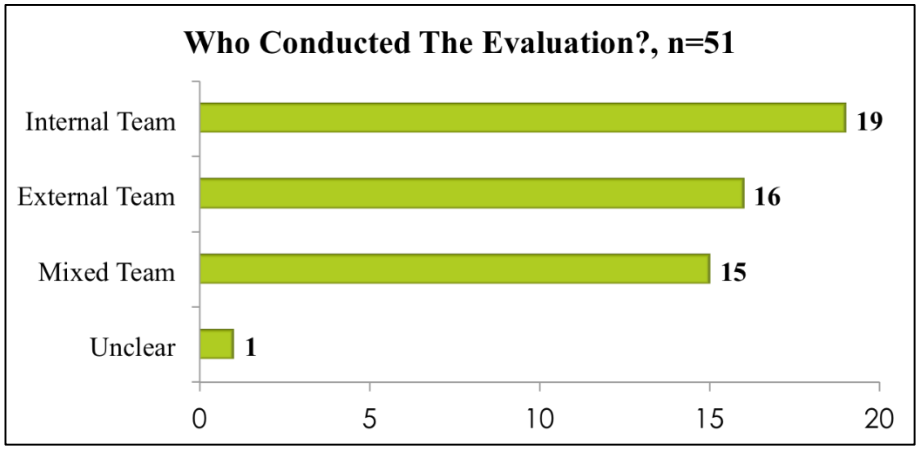
Figure 10: Categorization of Evaluations by Purpose of Evaluation (n=51)



4.2.3 Categorization by Evaluator

Nineteen (37%) studies were evaluated internally; that is, a team that was directly involved in implementing the program conducted the evaluation. Sixteen (31%) studies were evaluated externally; that is, a team that was not directly involved in implementing the program conducted the evaluation. Fifteen (29%) studies were evaluated using a mixed team that combined both internal and external members. It was unclear whether an internal or external team conducted one of the evaluations.

Figure 11: Categorization of Evaluations by Evaluator



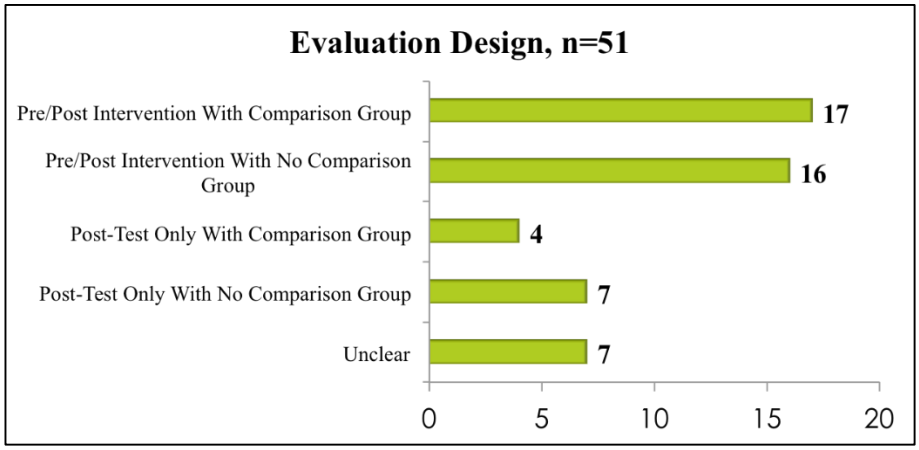
4.2.4 Categorization by Evaluation Type

The two most common types of evaluation designs found in this literature review were pre/post-test with comparison and pre/post-test with no comparison (16 and 17, respectively). Four evaluation designs were post-test only with comparison, while seven were post-test only with no comparison group. Eight of the evaluations did not fit into any of the categories and thus were classified as "unclear."

Evaluation Designs Refresher

A pre/post-test with a comparison group study design offers a more rigorous evaluation design than the others, because it allows for comparisons to be made between groups that received the intervention and groups that did not receive the intervention. Thus, if the control and comparison group have been randomized and do not display any major differences between them before the start of the intervention, any differences between the groups could be attributed to the intervention itself. Comparisons can also be made among groups at different points within the intervention cycle with a pre/post-test design. Although a pre/post-test with no comparison group can make comparisons before and after an intervention, and thus shed light on whether the intervention itself influenced the studied outcomes, it does not allow for comparisons between groups that received or did not receive an intervention. Consequently, differences between pre/post-test may be a result of factors outside the intervention (like time) and not necessarily a result of the intervention itself. Post-test only designs with comparison groups allow the evaluator to compare groups that received and did not receive an intervention after the intervention period. However, these designs cannot describe the extent of the impact of an intervention, since no baseline existed to compare to. Finally, post-test-only with no comparison group designs are the least rigorous because they only allow for observations to be made after an intervention period, therefore the extent of the intervention's impact and the impact of receiving versus not receiving the intervention cannot be measured.

Figure 12: Categorization of Evaluations by Type of Evaluation



4.2.5 Categorization by Type of Data Collected

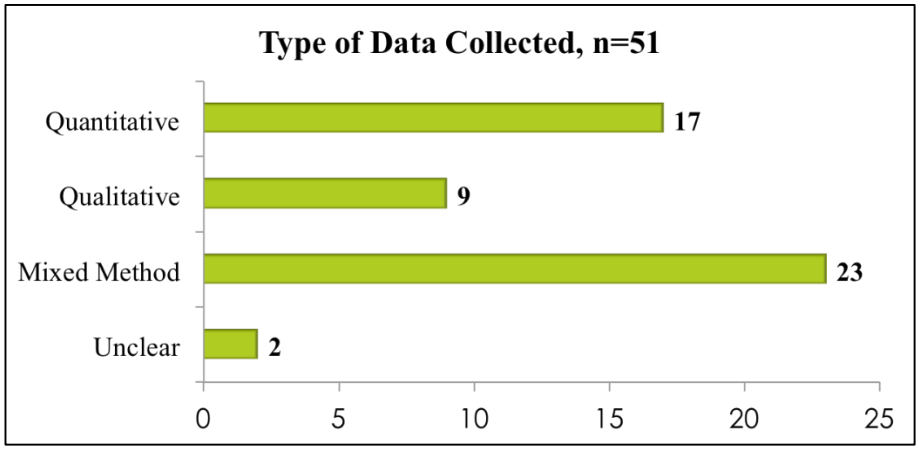
The majority of the studies (23) collected data using mixed-method approaches; that is, the data collected was both qualitative and quantitative. Nine (17%) studies collected qualitative data only. Seventeen (33%) studies collected quantitative data only. Three of the studies – *Abriendo Oportunidades, Siyakha Netsha,* and *Kishori Abhijan* – had unclear descriptions of what type of data was collected. Qualitative data collection methods are valuable since they allow for flexible and in-depth analysis. Qualitative data are usually collected through open-ended interviews and may offer explanatory data for why things occurred. For instance, *KMG Ethiopia*, a Female Genital Mutilation (FGM) abandonment program, used qualitative in-person, open-ended interviews to understand participants' views on FGM and how involvement in *KMG* impacted respondents' acceptance of the practice, values, and ideas. In particular, respondents were asked to describe their most significant personal challenge as a result of their involvement with the program. The evaluation notes that these stories and personal experiences were an ideal medium for understanding the different program impacts and achievements, as well as which aspects were involved in values changing.

Quantitative, Qualitative, or Both?

Quantitative data collection methods include surveys and scales, and allow for data to be analyzed statistically. For instance, *Berhane Hewan*, a program aimed at reducing the prevalence of child marriage in rural Ethiopia, used quantitative methods — including Chi-square tests, proportional hazards models, and logistic regressions — to assess changes associated with social and educational participation, marriage age, reproductive health knowledge, and contraception use.

Mixed-method data collection uses both qualitative and quantitative methods that help inform the other. Mixed-method data collection is preferred, as it can be used to strengthen validity of data through triangulation and extend the comprehensiveness of findings. For instance, *Ishraq Program* used a scale to quantitatively measure attitudes around gender norms, and supplemented findings from the scale with qualitative interviews around gender equitable attitudes.

Figure 13: Categorization of Evaluations by Type of Data Collected



4.2.6 Categorization by Outcome Indicator

The majority of studies measured behaviors, attitudes, and knowledge to evaluate normative change. Most of the studies in this review measured behaviors through self-reporting rather than behavioral observation.

