

MOVING FROM PILOT TO SCALE: LESSONS LEARNED FROM THE GREAT PROJECT



WHAT IS GREAT?

The Gender Roles, Equality and Transformations (GREAT) Project developed and tested life-stage specific strategies to promote gender-equitable attitudes and behaviors among adolescents and their communities with the goal of reducing gender-based violence (GBV) and improving sexual and reproductive health (SRH) outcomes in post-conflict communities in Northern Uganda. GREAT is a set of participatory activities to engage adolescents and adults in discussion and reflection about violence, gender inequality, and sexual and reproductive health.

GREAT activities include: 1) Community Action Cycle: simple steps to bring communities together to take action to improve adolescent well-being; 2) Radio Drama: a serial drama with stories and songs about young people and their families living in Northern Uganda; 3) Village Health Team (VHT) Service Linkages: orientation to help VHTs offer adolescent-friendly services; and 4) Toolkit for community groups and school-based clubs: engaging stories and lively activities and games. Materials were targeted to four life stage cohorts (10-14 year olds, older adolescents 15-19 years old, newly married and/or parenting adolescents 15-19 years old, and adults).



USAID
FROM THE AMERICAN PEOPLE



Beginning in August 2012, the Institute for Reproductive Health at Georgetown University, Pathfinder International and Save the Children pilot tested GREAT for 22 months in Lira and Amuru districts in partnership with Concerned Parents Association and Straight Talk Foundation. The pilot was subsequently scaled up within Lira and Amuru and to four new districts—Agago, Dokolo, Oyam, and Pader—reaching approximately 2,200 villages.

GREAT's scale-up approach was based on the World Health Organization (WHO) *ExpandNet Model*, which defines scale-up as "the implementation of deliberate efforts to increase the impact of health service innovations successfully tested in pilot or experimental projects so as to benefit more people and to foster policy and program development on a lasting basis." While GREAT was not a health service innovation, the *ExpandNet model's* nine steps (see box) for developing a scaling up strategy was a relevant framework for systematically taking GREAT to scale.

1 COMMUNITY ACTION CYCLE



2 RADIO DRAMA



3 VHT SERVICE LINKAGES



4 COMMUNITY GROUPS USING TOOLKIT



"Growing Up GREAT" Flipbooks



Activity Cards

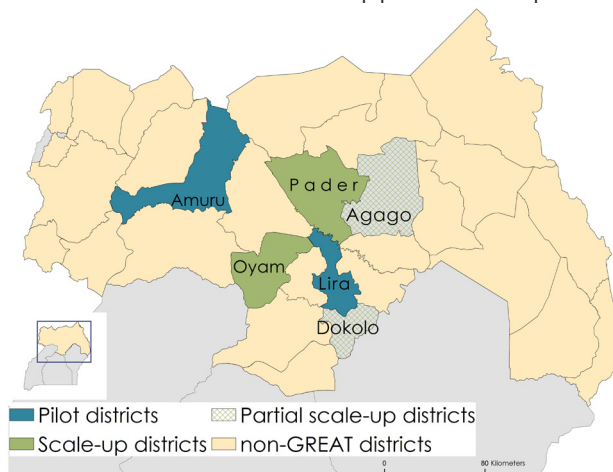


Community Game



Radio Discussion Guides

The GREAT intervention intended to expand within Amuru and Lira while also moving to Pader and Oyam. The latter were selected based on high levels of engagement in GREAT's formative research, presence of existing infrastructure, resources, partnerships, political will and interest, and high levels of GBV and SRH needs. Horizontal scale-up, or *expansion to new geographic areas*, was supported by user organizations (anyone wishing to implement the GREAT approach) such as community-based organizations (CBOs) and local and international non-governmental organizations (NGOs). Vertical scale-up, or *institutionalization*, was the purview of Community Development Offices (CDOs) under the Ministry of Gender, Labor and Social Development. The Ministry of Health and Ministry of Education and Sport at district and national levels, and USAID/Uganda were also stakeholders in the scale-up process. The resource team, consisting of the GREAT consortium and implementing partners, provided technical assistance to support scale-up.



GREAT implementation sites in Northern Uganda

WHAT DID WE DO? DESIGNING FOR SCALE

GREAT was designed for scale from inception, keeping in mind ExpandNet's "CORRECT" criteria for scalability (see box). An implementation science approach informed engagement with stakeholders, formative research (2010–2011), intervention design (2011–2012) and ultimately, implementation, monitoring, and evaluation during the pilot phase (2012–2014).

A how-to guide was developed to provide user organizations and stakeholders the knowledge and resources needed to integrate GREAT into their portfolio. The document, together with the *Monitoring, Learning, and Evaluation (MLE) of Scale-up Handbook*, oriented new user organizations on GREAT values, design, and vision and provided step-by-step guidance to implement and monitor each intervention component.