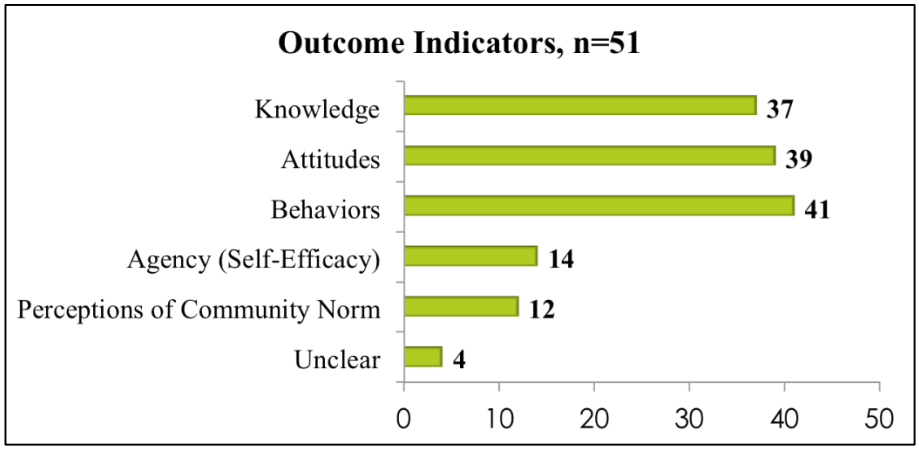
A limited number of studies used scales to evaluate individuals' attitudes (which are not always indicative of community normative shifts) and self-efficacy. Of note, three studies measured attitudes using the Gender Equitable Men (GEM) scale, which was developed by *Program H* and *Program M*. The GEM scale asks questions and makes assertions related to gender roles, and respondents are asked to provide answers on how strongly they agreed with certain statements. The GEM scale can be used to quantitatively measure changes in the attitudes of respondents.

Fourteen studies measured agency (or self-efficacy). Evaluators can measure self-efficacy by asking questions like "How easy/difficult would it be for an individual to abandon/adopt a behavior?" and "How easy/difficult would it be for the larger group to abandon/adopt a behavior?" These types of questions allow the evaluator to have a better understanding of the feasibility of the intervention achieving its intended outcomes, as well as the acceptability of the intervention's aims by the target group.

Twelve studies measured perceptions of community normative changes. That is, respondents discussed what they believed other people in the community believed and accepted. For instance *African Transformation (AT)* asked respondents the question, "In your opinion, what was the most significant change that happened for your community, if any, as the result of people in your community taking part in [the program]?"
Four studies did not specifically discuss which outcome indicators were measured to evaluate normative change, but still made the assertion that normative change occurred, so are thus categorized as "unclear."

Forty-five evaluations (88%) measured multiple outcome indicators. For instance *African Transformation* used knowledge, attitudes, behaviors, agency, and perceptions of community normative change as outcome indicators in order to assess whether normative change occurred in their target population.

Figure 14: Categorization of Evaluations by Outcome Indicators



5. LESSONS LEARNED AND RECOMMENDATIONS

The results and documentation of the interventions' strategies and experiences are valuable resources that contribute to knowledge on effective scale-up strategies for AYSRH normative change interventions. Using the 42 interventions and 51 evaluations in this literature review as the basis for analysis, the review team synthesized the findings to identify promising approaches and lessons learned for scaling up AYSRH normative change interventions.

Distinguishing whether these lessons learned applied directly to scale-up more broadly, the social norm change itself, or scale-up of normative change interventions remains a challenge. Of note, scale-up was often poorly defined in the literature. Not all interventions and evaluations reflected on lessons learned from scale-up, as some interventions were still in the scale-up process and did not yet describe lessons learned. It is also important to note that many of the interventions reflected on lessons learned related to the social norms change that the intervention targeted, rather than the scale-up process and intervention outcomes. Of the 51 studies, only 13 evaluated the scale-up of social norm programs. Of these 13 scale-up evaluations, eight were process evaluations (i.e., monitored the process of scale-up), while five were summative evaluations (i.e., evaluated the overall health outcomes of the program).

Understanding the process by which a program has been or plans to be scaled up is a missing area of study, which can inform a successful scale-up effort. With effectiveness established in a pilot study, scale-up evaluations focus on program processes relating to expansion and institutionalization of the tested model, with institutionalization serving as a proxy for sustainability. Particularly for normative change interventions, though, sustainability of effect is a critical consideration. When normative change interventions are community-based, a related question revolves around which institutions can help assure sustainability of the intervention actions until the effect becomes the new norm.

5.1 Scale-up Lessons Learned

This review elaborates on the issues identified above and reveals several important factors to consider when developing scalable intervention models focused on normative change.

5.1.1 Social Change Strategies

Public discussion—often coupled with mass media—can create the critical mass needed to achieve sustained social change.

Experiences from several interventions indicate that mass media coupled with face-to-face interaction and public dialogue can reinforce social change interventions. For instance, *Bell Bajao* (#7 in Table 1), 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. Similarly, *GREAT (Gender Roles Equality and Transformation)* (#15 in Table 1), a program that has reached more than 260 community groups and school-based clubs in Uganda and that aimed to improve gender equitable norms, used a radio program and public discussion to diffuse ideas through the community and found that behavior change was greatest in those that both heard and discussed the radio drama. The coupling of the radio program and community discussion was integral in creating sustained change. Finally, Senegal's *TOSTAN Intervention* (#29 in Table 1), an education intervention that aimed to empower and engage women by increasing awareness of gender-based violence, FGM, and women's reproductive rights, used social mobilization through inter-village meetings and discussions to encourage positive behavior change. *TOSTAN's* experience suggests that involving several segments of the community in public discussions helps create the critical mass for sustainable change.

Fostering community-driven collective action and diffusion contributes to new ideation within the community, thus sustaining social change.

Scale-up Lessons Learned

Social Change Strategies

1. Public discussion—often coupled with mass media—can create the critical mass needed to achieve sustained social change.
2. Fostering community-driven collective action and diffusion contributes to new ideation within the community, thus sustaining social change.
3. Ensure relevance and acceptability of the intervention by the target audience.

Scale Up Supports

4. Partner with strategically-selected community change agents to address the normative environment.
5. Partner with governments, who have a role to legitimize normative change efforts, and work within a policy context.
6. Develop scale-up tools, guidelines, and training materials during the pilot and/or planning-to-scale-up phase.
7. Scale-up is a multi-year effort that requires coordinated, ongoing support.
8. Plan for additional resources to support effective scale-up, including capacity-building of new user organizations and leveraging existing program resources.

Staff Capacity and Mindsets

9. Staff who support scale-up processes benefit from regular reflection on their own attitudes and behaviors vis-à-vis normative change.
10. Interventions should be flexible to account for external factors and challenges during pilot and scale-up phases.

Aiming for sustainability

11. Monitoring and evaluation needs to be adapted for new scale-up environments.
12. Linking community-based efforts with local and central government and existing mechanisms is arguably key to increasing intervention impact and sustainability.
13. Sustainability, and particularly the extent of norm change, should be monitored.

Intervention and evaluation studies discussed the value of investing in normative change at the community level and the importance of communities driving the diffusion. For instance, *SASA!'s* (#25 in Table 1) pilot program experience found that the community diffusion process was most effective when it was placed at the heart of the intervention. *SASA!* is now being replicated in 15 countries. *SASA!*'s experience suggests that shifts in social norms occur when communities collectively realign around new ways of thinking.

Pilot programs can provide an indication of the level of interest in, and demand for, a particular activity within a program. Building on the experience of a pilot evaluation may be a critical step for successful scale-up. For instance, before *PRACHAR, IMAGE*, and *KARHP* programs (#4, #18, and #21 in Table 1) were scaled up, their pilot programs were evaluated for acceptability (by the target audience) as well as for merit/worth. Those evaluations were then used to inform the respective programs' scale-up activities.

Ensure relevance and acceptability of the intervention by the target audience.
Evaluations discussed the importance of ensuring program objectives remain relevant to target populations. For instance, the *Geracao Biz* (#1 in Table 1) evaluation states that the project was well-placed for successful scale-up because the activities of the program were relevant to its target population. A national assessment conducted prior to the program's implementation demonstrated the SRH needs of adolescents in Mozambique. The evaluation consequently suggested that it is best practice to ensure that program (starting from their inception) are both acceptable and relevant to communities and governments.

5.1.2 Scale-Up Supports: Engaged Stakeholders, Tools and Guidelines, Resources

Engaged Stakeholders

Partner with strategically-selected community change agents to address the normative environment.
Multiple evaluations reference the effectiveness of working with community members to carry out behavior change by training important community figures to assume the role of community change agents. For instance, in conservative societies, the endorsement of religious leaders or community elders may be needed before a shift in social norms can occur. To that effect, *Holistic Girls' Intervention* (#16 in Table 1), which operates in 15 villages in Senegal and hopes to expand to 50, used community "norm-setters," like grandmothers, to encourage behavior change as it pertained to early or forced marriages and female genital mutilation and cutting (FGM/C). By actively involving grandmothers to be agents of change and using communication methods that encouraged critical reflection (rather than dictating to the communities which actions should be adopted), community members believed in and endorsed positive behaviors and the program saw a reduction in cultural practices that were harmful to girls.

Several articles suggested investing in strengthening the relationships between implementing organizations and influential community members. Studies noted that strong local leadership is imperative to creating and sustaining change, as well as building leadership capacity within communities. For instance, *Geracao Biz* (#1 in Table 1), which documented its scale-up process experience expanding to all eight provinces in Mozambique, conducted "sensitization sessions" where community leaders, parents, and youth were invited to discuss the intervention before it was implemented. *These sessions aimed to encourage community participation, facilitate intervention ownership, and create a supportive environment (that is, shift normative environment to be AYSRH-supportive) for the intervention's goals and activities.* According to the reviewed literature, engaging all stakeholders and partners during the strategic planning phase and through the intervention's life cycle is imperative for intervention buy-in and sustainability of future efforts beyond the life of the intervention itself.

Partner with governments, who have a role to legitimize normative change efforts, and work within a policy context.
Several pilot and scale-up evaluations note that international, national, and provincial leadership exchange can lead to greater learning and application of best practices. National laws and policies can provide a framework for facilitating work at community levels. One example is *Kembatti Mentti Gezzimma* (*KMG)* (#20 in Table 1), a project that was originally piloted in the Kembatta zone in Ethiopia and is expanding to other zones in the country, and whose work revolves around eliminating the practice of FGM/C. *KMG* found that even though this practice was still taking place in many communities, the illegality of FGM/C at the country level helped give credibility to *KMG's* implementation of sanctions to those who continued the practice. *KMG's* experience suggests national policies can support a normative, institutional environment for scale-up. In the case of *MEMA kwa Vijana (MkV)* (#38 in Table 1) in Tanzania, scale-up was actually facilitated by integrating the intervention within local government structures. For instance, the memorandum of understanding, signed by all districts, required a formal "political" or "legal" integration into the intervention.

Tools and Guidelines

Develop scale-up tools, guidelines, and training materials during the pilot and/or planning-to-scale-up phase.
Several evaluations within this review highlight the importance of developing a scale-up strategy, including defining tools and clear implementation guidelines, before implementing an intervention. Creating clear scale-up procedures during the planning phase is critical to implementing successful interventions. For instance, *GREAT* (#15 in Table 1) in Uganda, developed implementation guidance after the pilot to use in the scale-up phase of the intervention.[ii] In addition, having these strategies in place right from the beginning may accelerate the speed of implementation. Also, the *Better Life Options Intervention* (#8 in Table 1) was able to expand its network and reach within India by working with other organizations and sharing lessons learned during a workshop in which the specific aim was to develop an operational plan for expanding partnerships for adolescent development by scaling up the intervention itself.

Resources

Scale-up is a multi-year effort that requires coordinated, ongoing support.
Evaluations cite the importance of not underestimating the significant amount of time that is involved in developing and taking norms interventions to scale — especially if it involves multiple stakeholders and partners, which is often the case. Findings from an evaluation of the scale-up of *MEMA kwa Vijana (MkV)* (#38 in Table 1), a multi-component AYSRH intervention in Tanzania that was able to scale up their services tenfold, suggest that scale-up processes must go beyond typical 3-4 year project funding cycles and include substantial time to try out implementation with only limited support from the organization that is funding scale-up.

A review of the evaluations further suggests that establishing a clear and feasible timeline for scale-up and monitoring activities throughout scale-up may help inform success. A question to consider when making this timeline may be, "How quickly will the practice be brought to scale?" *KARHP* addressed the issue of timing directly in its intervention design/strategy and implemented its program in four phases: 30-month pilot phase, 20-month adaptation phase, 12-month expansion phase, and 13-month replication phase. *IMAGE* collected process data throughout its intervention life cycle to evaluate the program's pilot and subsequent scale-up, and found that delivery of the intervention was feasible in the short-term but unsustainable in the long-term. Taking these factors into account, *IMAGE* suggested that interventions should have realistic expectations of the potential limitations of approaches and activities and then adjust programs accordingly.

Plan for additional resources to support effective scale-up, including capacity-building of new user organizations and leveraging existing program resources.

Many evaluations that focused on scale-up in this review discuss how scale-up cannot be sustained without sufficient resources. Resources include human resources as well as financial costs (including costs associated with training, supplies, and personnel). Estimating resource needs for implementing a program at scale is – to the extent possible – imperative to operationalizing a program successfully. In fact, *Geracao Biz* credited its successful scale-up in part to its resource team that financially supported the implementing organizations. The program's scale-up process evaluation also demonstrated having commitment from the government with budgetary allocations, and used this as an indicator of available financial resources. Not estimating the resource needs accurately can result in interruptions to scale-up plans, and needing to adjust timelines and implementation strategies. For instance, a challenge that *KARHP* faced was that in order to expand the program to cover more locations, and thus had to increase spending over its existing budget.

Several evaluations note that scale-up processes require not just *sufficient* resources, but *additional* resources beyond routine service delivery. In its pilot evaluation, the *African Youth Alliance (AYA)* (#34 in Table 1), which operated in Botswana, Ghana, Tanzania, and Uganda, discussed the challenge of not having the necessary resources (i.e., funding and human resources) and capacity in place before going to scale, which required the intervention to significantly invest in building up and strengthening the capacity to support replication and expansion of the intervention while the intervention itself was being implemented. Though interventions should try to use existing resources and infrastructure for reasons of sustainability, to do so often requires additional efforts to build capacity to support large-scale interventions and replication of models. Discussed earlier, this includes resources to focus on values clarification of those supporting scale-up of norms interventions. If not, scale-up can actually diminish the quality of the intervention. A review of evaluations suggests ensuring that sufficient – and even additional – resources are available will help scale-up processes run more smoothly.

Furthermore, scale-up is least burdensome or complicated when it can capitalize on existing structures, processes, and practices. *KARHP's* (#21 in Table 2) scale-up process evaluation outlined approaches it took to ensure that the capacity of scale-up implementers was adequate. FRONTIERS and PATH, *KARHP's* resource organizations, integrated programming into existing structures within each ministry with which it partnered. By facilitating workshops with each ministry at national, provincial, and district levels, FRONTIERS and PATH were able to establish an agreed-upon generic package of interventions and implementation plans for each set of activities for each ministry. FRONTIERS and PATH also assessed and established costing plans for implementation and scale-up within each ministry in an effort to ensure that the program could feasibly work within the government ministries' financial capacities. FRONTIERS and PATH held meetings with the ministries to lobby for sustained commitment to own *KARHP's* program and emphasized making the program's activities an integral part of each ministry's recurrent budget. Each ministry identified its own staff to be trained as *KARHP* implementers, and these staff were responsible for implementing *KARHP* activities within their area of responsibility. *KARHP's* scale-up approach was deemed successful during its evaluation, which suggests that establishing the capacity of scale-up implementers and working within those capacities can serve as a potential best practice for scaling up.

5.1.3 Develop staff capacities and mindsets to manage social systems and social change initiatives

Staff who support scale-up processes benefit from regular reflection on their own attitudes and behaviors vis-à-vis normative change.
Because staff engaged in normative change work are usually from the communities holding the norm of interest, they themselves need to be sensitized. Studies cite the importance of periodic training/retraining of staff on values clarification around normative change so they can better support scale-up. For instance, *GREAT* (#15 in Table 1), a community-based intervention in Uganda that trains community members to lead community discussions around gender norms, has found that training staff is important in terms of understanding gender transformation approaches but also in understanding their own values of gender equity, which in turn helps maintain intervention sustainability. Building the knowledge and resource capacity of partners is integral to effective institutionalization and scale-up.

Interventions should be flexible to account for external factors and challenges during pilot and scale-up phases.
Multiple evaluations recommend that interventions be adaptable, especially to external factors such as cultural traditions, environmental factors, political structures, and local government planning cycles. For instance, the *Ishraq Intervention* (#19 in Table 1), which started in four villages in Upper Egypt and then expanded to more than 30 villages, and which aimed to create "safe spaces" for adolescent girls to gather and learn about life skills and reproductive health-related issues, found that intervention flexibility in terms of scheduling classes according to the seasonal calendar was key to avoiding intervention attrition. Interventions must be flexible enough that when expanded, communities or new organizations can make adjustments in project activities without compromising the fidelity of the intervention.

Monitoring and evaluation needs to be adapted for new scale-up environments.
For instance, in order for *PRACHAR* (#4 in Table 2) to ensure adaptability of its program to greater populations, it used a multi-phase process evaluation to implement, plan for, and evaluate scalability of its program. During Phase I, the program was piloted in three districts in Bihar, India and then evaluated for overall health outcomes. The Phase II evaluation focused on identifying the most essential elements of the pilot program and improving upon the program's model, streamlining it so that it could eventually be adopted by the government's health delivery system in Phase III. Phase III was dedicated to scaling up the new, streamlined model of *PRACHAR* in the largest district in Bihar using a public-private partnership approach and evaluating whether the adapted model was effective in improving health outcomes. *PRACHAR's* evaluation notes that it was successful in scaling up its program using this multi-phase model. Furthermore, constant monitoring and evaluation was key throughout this process. The program's scale-up experience suggests that using monitoring and evaluation to adapt and streamline the intervention for a different environment and integration into an existing sector were effective in scale-up.