Pilot monitoring and mid-term evaluation results suggested that the intervention would ultimately be effective in achieving desired outcomes. Thus, the consortium prepared for potential scale-up by disseminating preliminary results, liaising with district leaders, and courting potential user organizations. Scale-up was officially launched in September 2015.



CORRECT* INNOVATION SCALE-UP CRITERIA

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

*ExpandNet. "Nine Steps for Developing a Scaling-up Strategy", pages 9-10



KEY COMPONENTS TO THE GREAT SCALE-UP PROCESS

1. Develop and monitor GREAT implementation
2. Develop key documentation to provide a roadmap (*MLE Handbook* and *How-to Guide*)
3. Integrate into programs through an iterative, participatory process involving stakeholders
4. Build and support capacity for ongoing efforts
5. Evaluate fidelity to the intervention, feasibility of implementation/ capacity, and institutionalization throughout the process

HOW DID WE DO IT?

ITERATIVE, PARTICIPATORY STRATEGY

Through an iterative, participatory process in collaboration with project staff and stakeholders, the GREAT consortium developed a scale-up strategy that included a process for making key decisions regarding the scope and pace of expansion and the actors involved. The strategy was described in an operational scale-up manual. The two major aims of the scale-up phase were to:

1. Build the capacity of organizations with widespread coverage in Northern Uganda to incorporate elements of GREAT into their programs.
2. Expand the GREAT package throughout selected districts with the goal of reaching a tipping point to bring about sustainable change in gender norms to promote long-term SRH improvements.

Following the successful pilot in Lira and Amuru districts, GREAT partners revisited the *CORRECT criteria* to recommend changes in certain intervention components. Radio drama broadcast times were altered to increase listenership among women and younger adolescents, Toolkit production costs were reduced by using different materials and printing approaches, and training approaches and materials for the Community Action Cycle and health worker elements were streamlined.

Ultimately, 35 CBOs, NGOs, and sub-county governments scaled up the GREAT components to approximately 2,200 villages in 33 sub-counties in Amuru, Agago, Dokolo, Lira, Oyam, and Pader districts. While the majority of user organizations elected to implement the toolkit with community groups, each component was represented, with FHI 360 providing cross-district integration of the service linkages under the *Advancing Partners in Communities (APC) Project*. The district governments coordinated all user organizations with technical assistance from Straight Talk Foundation and Concerned Parents Association, supported by Save the Children, Pathfinder International, and IRH.

WHAT DID WE DISCOVER?

RESULTS

A mixed methods evaluation was conducted to assess the transition from pilot to scale, looking at three critical domains: Fidelity/Quality; Feasibility/Capacity; and Institutionalization. Methods for measuring scale-up included monitoring, benchmarking, ethnographic research, and a coverage survey using lot quality assurance sampling (LQAS). Vigilance to intervention scalability was achieved through review of pilot data from strong MLE systems during learning discussions. These learning discussions, along with careful process documentation, allowed program managers to monitor intervention fidelity.

FIDELITY AND QUALITY

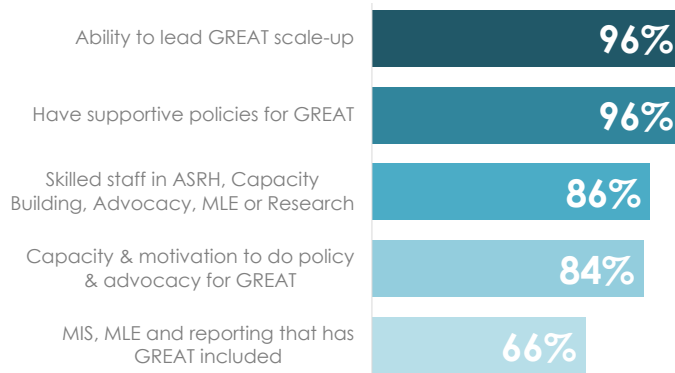
LQAS methodology assessed the coverage of each of the GREAT components in the four scale-up districts, with data collected from 760 respondents per age cohort for a total of 3,040 respondents. Coverage of the **Radio Drama** was 66% or higher, except among very young adolescents, of whom 47% had listened to the program. Of those who listened, across cohorts and sex, over 95% found it to be useful, and over 93% would recommend it to others.

Exposure to the **Toolkit** was uneven, ranging from 58% of adults to 19% of very young adolescents belonging to a group that received a toolkit. Adults mostly reported discussing ideal men and women and romantic feelings, newly married and parenting individuals reported discussions on family planning, and very young adolescents reported discussion of girls staying in school. Although very young adolescents were not well-represented in community groups, when they were part of a group that received the Toolkit, they reported the greatest participation in the various activities and were also more likely to discuss the activities with others (44%).