5.1.4 Aiming for Sustainability

Linking community-based efforts with local and central government and existing mechanisms is arguably key to increasing intervention impact and sustainability.
A review of the evaluations overwhelmingly suggests that *a key factor of successful scale-up is attaining commitment from governments, and that this attainment of government commitment may lead to institutionalization of efforts*. Institutionalization refers to vertical scale-up and includes getting buy-in from leaders and stakeholders. *Geracao Biz's* evaluation discussed how incorporating the program's activities

within other existing and already sustained initiatives not only lent further credibility to the program's efforts, but also helped solidify commitment by the Government of Mozambique to the program's activities. For instance, SRH health content was incorporated into the national curriculum through the Ministry of Education, and activities related to the program were incorporated into national, provincial, and district work plans and budgets.

In addition to government commitment, a key factor for successful scale-up cited by *PRACHAR*, *KARHP*, and *Geracao Biz* was how well the programs aligned with national health sector goals. Evidence of political interest may demonstrate the degree of commitment to scale-up. The evaluations suggest that with a strong level of commitment, there is a higher likelihood that governments will invest the resources and political will necessary to support and carry out programs. Incorporation of programs into policies not only contributes to the success of scaling up programs, but also contributes to sustainability. Sustainability was not explicitly addressed in almost all of the evaluations. In fact, the lack of assessment of sustainability was discussed as a limitation for these evaluations. However, *KARHP's* evaluation, which was designed in collaboration with three government ministries and local communities, made sustainability a central measure. The program worked directly with existing structures and staff, facilitating the incorporation of the interventions reproductive health and HIV prevention components into the ministries' routine work plans and budgets to ensure sustainability. In order to measure sustainability, *KARHP* measured the extent to which its program was integrated into national policies. Through this integration, *KARHP* was able to be replicated and scaled up to cover seven provinces in the country. Given the political sensitivities and community norms about the appropriateness of providing adolescents with SRH information and services, this was a significant scale-up achievement. Integrating the intervention already existing government mechanisms not only helped to accelerate scale-up, but it also helped legitimize and sustain the intervention itself. Similarly, the *Better Life Options Intervention* (#8 in Table 1) 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. *Available evidence suggests that institutionalizing activities within government structures and local entities, or transferring them to government agencies, could be key to reaching sustainability*.

Sustainability, and particularly the extent of normative change, should be monitored.
Of the 13 scale-up evaluations, only three evaluations measured perception of community norms. Without measuring perception of community norms, it is difficult to conclude whether a tipping point of normative change has occurred or whether a norm has changed. *Ishraq's* scale-up evaluation measured perception of community norms and extent of normative change using the GEM scale, complemented by qualitative data.

In terms of sustainability of normative change, *KARHP's* scale-up evaluation was one of the only ones in the review that explored sustainability of normative change. In fact, one of the aims of *KARHP's* scale-up evaluation was to determine whether the desired SRH health outcomes were sustained among in-school and out-of-school adolescents over the ten years it was implemented. *KARHP* evaluated this through a household survey to measure adolescents' knowledge, attitudes, and behaviors and found that in general, the activities implemented over the ten-year period had a positive effect on the knowledge and sexual behavior of the young people in the study sites.

Generally, evaluations had difficulty evaluating the extent and sustainability of normative change. For instance, *Geracao Biz's* evaluation identified understanding the impact of the program on behaviors and outcomes as a major challenge. First, because the program had reached national coverage, it was difficult to

identify appropriate comparison groups for the evaluation. Second, the program itself addressed a variety of social and health outcomes, targeting a variety of populations, and was implemented in a variety of settings.

6. LIMITATIONS

This section discusses the (1) challenges of evaluating the studies included in this literature review, and (2) the limitations within the literature.

6.1 Challenges of the Studies Included in Literature Review

Social change is not necessarily a tangible measure, and therefore can be difficult to evaluate. Furthermore, there are no commonly-accepted scales for measuring normative change (except for a few scales such as GEM that measure attitudes towards gender norms). The studies in this literature review attempt to measure normative change through a variety of different research design methods and outcome indicators. The following section discusses challenges and limitations that they encountered in their evaluations of social norm change.

6.1.1 Challenges of the Accurately Measuring Behaviors and Attitudes

Most of the studies in this literature review measured normative change by comparing baseline and endline (pre- and post-test) measures of individual attitudes and behaviors. One challenge to note is the difficulty in accurately measuring attitudes and behaviors of the target populations. For instance, a number of studies cited self-report bias as a limitation to study findings. In many of these studies, beliefs and behaviors were self-reported, which may not necessarily be accurate since respondents may be inclined to give an answer they think the questioner wants to hear. Furthermore, an evaluator may encounter social desirability bias, where the respondent attempts to depict themselves as similar to the norms or standards of their social network. While observation can eliminate self-report and social desirability biases, it can be time intensive or costly or not feasible (as for private behaviors); indeed none of the reviewed evaluations employed observation methods for data collection.

6.1.2 Challenge of Properly Measuring Normative change

Many evaluations measured shifts in attitudes in order to prove shifts in social norms; however, most studies did not discuss expectations that members of the community held of one another, which are central to social norms. Only 12 of the 51 evaluations measured individuals' perceptions of community normative change as outcome indicators. (Of the 12 evaluations that measured individuals' perceptions of community normative change, seven used mixed methods, five used only quantitative methods, and none used qualitative methods alone.) Yet in the case of evaluating social norms change, in order to understand the impact social norms have on an individual's attitudes and behaviors, it is important to understand the individual's perceptions of community norms. Asking questions around what individuals believe the greater community believes is essential to understanding the impact the larger community has on individual-level behaviors.

6.1.3 Challenge of Measuring Sustained Normative change

Even when studies seemed to have evidence of achieving normative change, oftentimes there was no evidence of sustainability. *Only one program in the review addressed the issue of sustained normative change*. Possible explanations for this is that project life cycles were not long enough to measure sustainability, or sustainability was not an explicit or long-term objective. Many interventions measured behaviors and attitudes in an endline survey, but these surveys usually occurred soon after the intervention

was completed and did not discuss whether the attitudes and behaviors were sustained after the end of the intervention. The issue of sustainability is a key area for further work. It is important for programs to not just change social views, but also to fortify them, and therefore sustain them over time.

6.2 Limitations within the Literature

Descriptions of the scale-up process of interventions at scale or going to scale varied widely. Although the interventions included in this literature review were evaluated from pilot phase and have been/are being scaled up, the review provided little evidence of:

- The scale-up strategy employed and at what point planning for scale-up was introduced during intervention design and implementation;
- The process of scale-up, including how much the interventions changed during scale-up in new contexts and by new user organizations (e.g., the fidelity to the original intervention as it goes to scale);
- The sustainability of behavioral norm change during scale-up, including whether the existence of a formal institution in the community may ensure continuation of a norms change process to the point that the new norm becomes established;
- The cost of implementing a program and of scaling it up, for which there was no information.

Of note, this literature review highlights the lack of information that exists related to strategies directly linked to scale-up. Future documentation of scale-up interventions should address these gaps, as they will greatly benefit the global community's understanding of scale-up practice and provide an experiential evidence base on how to effectively scale up normative change interventions. Such documentation will further clarify and define how tested intervention models are adapted for scale-up in different contexts.

7. CONCLUSION

The findings of this literature review represent the combined assessment of the experiences of 42 normative change interventions that have been evaluated during pilot phase and have gone or are going to scale. The literature review helped identify important lessons and considerations for scaling up normative change interventions (see box).

Not unexpectedly, the review did not lead to one clear route to scale-up of complex and often multi-level normative change interventions. AYSRH interventions used both single and multiple strategies to reach intervention goals. The intervention aims and strategies varied considerably as did the contexts.

Gaps in the reviewed literature highlight the need for more systematic documentation of initial scale-up strategies and the process of scaling up, including how intervention models remain the same or change as they are adapted to new contexts. A review of the evaluations of norms change projects/programs suggests that scale-up depends on a number of different factors, but planning and implementation must be optimally situated for scale-up to be successful. An important question is raised on the sustainability of normative changes from such interventions. Post-implementation studies and assessments of the durability of evaluated efforts and their effects would increase understanding of sustainability, whether implementers need to think differently about design of norm intervention models, and the added value of norms interventions going to scale to improve AYSRH outcomes. Addressing these challenges would allow for better understanding around scale-up of social norm AYSRH interventions, as well as their effectiveness and impact.

Lessons and Considerations for Scaling up Normative Change Interventions

- The **need for scale-up strategies to be incorporated into the project and intervention design phase**; strategies should articulate how to expand coverage at minimal cost, while maintaining fidelity to the tested model
- **Different levels of support** that are needed, such as community and government levels, for effective scale-up
- **Materials and other resources needed to support scale-up processes**, such as clear implementation guidelines that can be used by others engaged in expanding intervention coverage or replicating it to a new setting, and having realistic time and funding expectations of those expanding or replicating;
- **Importance of staff flexibility to manage issues** that arise during scale-up and their commitment to normative change and sustainability.

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APPENDICES

Appendix 1: Categorization of Interventions Table
Appendix 2: Summary of Evaluation Efforts Table
Appendix 3: List of Tools/Resources on Scale-Up

[i] JHSPH's Global Early Adolescent Study (GEAS)
[ii] Institute of Reproductive Health, GREAT Scalable Toolkit, 2013.

APPENDIX 1:

Categorization of Interventions

Table 1: Categorization of Interventions

Program Name	Program Description	Entry Point				Primary Beneficiary Population							Key Strategy									Scale-Up Strategy					Activities			
		Schools	Families	Communities	Media	Mixed sex groups	Adolescent boys/men	Adolescent girls/women	Younger adolescents/ VYA	Parents and children	Young couples	First time parents	Community mobilization	Peer/relationship	Parenting	Small group	School	Economic	Counseling	mHealth	Marketing/Communications	Geographic expansion by resource org	Expansion by new-user org	Incorporation into public-sector programs	Institutionalization into country-wide/regional activities	Unclear on org driving expansion	Media	Community Dialogue	Education	Training
Family Planning																														
1. Geracao Biz Programme; Pathfinder International	Program aims to create a social environment for behavior development and change among in- and out-of-school youth and their social networks, as well as strengthen the capacities of institutional partners to plan and implemement multisectoral ASRH interventions. Geographic location: Mozambique	x		x		x							x				x					x		x	x			x	x	
2. Male Motivator Project; Save the Children	Peer-delievered educational intervention for couple's contraception uptake. Geographic location: Malawi		x	x							x			x		x			x							x			x	x	
3. Mobile for Reproductive Health (m4RH); FHI360	This program uses text messaging to disseminate family planning information. Geographic Location: Kenya, Tanzania			x		x	x	x			x									x				x						x	
4. PRACHAR; Pathfinder International	This program changed reproductive behaviors of young couples, including the social norms that pressure unmarried adolescents into early marriage, early child bearing, and inadequate child spacing in India. Geographic location: India		x	x			x	x			x	x	x	x	x	x			x		x	x			x			x	x	x
Gender Norms																														
5. Abriendo Oportunidades "Creating Opportunities"; Population Council	Program creates safe spaces and leadership opportunities for Mayan girls. Geographic location: Guatemala			x				x					x											x	x					x
6. African Transformation (AT)	A community development program that features video portraits of ordinary people in target countries who have overcome gender-based obstacles to better their lives. Geographic location: Tanzania, Uganda, Zambia			x	x	x							x								x	x				x	x			
7. Bell Bajao! (Ring the Bell); Breakthrough	Multimedia campaign that calls on men and boys to act to bring an end to violence against women and girls. Geographic Location: India			x	x	x							x								x	x				x	x			

8. Better Life Options Program; Center for Development and Population Activities (CEDPA)	Program aims to break gender stereotypes through informal education. Geographic location: India	x		x			x	x	x				x									x								x	
9. Born Saleema Initiative; NCCW, UNICEF	The initiative uses local traditions to highlight the importance of parental care and raises FGM/C within the broader framework of gender equality. Geographic location: Sudan			x	x					x			x		x						x	x							x	x	
10. Chakruok; Population Council	This is a radio soap opera series revolving around the life of a married adolescent girl. The series addresses social norms. Geographic location: Kenya				x			x			x		x									x						x			x
11. Choices; Save the Children	A behavioral change curriculum aimed at stimulating discussion between boys and girls on gender and power. Geographic location: Nepal			x		x			x	x				x								x							x	x	
12. EMERGE; CARE Sri Lanka	This program engages youth, establishes change agents, and engages married couples, looking at gender through the eyes of men. Geographic location: Sri Lanka		x	x		x					x		x	x					x			x								x	
13. Equal Access	A social change program that combines media and community mobilization to empower women and girls and allow youth to develop healthy life skills. Geographic location: Nepal, Cambodia, Afghanistan, Pakistan, Chad, Niger, Burkina Faso, Yemen, and Nigeria			x	x	x							x			x				x	x	x							x	x	x	
14. Gender Equity Movement in Schools (GEMS); International Center for Research on Women, Committee of Resource Organizations for Literacy, and Tata Institute for Social Sciences	Program promotes gender equality by encouraging equal relationships between girls and boys, examining social norms that define gender roles and questioning the violence. Geographic location: India	x				x			x				x				x					x								x	x	
15. GREAT (Gender Roles Equality and Transformation); IRH, Pathfinder International, Save the Children	Program aims to improve gender equalitable norms and improve adolescent sexual and reproductive health by shifting social norms, focusing on life course transitions, and diffusing ideas through the community to support individual change. Geographic location: Uganda			x					x				x									x							x			
16. Holistic Girls' Program; The Grandmother Project, World Vision	This program aims to change norms through norm-setters, like grandmothers and grandfathers. Geographic location: Senegal	x	x	x		x		x		x			x	x					x			x								x		x

17. Husband's Schools; UNFPA	This program involves men in the promotion of reproductive health and fostering behavior change at a community level. Geographic location: Niger			x			x				x			x			x									x			x		x
18. Intervention with Microfinance for AIDS & Gender Equity (IMAGE)	IMAGE is comprised of a gender and HIV training curriculum called "Sisters-for-Life." A microfinance program augments the curriculum, which is based on participatory learning and covers issues like gender roles, sexuality, GBV, relationships, and HIV prevention. Geographic location: South Africa			x				x					x			x		x				x								x	x
19. Ishraq Program; Caritas, CEDPA, Population Council, Save the Children	The program responds to the health needs of out-of-school adolescent girls who can't recieve services through formal schools. The program seeks to build girls' self-awareness and confidence, establishing knowledge and skills related to reproductive health and attitudes. The program seeks to change gender norms about girls' roles in society and works to increase local and national policymakers' support for girl-friendly measures and policies. The program has three components: literacy, life skills, and sports. Geographic location: Egypt			x				x					x				x	x								x				x	
20. Kembatti Mentti Gezzimma (KMG Ethiopia)	Program challenges the social acceptance of FGM/C for women and girls in an effort to reduce the practice. Seeks to transform gender inequalities and norms, and works with men and boys as agents of change.			x			x	x					x									x							x	x	
21. Kenya Adolescent Reproductive Health Project (KARHP); Population Council	KARHP was designed to improve knowledge about reproductive health and encourage healthy attitudes towards sexuality among adolescents. It aimed to delay the onset of sexual activity among younger adolescents and decrease risky behaviors among sexually active adolescents. Geographic location: Kenya	x			x		x	x	x				x						x			x		x	x				x	x
22. MenCare; EMERGE	A global fatherhood and caregiving campaign. Geographic location: South Africa		x	x	x		x			x	x		x		x				x		x		x	x			x		x	
23. One Youth Can (and One Man Can); Sonke Gender Justice	This program is adapted from the One Man Can (OMC) campaign, which encourages men to become actively involved in family planning, gender norms, and preventing gender-based violence. Geographic location: South Africa		x	x	x		x						x			x					x								x	x
24. Program H & M; Promundo	This program promotes group education sessions combined with youth-led campaigns and activism to transform stereotypical roles associated with gender. Geographic location: Brazil			x	x		x	x					x			x				x	x		x			x		x	x
25. SASA!; Raising Voices, Centre for Domestic Violence Prevention (CEDOVIP)	A community-led campaign to reduce intimate partner violence and HIV risk behaviors. Geographic location: Uganda, being replicated in 15 countries			x	x	x							x							x	x									x

26. Sexto Sentido; Puntos de Encuentro	Campaign to change norms, attitudes, and behaviors around gender through a radio call-in show. Geographic location: Nicaragua, Costa Rica, Guatemala, Honduras and Mexico				x		x	x				x									x					x	x	x	
27. Siyakha Nentsha "Building with Young People"; Population Council and Isihlangu Health and Development Agency	Financial, social, and health capabilities program targeted at young girls and boys. Geographic location: South Africa	x					x	x	x			x					x						x	x			x		
28. Tanzanian Men as Equal Partners (TMEP); RFSU, Resource Oriented Development Initiative (RODI) and Health Action Promotion Association (HAPA)	The program works to engage men in sexual and reproductive rights. Geographic location: Tanzania	x		x	x		x					x								x					x	x	x	x
29. TOSTAN Program	Education program to increase awareness of gender based violence, FGC, and reproductive rights. The aim was to bring about social change within the community and improve environmental hygiene, respect for human rights, and reduce support for and practice of FGM. Geographic location: Senegal			x		x						x									x						x	x	x
30. 'We Can Campaign; Oxfam	Program that changes women and men's attitudes in order to promote gender equity and women's rights. Geographic location: South Asia			x	x	x	x	x	x			x								x	x			x		x			x
31. Yaari-Dosti Intervention; Population Council	This intervention targeted young men and was piloted in an urban slum community in Mumbai. The program was adapted from Program H, an intervention in Brazil that was found to lead to more gender-equitable attitudes among young men and increased condom use. The program was designed to stimulate critical thinking about gender norms. The India-adapted version of Program H involved implementation of peer-led educational sessions in urban and rural settings and a lifestyle marketing campaign using posters, plays, and comic books. Geographic location: India			x	x	x	x								x					x	x					x	x	x	x
Early Marriage																														