Awareness of the **Community Action Cycle** activities varied widely (47% among very young adolescents to 67% among adults). Those who reported actually participating in community improvement activities was lower: 41% of adults, 38% of newly married and parenting individuals, 33% of older adolescents, and 24% of very young adolescents. More than a third of participants (approximately 50% among adults and newly married and parenting individuals and approximately 30% among both older and very young adolescent groups) were exposed to **VHTs**. Of those exposed, the majority reported satisfaction with the information and/or service received.

FEASIBILITY AND CAPACITY

The assessment findings revealed that the efforts of the resource team were successful in preparing user organizations to implement GREAT; 80-96% were judged highly capable, with slightly lower capacity in monitoring and evaluation (66%), highlighting a need for capacity strengthening and support in collection and use of monitoring data.



User Organization Management Capacity by Key Domain

INSTITUTIONALIZATION

Laying the foundation for scale, the GREAT team utilized existing structures to institutionalize integration. For example, CDOs included GREAT in sector and district operating plan meetings and served as chairs for technical advisory group meetings. District CDOs, along with District Education Officers and District Health Officers represented the “pivot of sustainability” by managing coordination and monitoring structures. For example, program managers from user organizations advocated and provided reports to Community Development Officers, who built community mobilization initiatives such as malaria prevention into GREAT activities.

Line ministries were also involved in the technical advisory group and other activities. For example, the Ministry of Education and Sports incorporated GREAT into a nationally-approved sexuality training manual and encouraged others to use lessons learned and materials in national policies and curricula. The Ministry of Gender, Labor and Social Development certified GREAT as a gender-compliant project. The Ministry of Health provided soft copies of project materials in youth corners of health facilities nationally.

In Summary: GREAT Scale-Up Results

Fidelity/Quality (How-to-Guide)	Integrated into 35 user organizations maintaining core values/quality
Feasibility/Capacity of Others to Implement	Demonstrated capacity to offer package independently with limited financial support
Institutionalization	NGOs and districts incorporating approach into new projects, new organizations trained to implement, included in Ministry of Education materials/USAID projects

WHAT DID WE LEARN ABOUT HOW TO BRING PILOTS TO SCALE?

GREAT scale-up tested a “light touch” approach. Evaluation of the scale-up phase concluded that with a supply of intervention materials, along with orientation, training, and modest financial support, user organizations can adopt and introduce GREAT into existing program activities. However, coverage—and most likely effectiveness—would be greater with more resources. The process of scaling up GREAT highlighted key lessons about the nuances of scale-up.



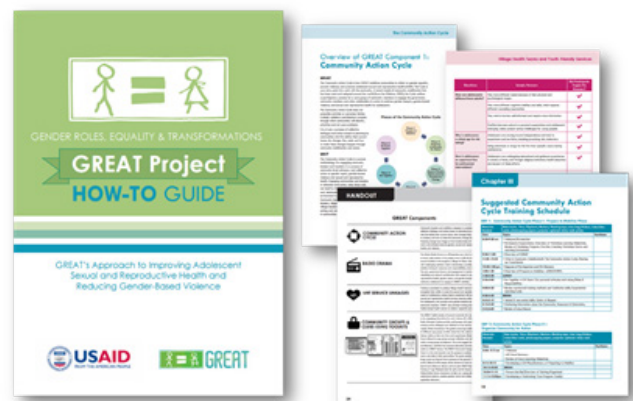
USE LEAN MATERIALS AND STRATEGIES

Design with the end in mind by creating lean materials that are affordable to produce and can be used with minimal orientation and coaching. The Toolkit was further streamlined after the pilot to be even easier to use and reproduce by user organizations. Working with existing platforms, groups and influential stakeholders also facilitated institutionalization and expansion.



CREATE EASY-TO-USE DOCUMENTATION

Develop ‘how-to’ guides that systematize staff orientation to core concepts, provide step-by-step implementation guidance, include approaches to monitor fidelity, quality and adherence to values, and explain how to adapt interventions for new contexts. After feedback showed confusion about the intended use and audience, the *GREAT How-To Guide* was revised to make it more user-friendly by editing the introduction to explain the purpose and intended audience of the guide, and revising terminology.





INVEST IN YOUR RESOURCE TEAM

The organizations that implemented GREAT during the pilot became members of a resource team configured to support scale-up. The success of this resource team depended on their ability to internalize scale-up goals and exercise systems thinking throughout the pilot and scale-up phases. This required more than one-off staff training to internalize social norm intervention processes and aims, but rather intentionally developing the team's mindset and capacity through values clarifications, regular check-ins, and reflections on the package.