32. Berhane Hewan "Light of Eve"	The project aimed to reduce the prevalence of child marriage in rural Ethiopia, through a combination of group formation, support for girls to remain in school, and community awareness. Berhane Hewan demonstrates that the incentives and traditions that support the earliest marriages can be changed in a relatively short period by altering local opportunity structures and addressing motivations for arranging marriages for young girls. Geographic location: Ethiopia			x				x			x	x	x					x						x						x	x	x
33. Kishori Abhijan, Bangladesh "Adolescent Girls' Adventure"; Population Council	The program aims to lower school dropout rates, increase girls' independent economic activity, and raise the age at which girls marry. Geographic location: Bangladesh	x						x	x				x						x					x									x
HIV/AIDS																																	
34. African Youth Alliance (AYA)	This partnership aimed at improving adolescent sexual and reproductive health and preventing HIV/AIDS in Botswana, Ghana, Tanzania, and Uganda. The model implemented integrated interventions concurrently and at scale using a multi-sectoral approach. AYA also integrated partnerships, youth participation, gender equity, sustainability, scaling up, and community involvement in each component.Geographic location: Botswana, Ghana, Tanzania, and Uganda			x	x		x	x					x	x													x	x	x	x	x	x
35. dance4life	The program aimed to empower and educate young people to bring an end to AIDS, unplanned pregnancies, and sexual violence. Geographic location: Argentina, Barbados, China, Ethiopia, Ghana, India, Indonesia, Kenya, Mexico, Nepal, Pakistan, Peru, Russia, Spain, Uganda, Tanzania, Zambia			x			x	x	x				x									x								x	x		
36. Health Communication Partnership (HCP)	This program works with Ugandan institutions to undertake HIV communication programs, including promoting male circumcision, reducing HIV-related stigma, and promoting HIV counseling, among others. Geographic location: Uganda			x	x	x	x	x					x						x			x			x				x		x		
37. Malawi BRIDGE Project	This program seeks to address barriers to individual action and confront societal norms related to sexual risk behavior through a mix of community-based activities and mass media messages delivered through local radio stations. Geographic location: Malawi			x	x		x	x			x		x			x			x		x	x							x	x		
38. MEMA kwa Vijana (MkV)	This is an ASRH program that implements teacher-led peer assisted ASRH education, youth friendly services, and community activities. Geographic location: Tanzania	x				x								x			x								x	x					x	

39. Soul City	(Pakachere) mass-media communications initiative aimed at re-aligning social norms, behaviors, and attitudes to encourage the adoption of healthy practices and focused on HIV prevention. Geographic location: South Africa				x	x														x	x					x		x	
40. Southern African Regional Social and Behaviour Change Communication Programme	The program aimed to increase health awareness and facilitate social and behavior change related to HIV and AIDS through mass media, community and social mobilization, and face-to-face interactions. Partnered with Soul City. Geographic location: South Africa			x	x	x						x								x	x		x			x	x	x	
41. Stepping Stones	Stepping stones aims to help individuals explore sexual relations and recognize gender inequalities in order to understand risk behaviors and reduce the incidence of HIV. Geographic location: India			x		x						x			x						x						x		x
42. Young Citizens Program	This program aims to develop citizenship and health promotion skills through a series of 4 modules. The goal of the intervention is for young adolescents to plan and implement health promotion activities that educate their communities and encourage them to take action toward HIV/AIDS prevention, testing, and treatment. Geographic location: Tanzania			x			x	x				x													x			x	x

APPENDIX 2:
Summary of Evaluation Efforts

Appendix 2: Summary of Evaluation Efforts

Program Name	Resource/Citation	Aim of Study			Purpose			Who conducts evaluation				Type of Evaluation Design					Type of Data Collected				Outcome Indicators							
		Pilot Evaluation	Scale-up Evaluation	Other	Process	Summative	Unclear/Other	Internal	External	Mixed team	Unclear	Pre/post intervention no comparison group	Pre/post intervention with comparison group	Post test only with comparison	Post test only no comparison	Unclear	Qualitative	Quantiative	Mixed Method	Unclear	Knowledge	Attitudes	Behaviors	Agency (self-efficacy)	Perceptions of community normative changes	Unclear	Scale-up Lessons Learned	Social Norm Lessons Learned
Family Planning																												
1. Geracao Biz Programme; Pathfinder International	World Health Organization. (2009). From Inception to Large Scale: The Geracao Biz Programme in Mozambique.	x	x				x		x							x	x					x					ExpandNet	
	Chandra-Mouli, Venkatraman, et al. "Programa Geração Biz, Mozambique: how did this adolescent health initiative grow from a pilot to a national programme, and what did it achieve?." Reproductive health 12.1 (2015): 12.		x		x	x				x		x					x					x	x				ExpandNet	
2. Male Motivator Project; Save the Children	Shattuck, D., Kerner, B., Gilles, K., Hartmann, M., Ng'ombe, T., & Guest, G. (2011). Encouraging contraceptive uptake by motivating men to communicate about family planning: the Malawi Male Motivator project. American Journal of Public Health, 101(6), 1089-1095.	x				x		x					x						x		x	x	x	x				
3. Mobile for Reproductive Health (m4RH); FHI360	FHI360, Powerpoint Presentation, "m4RH-Kenya: Results from pilot study," Accessed from: http://www.fhi360.org/sites/default/files/media/documents/m4RH%20Kenya%20-%20Results%20from%20Pilot%20Study.pdf	x				x		x				x							x		x	x	x					
4. PRACHAR; Pathfinder International	Pathfinder International, PRACHAR: Advancing Young People's Sexual and Reproductive Health and Rights in India, January 2013. Accessed from: http://www.pathfinder.org/publications-tools/pdfs/PRACHAR_Advancing_Young_Peoples_Sexual_and_Reproductive_Health_and_Rights_in_India.pdf?x=104&y=28	x	x		x	x				x			x					x			x	x	x				Build trust and capacity for sustainability. Carefully select partners, change agents, and trainers to foster community commitment to the project's goals. Build the capacity of partners and the government to enable scale-up and sustainability well beyond the life of the project.	
	Pathfinder International, PRACHAR: Promoting Change In Reproductive Behavior In Bihar, India Summary Report Of Phase II Evaluation Findings, November 2011. Accessed from: http://www.pathfinder.org/publications-tools/pdfs/Final-Revised-PRACHAR-Phase-II-Summary-Report-11-3-11.pdf	x	x		x	x				x			x					x			x	x	x					
Gender Norms																												
5. Abriendo Oportunidades "Creating Opportunities"; Population Council	Brady, M. (2011). Taking programs for vulnerable adolescents to scale: Experiences, insights, and evidence. Promoting Healthy, Safe, and Productive Transitions to Adulthood. Brief, (36), 1-4.			x			x				x					x				x							x		
6. African Transformation (AT)	Underwood, C., Brown, J., Sherard, D., Tushabe, B., & Abdur-Rahman, A. (2011). Reconstructing gender norms through ritual communication: a study of African Transformation. Journal of Communication, 61(2), 197-218.	x				x				x				x						x	x	x	x	x	x			People produce and reproduce their social reality over time and in communication with others.