Capacity of the resource team to provide orientation, training, and support to new user organizations was critical. They needed to navigate the internal systems of other organizations, for example using their work plans to identify needs and provide appropriate assistance.



SUPPORT ONGOING COLLABORATION & CAPACITY BUILDING

Ongoing check-ins and coordination and reflection meetings provided opportunities for the user organizations and districts to share activity updates, lessons learned, and work plans for the coming quarter. Particularly useful were supportive supervision visits and capacity assessments with user organizations. Assessment results provided valuable information on the strengths of user organizations, their needs, and next steps in expansion. The focus on handing over ownership helped user organizations view GREAT as more than a project, but rather an approach for community-based sustainability.

Ministry engagement was a critical driver of success. Effective mechanisms of engagement included engaging line ministries in the technical advisory group, obtaining their endorsement of intervention materials (specifically the tool kit and implementation guidelines), and including them in the review and vetting of pilot results. Inter-ministerial coordination is also important given overlapping mandates, for example, between the Ministry of Education and Ministry of Health.



INTEGRATE INTO OTHER INSTITUTIONAL EFFORTS

Collaboration and capacity building helped GREAT integrate activities into other institutional efforts. Having regular check in points with participatory decision-making and sharing information with line ministries and the technical advisory group helped develop a shared scale-up mindset among all participating groups and fostered integration. Staff attitudes toward gender and community engagement as well as capacity for implementing social and behavior change communication efforts were transformed, enabling wider integration of program activities into other institutional efforts. Collective decision-making and support among user organizations, the resource team and the technical advisory group also supported expansion.



BE ATTENTIVE TO EXTERNAL FACTORS AFFECTING SCALE-UP

External factors—such as environmental and financial constraints—can impede successful scale-up. For example, while the health sector provided leadership, there were not enough VHTs to manage effective integration on a wider scale. Additionally, political campaigning affected the ability to mobilize community members without per diem, as they were accustomed to receiving an incentive for participation. As scale-up activities are integrated into programs, each organization must ensure adequate financial resources. A review of the GREAT costing exercise showed that most money was spent on salaries.



LEVERAGE GLOBAL RESOURCES

The GREAT team worked well to foster grassroots ownership of the approach and real-time learning. Donor engagement and support was critical to maintaining momentum. Strategic communication and dissemination leveraged global resources on adolescent SRH, GBV and gender equality. For example, consortium members used aspects of GREAT in proposals submitted to UNFPA, USAID, and other large bi- and multi-lateral initiatives in Uganda, as well as regional and global efforts.

More broadly, the lessons from GREAT's experience have critical implications as USAID and other donors invest in scale-up of programs addressing normative factors related to SRH. Donors should invest in capacity-building initiatives, continue fostering collaboration across government sectors and civil society, and focus on long-term efforts so waves of expansion can be assessed beyond one year increments or five-year projects.



WHAT'S NEXT: SCALE-UP PROGRAMMING & RESEARCH

Following these scale-up approaches can enable widespread reach of social transformation activities to create a tipping point for change, ultimately creating more gender-equitable attitudes and behaviors and thus, healthier adolescents and communities. To continue advancing the field of normative change intervention and transitioning from pilot to scale, research questions remain:

1. Do the programs or the behavior outcomes continue beyond the initial one-year expansion phase?
2. Is it worthwhile to invest in an impact evaluation of a proven intervention once it goes to scale?
3. What are realistic processes for and implications of adapting a tested intervention once you go to scale?
4. What role does/should the original design and pilot organization play in adapting the intervention?

WHO MADE GREAT A SUCCESS?

Many people worked together to make GREAT a success.

GREAT applied a research-to-action process to bring together representatives from diverse sectors to lay a strong foundation for healthy sexual relationships as adolescents mature through puberty into adulthood, a key life transition during which gender norms and identities begin to coalesce.



Donor: USAID
(Washington & Mission)



District, sub-county
& parish officials



5 Radio Stations



389 Community
Groups and School-
based Clubs



476 Community Action
Group Members



313 Village Health
Team members



3 Ministries
(Health; Education and Sports;
and Gender, Labour and Social
Development) at national and
district levels

The project featured was made possible through support provided by the United States Agency for International Development (USAID) under the terms of the Cooperative Agreement No. OAA-10-00073. The contents of this document do not necessarily reflect the views or policies of USAID or Georgetown University.



USAID
FROM THE AMERICAN PEOPLE



INSTITUTE FOR REPRODUCTIVE HEALTH, GEORGETOWN UNIVERSITY
PATHFINDER INTERNATIONAL
SAVE THE CHILDREN