7. Bell Bajao! (Ring the Bell); Breakthrough	Chakraborty S., Bell Bajao: Endline Survey on Domestic Violence and HIV/AIDS, 2010. Bell Bajao webpage, Accessed from: http://www.bellbajao.org/home/about/	x			x	x		x				x					x				x	x	x					The intervention can not just change people's views but fortify views.
8. Better Life Options Program; Center for Development and Population Activities (CEDPA)	Centre for Development & Population Activities (CEDPA). Adolescent Girls in India Choose a Better Future: An Impact Assessment. Washington, DC: CEDPA, 2001.	x				x		x						x				x			x	x	x	x				
9. Born Saleema Initiative; NCCW, UNICEF	EBSSA Research Center, Born Saleema Initiative: The States Campaign (2).	x				x		x							x		x				x	x						
10. Chakruok; Population Council	Il, A. (2012). Expanding access to comprehensive reproductive health and HIV information and services for married adolescent girls in Nyanza Province.	x			x			x				x						x					x	x				
11. Choices; Save the Children	Rebecka Lundgren , Miranda Beckman , Surendra Prasad Chaurasiya , Bhawna Subhedi & Brad Kerner (2013) Whose turn to do the dishes? Transforming gender attitudes and behaviours among very young adolescents in Nepal, Gender & Development, 21:1, 127-145	x			x	x		x					x						x			x	x					
12. EMERGE; CARE Sri Lanka	De Mel, N., Peiris, P., & Gomez, S. (2013). Broadening Gender: why Masculinities Matter: Attitudes, Practices and Gender-based Violence in Four Districts in Sri Lanka.	x			x			x							x			x			x	x						
13. Equal Access	Equal Access (2014). Annual Report 2014.			x		x		x								x			x								x	
14. Gender Equity Movement in Schools (GEMS); International Center for Research on Women, Committee of Resource Organizations for Literacy, and Tata Institute for Social Sciences	Achyut, Pranita, et al. (2011). Building support for gender equality among young adolescents in school: findings from Mumbai India.	x				x		x					x						x			x						
15. GREAT (Gender Roles Equality and Transformation); IRH, Pathfinder International, Save the Children	IRH/Pathfinder International/Save the Children, Brief: GREAT Project Results, 2015.	x			x			x								x	x					x	x				
16. Holistic Girls' Program; The Grandmother Project, World Vision	Save Resource	x			x					x		x							x			x	x			x	
17. Husband's Schools; UNFPA	Niger, UNFPA. Husbands' schools seek to get men actively involved in reproductive health. Accessed from: http://niger. unfpa. org/docs/SiteRep. Ecole des maris. pdf.	x			x			x								x				x			x				
18. Intervention with Microfinance for AIDS & Gender Equity (IMAGE)	Hargreaves, J., et al., (2009). Process evaluation of the Intervention with Microfinance for AIDS and Gender Equity (IMAGE) in rural South Africa. Health Education Research, cyp054.	x	x			x			x				x						x				x	x	x			
19. Ishraq Program; Caritas, CEDPA, Population Council, Save the Children	Selim, M., Abdel-Tawab, N., Elsayed, K., El Badawy, A., & El Kalaawy, H. (2013). The Ishraq program for out-of-school girls: From pilot to scale-up. Final report.		x			x		x								x		x			x	x		x	x		
20. Kembatti Mentti Gezzimma (KMG Ethiopia)	Stern, E. and Anderson, A. (2015) 'One Hand Can't Clap by Itself': Engagement of Boys and Men in Kembatti Mentti Gezzimma's Intervention to Eliminate Female Genital Mutilation and Circumcision in Kembatta Zone, Ethiopia EMERGE Case Study 3, Promundo-US, Sonke Gender Justice and the Institute of Development Studies.	x			x	x			x						x		x					x	x				
21. Kenya Adolescent Reproductive Health Project (KARHP); Population Council	Evelia et. al. 2008. From pilot to program: Scaling up the Kenya		x		x					x			x					x			x	x	x				

	Evelia H., Wanjiru M., Obare F., Birungi H., (2011) Ten years of the Kenya Adolescent Reproductive Health Project: What has happened? APHIA II OR Project in Kenya/ Population Council: Nairobi, Kenya		x			x				x					x			x								x		
	Ian Askew and Humphres Evelia. 2007. Mainstreaming and Scaling Up the Kenya Adolescent Reproductive Health Project. Frontiers in Reproductive Health Program, Population Council		x		x					x						x		x			x		x					
22. MenCare; EMERGE	José Santos, S. (2015). MenCare in Latin America: Challenging Harmful Masculine Norms and Promoting Positive Changes in Men's Caregiving.			x		x				x		x					x					x						
23. One Youth Can (and One Man Can); Sonke Gender Justice	Justice, S. G. (2009). Summary of Research Findings on Sonke Gender Justice Network's "One Man Can" Campaign. press release, 5.	x				x			x						x				x		x	x	x				
24. Program H & M; Promundo	Ricardo, C., Nascimento, M., Fonseca, V., & Segundo, M. (2010). Program H and Program M: Engaging young men and empowering young women to promote gender equality and health. PAHO/Best Practices in Gender and Health.	x				x		x				x							x		x	x	x	x			GEM scale	
	Barker, G., Nascimento, M., Segundo, M., & Pulerwitz, J. (2003, October). How do we know if men have changed? Promoting and measuring attitude change with young men. Lessons from Program H in Latin America. In Expert Group Meeting on'the Role of Men and Boys in Achieving Gender Equality'. United Nations: Brasilia, Brazil.	x				x		x				x							x		x	x	x	x			GEM scale	
25. SASA!; Raising Voices, Centre for Domestic Violence Prevention (CEDOVIP)	Abramsky, T., Devries, K., Kiss, L., Nakuti, J., Kyegombe, N., Starmann, E., ... & Watts, C. (2014). Findings from the SASA! Study: a cluster randomized controlled trial to assess the impact of a community mobilization intervention to prevent violence against women and reduce HIV risk in Kampala, Uganda.BMC medicine, 12(1), 122.	x				x			x				x						x				x	x		x		
26. Sexto Sentido; Puntos de Encuentro	Puntos de Encuentro (2013). Impact Data-- Violence against Women. Accessed from: http://www.comminit.com/puntosencuentro/content/impact-data-violence-against-women-puntos-de-encuentro	x				x		x							x				x		x	x	x	x			
27. Siyakha Nentsha "Building with Young People"; Population Council and Isihlangu Health and Development Agency	Brady, M. (2011). Taking programs for vulnerable adolescents to scale: Experiences, insights, and evidence. Promoting Healthy, Safe, and Productive Transitions to Adulthood. Brief, (36), 1-4.			x			x				x						x				x	x			x			
28. Tanzanian Men as Equal Partners (TMEP); RFSU, Resource Oriented Development Initiative (RODI) and Health Action Promotion Association (HAPA)	RSFU, Tanzanian Men as Equal Partners, Accessed from: http://www.rfsu.se/Bildbank/Dokument/Rapporter-studier/tmep_infofolder2011.pdf?epslanguage=en The Soul Beat Africa Network, Tanzanian Men as Equal Partners, webpage. Accessed from: http://www.comminit.com/africa/content/tanzanian-men-equal-partners-project	x				x		x					x					x				x		x				
29. TOSTAN Program	Diop, NJ, Faye, MM, Moreau, A, Cabral, J et al. The TOSTAN Program. Evaluation of a community based education program in Senegal. New York: Population Council. Population Council, New York; 2004	x				x			x				x						x		x	x	x					To test diffusion, only exposed subset of the population and measured how it spread.

30. 'We Can Campaign; Oxfam	Green, D. (2015). The 'We Can'Campaign in South Asia.	x			x					x			x						x		x	x	x		x		
	Raab, M. (2011). The We Can Campaign in South Asia, 2004-2011: External evaluation report.	x			x					x			x						x		x	x	x		x		
31. Yaari-Dosti Intervention; Population Council	Verma, R., J. Pulerwitz, V. S. Mahendra, S. Khandekar, A. K. Singh, S. S. Das, S. Mehra, A. Nura, and G. Barker. (2008). Promoting gender equity as a strategy to reduce HIV risk and gender-based violence among young men in India. Horizons Final Report. Washington, DC: Population Council.		x		x				x				x						x		x	x	x		x		GEM scale
	Verma, Ravi K., et al. "Challenging and changing gender attitudes among young men in Mumbai, India." Reproductive health matters 14.28 (2006): 135-143.	x			x				x			x							x		x	x	x				GEM scale
Early Marriage																											
32. Berhane Hewan "Light of Eve"	Erulkar, A. S., & Muthengi, E. (2009). Evaluation of Berhane Hewan: A program to delay child marriage in rural Ethiopia. International Perspectives on Sexual and Reproductive Health, 6-14.	x				x			x				x					x			x		x				Measure reach through expansion of girls' social networks.
33. Kishori Abhijan, Bangladesh "Adolescent Girls' Adventure"; Population Council	Brady, M. (2011). Taking programs for vulnerable adolescents to scale: Experiences, insights, and evidence. Promoting Healthy, Safe, and Productive Transitions to Adulthood. Brief, (36), 1-4.			x			x				x					x				x	x						
HIV/AIDS																											
34. African Youth Alliance (AYA)	Daniels, U. (2007). Improving health, improving lives: Impact of the African Youth Alliance and new opportunities for programmes. African journal of reproductive health, 18-27.	x				x			x					x				x			x	x	x				
35. dance4life	dance4life. (2014). Annual report dance4life 2014.	x			x	x				x		x							x		x	x	x				Measure through theory of planned behavior
36. Health Communication Partnership (HCP)	USAID/JHU Associate Cooperative Agreement No. 617-A-00-07-00005-00. (2011). The Decemeber 2010 Health Communication Partnership (HCP) and the Young Empowered and Healthy (YEAH) Midterm Evaluation Survey Report.	x			x	x				x			x					x			x	x	x	x	x		
37. Malawi BRIDGE Project	Kaufman, M. R., Rimal, R. N., Carrasco, M., Fajobi, O., Soko, A., Limaye, R., & Mkandawire, G. (2014). Using social and behavior change communication to increase HIV testing and condom use: the Malawi BRIDGE Project. AIDS care, 26(sup1), S46-S49. Tools of Change (2014). Malawi's Bridge Project.	x				x		x				x						x			x		x	x			
	Global Health Technical Assistance Project (2008). BRIDGE Project Final Evaluation.	x				x		x				x						x			x		x	x			
38. MEMA kwa Vijana (MkV)	Renju, J., et al., (2010). Partnering to proceed: scaling up adolescent sexual reproductive health programmes in Tanzania. Operational research into the factors that influenced local government uptake and implementation. Health Research Policy and Systems, 8(1), 12.		x		x				x			x							x		x	x	x				Cascade training sytem can successfully train teachers through local government systems.
	Renju, J., Andrew, B., Nyalali, K., Kishamawe, C., Kato, C., Changalucha, J., & Obasi, A. (2010). A process evaluation of the scale up of a youth-friendly health services initiative in northern Tanzania. Journal of the International AIDS Society, 13(1), 32.		x		x				x			x							x		x	x	x				

	Renju, J. R., Andrew, B., Medard, L., Kishamawe, C., Kimaryo, M., Changalucha, J., & Obasi, A. (2011). Scaling up adolescent sexual and reproductive health interventions through existing government systems? A detailed process evaluation of a school-based intervention in Mwanza region in the northwest of Tanzania. Journal of Adolescent Health, 48(1), 79-86.		x		x				x			x							x		x	x	x					
39. Soul City	Goldstein, S., Usdin, S., Scheepers, E., & Japhet, G. (2005). Communicating HIV and AIDS, what works? A report on the impact evaluation of Soul City's fourth series. Journal of health communication, 10(5), 465-483.; Usdin et al. (2005)	x				x			x			x							x		x	x	x		x			Not able to show whether change was sustainable.
40. Southern African Regional Social and Behaviour Change Communication Programme	Hutchinson, P. et al. (2012). External Evaluation of the Southern African Regional Social and Behaviour Change Communication Programme.	x				x			x						x			x			x	x	x		x			
41. Stepping Stones	Bradley, J. E., Bhattacharjee, P., Ramesh, B. M., Girish, M., & Das, A. K. (2011). Evaluation of Stepping Stones as a tool for changing knowledge, attitudes and behaviours associated with gender, relationships and HIV risk in Karnataka, India. BMC Public Health, 11(1), 496.	x				x				x				x					x		x	x	x		x			
	Jewkes, R., Nduna, M., Levin, J., Jama, N., & Dunkle, K. (2007). Evaluation of Stepping Stones: a gender transformative HIV prevention intervention.	x				x				x			x				x				x	x	x					
42. Young Citizens Program	Carlson, M., Brennan, R. T., & Earls, F. (2012). Enhancing adolescent self-efficacy and collective efficacy through public engagement around HIV/AIDS competence: A multilevel, cluster randomized-controlled trial. Social science & medicine, 75(6), 1078-1087.	x				x			x			x					x							x	x			

APPENDIX 3:

List of Tools/Resources on Scale-Up

Appendix 3: List of Tools/Resources on Scale-Up

The following is a list of systematic reviews, tools/resources, and articles that were identified while conducting the initial searches of AYSRH interventions going to scale. The list contains systematic reviews, resources, and articles on scaling-up global health interventions.

1. Attawell K. (2004). Going to Scale in Ethiopia: Mobilizing Youth Participation in a National HIV/AIDS Program. Washington, D.C.: Social & Scientific Systems, Inc./The Synergy Project.

2. Bradach J. (2004). Going to Scale: The Challenge of Replicating Social Programs. Stanford Social Innovation Review, Stanford University, Palo Alto, CA.

3. Brady, M. (2011). Taking programs for vulnerable adolescents to scale: Experiences, insights, and evidence. Promoting Healthy, Safe, and Productive Transitions to Adulthood. Brief, (36), 1-4.

4. Cooley, L and R. Kohl. (2005). Scaling Up—From Vision to Large-scale Change: A Management Framework for Practitioners. Washington, D.C.: Management Systems International.

5. Duflo, E. (2004). Scaling Up and Evaluation. The International Bank for Reconstruction and Development / The World Bank.

6. Gaus, G. Scaling Up the Technology of Norm Change: Problems of Justification.

7. Gaye PA, Nelson D. (2009). Effective scale-up: Avoiding the same old traps. Human Resources for Health, 7:2.

8. Gilson l, Schneider H. (2010). Commentary: Managing scaling up: what are the key issues?. Health Policy and Planning 25(2):97-98.

9. Greenhalgh, T., Robert, G., Macfarlane, F., Bate, P., & Kyriakidou, O. (2004). Diffusion of innovations in service organizations: systematic review and recommendations. Milbank Quarterly, 82(4), 581-629.

10. Hartmann A, and Linn J. (2008). Scaling up: A framework and lessons for development effectiveness from literature and practice. Wolfensohn Center for Development, Working Paper 5. The Brookings Institution, Washington.

11. Hartmann A, and Linn J. (2008). Scaling up through aid - The real challenge. Wolfensohn Center for Development Policy Brief. The Brookings Institution, Washington.

12. Implementing Best Practices Consortium. (2007). A guide for fostering change to scale up effective health services. Management Sciences for Health.

13. Johns, B. and T. TanTorres. (2005). Costs of scaling up health interventions: a systematic review. Health Policy and Planning. 20: 1-13.

14. Johns, B. and Baltussen, R. (2004). Accounting for the Cost of Scaling-Up Health Interventions. Health Economics. Vol. 13, pp. 1117-1124.

15. Jowett A, Dyer C. Scaling Scaling-up successfully: successfully: Pathways Pathways to replication for educational NGOs. International Journal of Educational Development 32 (2012) 733–742.

16. LaVake, S. D. (2003). Applying social franchising techniques to youth reproductive health/HIV services. Family Health International, YouthNet Program.

17. Fraser, SW. (2007). Undressing the Elephant: Why the spread of good practice isn't working in healthcare; presenting symptoms and suggested treatment. Lulu Press.

18. K4Health. Toolkit: Scaling-up Bibliography. Accessed from: https://www.k4health.org/toolkits/expandnet-who-scaling-health-innovation-tools/scaling-bibliography

19. Mattina D. (2006). Money Isn't Everything: The Challenge of Scaling Up Aid to Achieve the Millennium Development Goals in Ethiopia. IMF Working Paper, Vol. pp. 1-34.

20. Mangham LJ, Hanson K. (2010). Scaling up in international health: what are the key issues? Health Policy and Planning, 25(2):85-96.

21. McCannon, C.J. (2010) Conference to Advance the state of the Science and Practice Scale-Up and Spread of effective Programs. Framing a discussion on Scale Up and Spread.

22. McCannon CJ, Berwick DM, Massoud, MR. (2007). The Science of Large-Scale Change in Global Health. JAMA;298:1937-1939.

23. Mills A, Hanson K, eds. (2003). Expanding Access to Health Interventions in Low and Middle-Income Countries: Constraints and Opportunities for Scaling-Up. Special issue, Journal of International Development, Volume 15 Issue 1 , Pages 1-131.

24. Pronovost P, Berenholtz S, Needham D. (2008). Translating evidence into practice: a model for large scale knowledge translation. BMJ, 337:a1714:963-965.

25. Shiffman, J. (2007). Generating political priority for maternal mortality reduction in 5 developing countries. American Journal of Public Health, 97: 796-803.

26. Simmons R, Fajans P, Ghiron L, Eds. (2007). Scaling up Health Service Delivery: From Pilot Innovations to Policies and Programmes. World Health Organization.

27. Smith, J. and C. Colvin. (2000). Getting to scale in young adult reproductive health programs. Focus on Young Adults 2000. Focus Tool Series 3, Futures Group International.

28. Thurston, S., Chakraborty, N. M., Hayes, B., Mackay, A., & Moon, P. (2015). Establishing and scaling-up clinical social franchise networks: lessons learned from Marie Stopes International and Population Services International. Global Health: Science and Practice, 3(2), 180-194.

29. Uvin, P., Jain, P. S., & Brown, L. D. (2000). Think Large and Act Small: Towards a New Paradigm for NGO Scaling Up. World Development, 28, 1409-1419.

30. USAID, Gain, Spring. Conference Report and Strategic Agenda for Nutrition SBCC, Designing the future of nutrition social and behavior change communication: How to achieve impact at scale. 2014.

31. Yamey, G. (2012). What are the barriers to scaling up health interventions in low and middle income countries? A qualitative study of academic leaders in implementation science. Global Health, 8(11).